



Criminal Justice Inspection  
Northern Ireland  
*a better justice system for all*



Report on an announced inspection of

# Ash House, Hydebank Wood

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by HM Chief Inspector of Prisons and the  
Chief Inspector of Criminal Justice in  
Northern Ireland

29 October – 2 November 2007

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**Hydebank Wood**

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# Introduction

Ash House is a self-contained unit within Hydebank Wood young offender centre housing all Northern Ireland's women prisoners. This full announced inspection was undertaken on behalf of Criminal Justice Inspection Northern Ireland (CJI) and was supported by CJI inspectors and staff from the Employment and Training Inspectorate of Northern Ireland.

It was commendable that we found Ash House was providing a generally safe environment, but it remained inherently unsatisfactory that women were held within a male establishment. While some good efforts had been made, there was insufficient focus on the particular needs of women, which meant that the unit fell short of our expectations for a respectful, purposeful establishment that effectively addressed resettlement needs.

The difficulties of housing women in a male establishment were visible from the outset. Women were often transported in the same vans as young men, where they could be subject to verbal abuse. This abuse could continue at reception, which took place in one of the houses for young men. Staff were caring and did what they could to mitigate the inappropriate setting, although first night arrangements were inadequate.

Bullying was rare and we were pleased to see that there had been improvements in the approach to the care of those at risk of self-harm, although better care plans were needed. We were concerned that the detoxification regime was too rapid, particularly for women who had become dependent on prescription drugs in the community. Life on the unit was unnecessarily affected by security procedures: for example, the level of searching was disproportionate to the risks posed by the women and yielded few finds of illicit articles. Punishments also appeared disproportionately harsh. Movement off the unit was curtailed by having to share the site with young men.

Relationships between staff and prisoners had improved, although they were still not supported by a personal officer scheme. Accommodation was clean and now benefited from integral sanitation. One landing had been set aside to provide long-term prisoners with more autonomy, including cooking facilities, but it had few residents and was the subject of considerable jealousy among other prisoners. Prisoners complained about the food and inspectors confirmed it was of poor quality and frequently cold. Diversity arrangements were weak, although there was some good individual care for foreign national prisoners. Healthcare arrangements did not meet the needs of women prisoners.

Time out of cell was reasonable, but movement was restricted and there were frequent lock-downs because of an anomalous approach to the number of staff needed to unlock women. There were too few learning and skills opportunities, no strategic approach and no attempt to gear education to the needs of the women held in Ash House. Access to the library was poor, but the gym provided a good and supportive service for women.

The particular issues affecting women were inadequately reflected in the resettlement policy and there were too few practical interventions. However, there were some good reintegration and drug services, and some supportive efforts to help women maintain family ties. Life-sentenced prisoners were a particularly isolated group for whom there were minimal opportunities to progress beyond Ash House.

Staff at Ash House have made commendable efforts to mitigate the inappropriate location of a women's prison within a male young offenders' centre and this report identifies a number of improvements since our last visit. However, the inadequacies of the current arrangement remain all too apparent and we once again recommend that the Northern Ireland Prison Service works towards creating a separate and dedicated women's facility, without which the needs of this vulnerable population are unlikely ever to be properly met.

Anne Owers  
HM Chief Inspector of Prisons

March 2008

Kit Chivers  
Chief Inspector of Criminal Justice in Northern Ireland

# Fact page

## **Task of Ash House, Hydebank Wood**

To accommodate all female prisoners in Northern Ireland.

## **Brief history**

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

## **Number held (at time of inspection)**

46

## **Cost per place per annum**

The cost per prisoner place for Northern Ireland Prison Service is calculated for the service as a whole. The cost per prisoner place for 2007/08 is £81,000.

## **Certified normal accommodation**

74

## **Operational capacity**

71

## **Last inspection**

28 – 30 November 2004 (unannounced).

## **Description of accommodation**

Ash House is a stand-alone residential unit in Hydebank Wood, adjacent to the male accommodation. It contains five self-contained landings, each with dining and association areas and four with integral sanitation in all cells. A2 is used as a first night centre and while prisoners are on induction. A3 and A4 are enhanced landings and A5, which is the best accommodation, houses long-termers who are given the opportunity to cook their own meals and is effectively self contained. A1 holds women on basic and those under observation for self-harm, and also houses the single cell used for cellular confinement. There are two mother and baby cells on A4, and two cells adapted for women with disabilities on A2. The ground floor has two multi-functional rooms that can be used for various activities and a medical facility. A temporary female reception facility is located in Beech House.



# Healthy prison summary

## Introduction

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HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

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

HP2 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 and which need to be addressed by others in the Northern Ireland Prison Service and elsewhere within the wider criminal justice sector.

**... performing well against this healthy prison test.**

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

**... performing reasonably well 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.

**... not performing sufficiently well 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.

**... performing poorly 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.

HP3 HM Inspectorate of Prisons has also built up a database of survey responses from prisoners in different kinds of prison across England, Wales and Northern Ireland. This provided a comparator against which it can set the responses from an individual establishment. In this report the comparator used is local women's prisons in England.

While HM Inspectorate of Prisons recognises the particular complexities that Ash House faces, holding all categories of women prisoners in Northern Ireland, these comparisons allow managers to identify those areas where women prisoners feel more positive, or more negative, than in other prisons.

## Safety

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- HP4 The reception building was unsatisfactory, but the procedures we saw were good. Appropriate induction was provided, but first night procedures were inadequate. Bullying incidents were few and associated mainly with the strains of communal living. Improvements had been made in support for those at risk of self-harm, but better care plans were needed. Some security arrangements were too restrictive. Punishments for disciplinary offences were severe. Detoxification was often too rapid. The prison was performing reasonably well against this healthy prison test.
- HP5 A very good information leaflet about Ash House had been produced, but was not given to women at court or during escorts. Although few women had long journeys to the prison, most reported comparatively negative experiences, including feeling unsafe and finding vans dirty. The vans we examined were dirty and covered in graffiti. About a quarter of women travelled in the same vans as young men who were often abusive to them. Property and private cash was not routinely sent to court with women and some were left without any resources when released on bail. There was good use of the video link.
- HP6 The women's reception was unsuitably located in one of the houses for young men. Women often arrived when the young men were moving and found this intimidating. The receptions we saw were carried out sensitively and included good checks to ensure that any children were safe. Those arriving late did not have such a good experience. Some women complained about searching in reception, but those examples we saw were carried out well. There was no peer support in reception, but new arrivals were told about sources of help available.
- HP7 There was little first night guidance for staff and the survey results indicated a poor first night experience, although most women said they had been treated kindly. Night staff were aware of new arrivals, but made no specific additional checks. All were given on their first night a booklet that covered an extensive range of prison procedures, but it did not cover well the essential things they needed to know during their first 24 hours. Insiders were not routinely informed of new arrivals and could not always see them if they arrived late or when the landing was locked early.
- HP8 A recently introduced induction programme covered all important areas and all new arrivals also met key staff to assess and deal with their immediate needs.
- HP9 A high proportion of women said they had felt unsafe at some time at Ash House compared to other women's local prisons and more than twice as many said they had been victimised by staff. There was no separate strategy to address women's bullying behaviour, although a draft policy had recently been completed. A training package developed by the psychology department had not yet been run. The number of incidents

investigated had dropped significantly during the previous year. Most were associated with the pressures of living together in a very constricted space and little had been done to resolve such problems communally. A joint safer custody meeting under the chairmanship of the new governor had now become better focused and we welcomed proposals to move towards a case management approach. The same meeting dealt with safer custody issues for young men and women, which made it difficult to ensure that the needs of the different groups were effectively dealt with.

- HP10 With about seven incidents a month, the rate of self-harm among women had decreased since our last inspection and there had been no deaths since the move from Mourne House. Protective clothing was still used for women who self-harmed, but it was no longer the first response. A separate policy for women recognised gender-specific issues, but the suicide prevention coordinator (SPC) had no allocated time. An average of 10 prisoner at risk (PAR 1) forms were opened each month, but these not well completed. There was little evidence of formal multidisciplinary involvement despite the helpful role of others such as chaplains and Opportunity Youth.
- HP11 Few girls under 18 were now sent to Ash House, which was positive as it was an unsuitable environment with no possibility of appropriate separation. There was no policy for managing children and no adequate child protection policy (see report on Hydebank Wood Young Offender Centre).
- HP12 Security information for women and young male adults was not analysed separately. There were relatively few security reports as some staff remained reluctant to commit information to paper, but this was improving. Security information was reasonably and timely managed, but there was only limited sharing. Some rules were displayed on the landings, but these were more comprehensively set out at induction and when women signed compacts. The lack of an appropriate classification system and the shared site led to unnecessary security restrictions. Too much staff time was spent on cell searching with little effect and there was too much strip searching without a risk assessment. Women in Ash House were unnecessarily locked up when there was an alarm bell in the young offender centre.
- HP13 There was no separate special supervision unit for women. A cell was set aside on A1 for segregation, but no central record was kept of its use. The rate of adjudications for women to date in 2007/08 was only slightly higher than that for young men in the young offender centre, which was an improvement on the previous year. The continuing lack of written records of adjudications meant there was little quality checking, but those we listened to on tape were well conducted. Punishments were severe with frequent loss of association and other restrictions. Cautions were rarely used. Information about adjudications was not routinely analysed separately for women.
- HP14 There had been 20 use of force incidents involving women in 2007. This was a quarter of the total for the whole establishment and many involved the same women. Most use of force forms were completed satisfactorily. There was no specific monitoring of use of force in Ash House.
- HP15 Substance use assessments were not comprehensive and prescribing regimes were not flexible enough to meet the needs of individual women. It was difficult to establish whether

the detoxification policies were followed as record-keeping was poor. Women appeared to be reduced too quickly from prescribed drugs on which they had been dependent for many years in the community. There was little psychosocial help for those withdrawing from alcohol or drugs as part of a structured programme, but Opportunity Youth provided some good support.

## Respect

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- HP16 Relationships between staff and prisoners in Ash House were better than we had previously found, although there was no personal officer scheme to provide more structured support. Accommodation was clean and had improved with the installation of integral sanitation and a new landing for enhanced long term prisoners. The shared site remained a big problem. The food was poor. Equality and diversity work needed more attention. Health services did not meet women's needs. The prison was not performing sufficiently well against this healthy prison test.
- HP17 Although there was not a great deal of informal interaction, relationships between prisoners and staff were reasonable and had improved since our previous visit. Significantly more in our survey said staff talked to them during association, but more said they felt victimised by staff. However, 79% said they had a member of staff who would help them if they had a problem. A similar number to the comparator said that most staff treated them with respect. There was still no personal officer scheme to support women and underpin resettlement work. Many said the only way to get staff attention was to self-harm or misbehave. Entries in wing files were frequent, but almost wholly about behaviour.
- HP18 The standard of accommodation was reasonably good and generally clean. All cells now had integral sanitation, but there were no toilet lids or screens and the toilet was unpleasantly aligned to the top of the bed. There were no lockable cupboards to provide secure storage. The prison did not supply kettles or flasks to allow women hot drinks after lock-up. Landing association areas were well furnished and equipped. Kitchens had sandwich-makers, toasters, microwaves and fridges and women on A5 were able to cook their own meals. Ash House was too small to provide a proper separation of functions and A1 landing had an inappropriate mix. A new landing on A5 provided a better environment for long-term prisoners to progress to, but only four out of the 10 cells were occupied. Criteria were restrictive and there was a need to use the facility to its capacity to avoid the development of what was seen as an elite clique.
- HP19 The external environment and grounds of Hydebank Wood were attractive and well cared for, but the shared site meant women prisoners had only restricted access to them, which exacerbated feelings of claustrophobia.
- HP20 There was an Ash House specific progressive regimes and earned privileges policy, which was well monitored. There were good pay incentives, but decisions about regime level were almost wholly based on behaviour rather than compliance with resettlement targets. Basic level prisoners got only 30-minute visits, which inappropriately limited contact with children and other family members.

- HP21 In our survey, 70% of women said the food was bad or very bad and many complained to us about it. The food we sampled was poor and often cold. Lots of the food was never eaten and women used the well-regarded tuck-shop to supplement their poor diet. No action seemed to be taken as a result of consultation about food.
- HP22 There was a lack of clear central guidance about equality and diversity. An equality and diversity committee had been set up, but was poorly attended and made little progress. Monitoring by religion was carried out for the whole of Hydebank Wood, including the young offender centre, and showed some over-representation of Catholics in key areas. The figures were not disaggregated by sex so that possible areas of inequality in Ash House could be identified and addressed. There was no analysis over time or a system to flag up when action needed to be taken or differences explained. Our survey results indicated some significant differences between Catholic and Protestant women in a small number of important areas.
- HP23 There was a general lack of understanding about issues relating to diversity. Apart from staff directly involved in this area of work we found little evidence of active promotion of diversity. There were few black and minority ethnic prisoners, but this was beginning to change. Race-related complaints were dealt with using the generic complaints systems, but the absence of a specific system meant that it was difficult to be sure that racist incidents were identified and dealt with properly.
- HP24 Some good individual support was provided to foreign national women, particularly to maintain family contact and we applauded the provision of weekly 10-minute free telephone calls home. Diversity officers aimed to ensure that the special needs of each individual foreign national were met, but links with immigration officials were weak. The chaplains also provided good support to foreign national women.
- HP25 Women were very positive in our survey about the ability to speak to a religious leader of their faith in private. As well as other chaplains, a dedicated woman chaplain visited Ash House every day and supported women of all denominations with welfare as well as spiritual matters. For pragmatic reasons, services for women continued to be held on a Wednesday and were well attended.
- HP26 Women in our survey were overwhelmingly negative about requests and complaints. However, most of the written requests we saw were responded to quickly and well and the complaints were also mostly answered courteously. The process lacked confidentiality and did not engender women's confidence in the system and forms were not always freely available. There was no routine ongoing analysis of complaints by subject and location, but healthcare was one of the main issues.
- HP27 Healthcare services had yet to transfer to the NHS and, although senior staff had been reorganised in preparation, no date had been agreed. Some divisions within the healthcare staff group had impacted negatively on the delivery of a decent service and there were a number of examples of poor patient care and inadequate record-keeping. There was no secondary health screen after reception to ensure important health concerns were not missed. Some resuscitation and emergency equipment was out of date. Women were able to see a female GP, but there were no evening sessions and no out-of-hours cover. The dentistry service was good and there was no waiting list.

Pharmacy policies were out of date and did not reflect actual practice, and there were few patient group directions (PGDs) for women. Until the week of the inspection, there had been only one mental health nurse for the whole establishment for some time and women complained about the quality of the service. The mental health in-reach teams provided only cognitive behaviour therapy and there was only one session of a consultant psychiatrist to provide secondary care for women, which was insufficient.

## Purposeful activity

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- HP28 Time out of cell was reasonable, but was affected by too many unpredictable lock-downs. There were insufficient good quality activity places for women and few opportunities to acquire useful skills. Education and training provision did not meet women's needs. Access to the library was poor. Some good work took place in the gym. The prison was performing poorly against this healthy prison test.
- HP29 All women in Ash House were unlocked during the day, but many had little to do and the practice of not allowing inter-landing association was very restrictive. The schedules allowed up to 9.75 hours a day out of cell, which was reasonably good, but there were frequent periods of lock-up and the written routines were not adhered to. During the summer months, there had been very frequent lock-ups and, although this had improved, it was still a problem. There was a small landscaped exercise yard, but there was a lack of clarity about how easily it could be accessed. Less than a third of women in our survey said they had outside exercise three times a week.
- HP30 There was no strategic approach to the delivery of education and training for women and activities were not coordinated. There had been no educational needs analysis to inform provision and women with the most educational deficits did not have them met. Despite there being relatively few places, many were not taken up and many women attended just one or two sessions a week. Some of the quality of teaching was good with supportive staff, and some women gained achievements, but mostly at a low level. Only horticulture offered any vocational training and there were no progression opportunities.
- HP31 There was not enough work to keep most women fully occupied. Most jobs were domestic, did not fill much time and provided no skills training. Assessments for work took too long and almost half the women were not allocated to any activity.
- HP32 Although there was a reasonably well-stocked library, access was poor. In our survey, only 8%, compared to 36% in other women's locals, said they went to the library once a week and there were no evening or weekend sessions for women. There was limited space for self study and only one computer and printer with no access to the internet and no CDs for prisoners' use. Appropriate legal materials and prison information were held.
- HP33 Women in our survey were positive about access to gym and significantly more than the comparator said they went at least twice a week. The gym was a good and well-equipped facility with programmes suitable for women, and some good training opportunities. However, there was little use of the outdoor facilities for women or participation in external adventure activities.

## Resettlement

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HP34 There was no recognition of the different needs of women in the resettlement policy, which was insufficiently focused on practical outcomes and lacked a cohesive framework. Most women had resettlement plans, but few were aware of them. Reintegration services were generally suitable and there was some good work to support relationships and parenting. Drugs services were satisfactory. The prison was not performing sufficiently well against this healthy prison test.

HP35 The resettlement policy was aspirational rather than focusing on what was actually delivered and how it could be improved. It described some elements, such as personal officers, that did not exist. There was no separate policy for women and no reference in the policy to the 2005 Northern Ireland Prison Service reintegration needs analysis of women in Northern Ireland. The resettlement committee included all the key players, but did not concentrate enough on reviewing outcomes or set targets for improvement. Provision was fragmented and individuals and agencies operated in isolation from each other, with no cohesive team structure. There was a comprehensive resettlement database, but it was not used for analytical or management information purposes to target provision and plan ahead. It was logistically difficult to provide offending behaviour programmes for the small number of eligible women prisoners, but some good individual work was undertaken.

HP36 Almost all women had a resettlement plan and it was commendable that this included women on remand and those serving short sentences, but there was very little awareness of this. Women attended home leave boards and special privileges boards to outline their views and plans, but not resettlement boards. It was difficult to see the value of the plans, which did not fully engage with women to start to address the likelihood of them reoffending. Although resettlement file recording had improved, it did not reflect good case management with one single member of staff or personal officer responsible for coordinating and integrating activities in relation to each prisoner. Much of the required data was missing.

HP37 Few women were covered by public protection provisions and arrangements in the prison worked successfully mostly because of probation input. This was particularly relevant at home leave and discharge stages.

HP38 The Housing Rights Service provided help with accommodation issues, but the prison was not playing its part by providing officers to deliver this work. Finding accommodation after release was difficult for some women. There was no dedicated debt counselling, although NIACRO provided useful benefits advice and employability input. Education and training were not linked effectively to resettlement planning or to the specific education and training needs of the women. Home leave was well used to help women coming towards the end of sentence prepare for release. The few women who did not have a GP were helped to register with a doctor and there were some links with local mental health workers.

HP39 There were six women sentenced to life imprisonment and three potential lifers for whom there were no structured arrangements. Few lifers reported much contact with their lifer

liaison officers. All the lifers had had their cases reviewed in conjunction with the Maghaberry lifer management unit, but there were no real progression opportunities for women. The development of Ash 5 had helped a little, but there was too little recognition of reduced risk and the need to provide progression opportunities beyond Hydebank Wood to prepare women lifers for release.

- HP40 Good transport was provided for visitors, but poor signage made locating the prison difficult for those using their own cars. The visitors' centre provided a helpful and friendly first contact. Staff there had strong links with community-based agencies and were able to offer relevant practical support. However, there was a lack of refreshment facilities. Good use was made of child and family-centred visits to allow women to spend time with their family to help strengthen family bonds, but all babies were routinely searched, which was unnecessarily intrusive. There was no separation of the women's and young men's visits, which some women found difficult. The holding room facilities were particularly unsuitable for mixed visits. Consultation arrangements with visitors were poor and there was not enough capacity for visits at the weekend when there was peak demand. There were some delays with mail being issued.
- HP41 There was a drug and alcohol strategy specifically for Ash House, but this needed to be updated and required a comprehensive needs assessment. Alcohol problems were a big issue for women, but because of the small numbers only one alcohol management group for women has been run in the previous year. Opportunity Youth saw all new arrivals and assessed them and ran some individual treatment programmes. Opportunity Youth also provided key workers for a throughcare programme that provided services in the prison and the community. Voluntary drug testing was linked to the progressive regimes and earned privileges scheme and was actually compliance testing. Many tests had been missed in the previous six months.

## Main recommendations

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- HP42 A separate prison should be provided for women in Northern Ireland.
- HP43 First night procedures should be agreed so that all new women receive consistent and supportive care on arrival, including private interviews to assess immediate needs, access to peer support and appropriate supervision.
- HP44 A personal officer scheme should be established to support women at Hydebank Wood, liaise with families and encourage effective resettlement.
- HP45 There should be a separate suicide and self-harm prevention policy specifically for women at Ash House. This should comprehensively set out the gender-specific needs of women at risk of suicide and self-harm, include a more therapeutic response to support women at risk and provide guidance for staff in implementing the policy.
- HP46 The Northern Ireland Prison Service should issue clear guidance on the implementation of a diversity strategy indicating areas to be prioritised and provide relevant staff training including in religious and cultural differences.

- HP47 The transfer of responsibility for health services should be completed expeditiously so that health services for women can be planned, provided and quality assured through integrated working.
- HP48 An education and training policy for women should be developed that provides sufficient work and education places to keep women purposefully occupied.
- HP49 The standard of food should be improved.
- HP50 There should be a separate resettlement strategy for women prisoners at Ash House based on their identified needs. The new strategy should specify roles and responsibilities, set SMART objectives, outline provision for specific groups of women and include arrangements for regular review.



# Section 1: Arrival in custody

## Courts, escorts and transfers

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### Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement prisoners' individual needs are recognised and given proper attention.

- 1.1 Women prisoners frequently travelled with male prisoners and were verbally abused during the journey and sometimes when they disembarked. The vans were dirty and uncomfortable. Women were held too long outside reception due to inadequate reception staffing arrangements. The video link was well used.
- 1.2 Approximately a quarter of women travelled in vans with young men and suffered verbal abuse and sexual harassment. Pregnant women were inappropriately transported in cellular vehicles. The two vans we inspected were dirty, with lots of graffiti. None of the vans had seatbelts, but carried appropriate emergency equipment. In our survey, responses to questions about treatment by escort staff, personal safety, cleanliness and comfort of the van were significantly worse than the comparators.
- 1.3 Escort staff told us women were always taken to their reception before any young men. However, on two separate days of the inspection, we saw women kept waiting until the young men had disembarked and in one case only after they had waited for reception staff to return from their afternoon break. Although escort staff usually alerted the prison of their return from court, vans sometimes had to wait outside if arrival times coincided with staff breaks. We heard prisoners protesting loudly to be let off the van. This was intimidating for others, particularly new committals.
- 1.4 Several women complained that young men on the vans verbally abused them during the journeys. They were subjected to more such abuse as they walked into their reception, which was in one of the houseblocks for young men. One woman described how degraded she had felt when she had to walk to reception in the nightclothes she had been wearing when arrested.
- 1.5 Most women had short journeys of around 30 minutes, with the longest journey of two hours being for those coming from Derry. Reception was staffed only until 4.30pm so anyone arriving after this had to wait until a member of staff could be released to deal with them, which meant that a landing of Ash House had to be locked down.
- 1.6 An excellent information leaflet about Ash House had been produced and would have eased the anxiety of new committals before arrival, but was not issued at court or during escorts. None of the women we spoke to or in our survey had seen it.
- 1.7 Women were asked if they had any complaints about escort staff, but this was done in front of escort staff, which was inhibiting. Unsurprisingly, staff said women rarely complained about escort staff.

- 1.8 The video link was well used. Women going to court were given breakfast and provided with a packed lunch. No property or private cash was taken to court, so anyone released at court had to return to the prison to collect their stored property. Several women complained that they had previously been left stranded when released at court on bail without any means of getting home.

## Recommendations

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- 1.9 Women should be transported separately from male prisoners.
- 1.10 Pregnant women should not travel in cellular vehicles.
- 1.11 Staffing should be arranged so that women do not wait unnecessarily on vans because reception is closed and women on Ash House should not be locked down to provide staff from the landings.
- 1.12 Women should arrive before 7pm.
- 1.13 Women should be escorted in vehicles that are safe, clean and comfortable.
- 1.14 Women should be given the information leaflet about Hydebank Wood at court by Northern Ireland Prison Service escort staff.
- 1.15 Property and private cash should accompany unsentenced prisoners to court.
- 1.16 Women should not be asked about their treatment by escort staff in the presence of these staff.

## First days in custody

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### Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.17 The women's reception was in one of the houseblocks holding young men. Reception procedures were efficient. New committals generally received good personal attention and their immediate needs were met, but this was not so good for those who arrived in the evening. A number of women reported insensitive searching during reception, but searches we saw were done well. Women were given an information booklet on their first night and treated kindly, but there were no formal first night procedures. Insiders were not used in reception and often did not see new committals on their first night. New committals were given a great deal of information during induction, but many said it did not cover what they needed to know.

## Reception

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- 1.18 The women's reception was inappropriately located in Beech House, a residential unit for young men. Women often arrived when young men were moving between activities and many complained of unwelcome attention from them. A new reception facility for Ash House was planned to be completed within six months.
- 1.19 New committals usually arrived with limited information, often only the warrant. This left staff reliant on information provided by the women themselves when making important risk assessments. There had been 137 new committals in the previous six months (about five a week). Usually no more than one or two women arrived at a time and they received a good level of personal attention if they arrived before 4.30pm.
- 1.20 Reception was spacious, but its location was not ideal. Reception staff cleaned the area because female orderlies could not work in a male houseblock. This had to be fitted in with other duties and the area was not very clean or tidy. The toilet and shower room was used for storage, including for old files and the baby seat.
- 1.21 The two holding rooms were small and cold. Some magazines were provided and some useful notices were displayed, although some still referred to Maghaberry prison. Some important notices had been translated in languages other than English. There was a list of staff and prisoners who could speak different languages and a telephone interpreting service was used if no one was available.
- 1.22 We observed the reception of two new committals. Staff were attentive and friendly, introduced themselves by their first names and did their best to put the women at ease. The new committals were offered a hot drink and toast while the initial procedures were carried out. We also observed one woman who was being released. She was dealt with efficiently and staff checked that she had the means to get home. All women passing through reception either as a new committal or for discharge were strip searched. The procedure we observed was carried out sensitively, but several women complained to us that this had not been their experience and that they had been required to stand naked. In our survey, significantly fewer than the comparator said they had been searched in a sensitive and understanding way.
- 1.23 A comprehensive initial interview booklet covered the information to be obtained by reception and landing staff and also covered aspects of the induction process. Immediate needs were checked, including ensuring that children or other dependents were safe. The women we observed were offered a telephone call to their families. Insiders were not in reception to offer peer support. Women were offered a shower, but most preferred to take one when they arrived on the houseblock, as many felt uncomfortable taking a shower in reception when young men could be heard nearby.
- 1.24 All new committals were given a reception pack (either a smoker's pack or a bag of sweets) to last them until they could use the tuck-shop the next day. After reception, they were seen by a nurse for an initial health screening unless reception staff had identified urgent healthcare needs.

- 1.25 In our survey, a similar number of women to the comparator said they were treated well in reception, but the efficient and sensitive treatment we observed was not consistent with the accounts of some women we spoke to and much seemed to depend on the time of arrival.

### **First night**

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- 1.26 There was no policy or staff guidance covering first night care. The induction policy included a statement about the need for arrangements to ensure prisoners' safety and well being on their first night, but did not set out what these should be. It also included a list of 'matters for consideration', but this did not include specific requirements for staff observation, the importance of peer support and the role of, and access to, Insiders, or guidance on completing cell-sharing risk assessments.
- 1.27 All new committals were seen individually by a member of staff before being locked up for the night. The booklet begun in reception was checked and the house manager signed a checklist to confirm that all necessary assessments had been completed. The time spent on interviews depended on the time of arrival. Individual case files showed that some women had received a good deal of attention during the initial interview process and their individual concerns had been properly addressed.
- 1.28 A free £1 credit was made to each woman's telephone account for use on the first night, but many women were unaware of this. Some said they had not been able to make a telephone call, although staff had contacted their family on their behalf. In our survey, significantly fewer than the comparator said they had not had the opportunity to have a free telephone call on the day of their arrival and far fewer also said they got something to eat. The house manager's checklist did not include whether a meal or free telephone call had been offered.
- 1.29 Cell-sharing risk assessments were always completed by the senior house officer, with a contribution from healthcare, before new committals were located. In most of those we looked at, the healthcare contribution said there was insufficient evidence to make an assessment and therefore a medium risk associated with sharing. In practice, new committals did not share on their first night, although the increasing population meant that the possibility of this could not be discounted.
- 1.30 New committals were issued with a first night booklet that covered most of what they need to know, including the timing of daily routine. It was useful, but inaccessible to those with poor reading skills or who did not read English. One woman who could not read said a member of staff had gone through the booklet with her.
- 1.31 Two Insiders were available to meet new committals, but were not always informed when they arrived and could not see anyone after 7.30pm or on the frequent occasions when there was an early lock down. In our survey, significantly fewer than the comparator said they had felt safe on their first night.

### **Induction**

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- 1.32 There was a very good written induction policy, but it was not being followed and several staff were not aware of it. A formal induction programme was still being developed. The existing arrangements comprised an individual interview the day after committal flexibly delivered

depending on whether the woman had been in Ash House before. There were no dedicated induction staff and the interview was conducted by class officers available at the time. Staff completed an induction checklist covering rules and entitlements, the regime and routines and specialist support available. A resettlement needs profile was completed and passed to the probation team. All new committals were seen by a member of the probation team and the chaplaincy within a couple of days.

- 1.33 All written induction information was read to non-readers, but it was not available in any other format and there was too much detail to retain. The two Insiders did not have a formal input into the induction programme and frequently did not see new committals for a few days after their arrival. They used their own checklist to explain important aspects of the regime and entitlements.
- 1.34 Prisoners were asked to complete a feedback form. Those we examined were generally positive, but the feedback was not used to inform further development of the programme. In our survey, significantly fewer than the comparator said induction had covered everything they needed to know.

## Recommendations

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- 1.35 The new reception should include decent waiting areas with relevant information in a variety of formats.
- 1.36 Full information should be available to reception and first night staff to inform initial assessments.
- 1.37 Insiders should provide peer support to women in reception and for all new committals on their first night.
- 1.38 Checks should be made to ensure that a free telephone call and a meal have been offered to new committals before they are locked up on their first night and this should be recorded in individual case files.
- 1.39 Prisoner feedback should be used to improve and develop the induction programme.
- 1.40 Induction information should be provided in a range of formats.



# Section 2: Environment and relationships

## Residential units

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### 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.

- 2.1 Communal areas were clean and largely well maintained. All cells now had integral sanitation. A newly converted landing on A5 provided very good accommodation for long-term prisoners, but was underused. Women had good access to showers and laundries, but did not have courtesy keys or lockable cupboards. Women were restricted in their access to hot drinks. Apart from those on A5, they were not given responsibility suitable to their risk.
- 2.2 The external environment and grounds of Hydebank Wood were attractive and well cared for, but the need to keep young men and women prisoners separate from each other led to women prisoners having very little access to the grounds. They also did not have the freedom to move from the residential unit to activity areas that they would have had in a single sex environment and this added to a feeling of claustrophobia. The total capacity of Ash House was 71 and about 46 women were held during the week of the inspection. Women were accommodated between five landings, each with a distinct function (see fact page). A new landing created on A5 provided very good accommodation for long-term women in 10 rooms. The women had a kitchen to prepare their own meals and the bathroom facilities were superior to those in the rest of Ash House. However, only four of the 10 cells were occupied. There was some degree of resentment from other women at the quality of the accommodation women on A5 occupied and there was a need to ensure that the allocation criteria allowed maximum occupancy so what was seen as something of an elite clique did not develop.
- 2.3 Most cells were designed for single use, although there was one double cell and two mother and baby rooms. The Listener cell could also be used to provide doubled accommodation. Apart from A5, all landings had observation cells with camera cover that were used for women at risk. A1 landing held women on the basic regime and those under observation for self-harm as well as containing the single cell used for cellular confinement. It was described by some staff and prisoners as the landing for difficult women and there was a need to clarify its purpose. The mother and baby rooms were not used frequently, but were reasonably equipped. They were not a stimulating environment for babies and inappropriately contained an open toilet. Two cells for women with disabilities were located on A5 and A2. These were well equipped with spacious toilet and shower facilities and emergency call procedures.
- 2.4 All cells had integral sanitation, but the small cells meant toilets were very close to the head of beds and had no screening or lids. Cells were mostly in a good state of repair. All women had quilts, and curtains were made in the textile workshop. Women could personalise their rooms with extra furnishings. There were no kettles in cells and women had to buy their own flasks if they wanted a hot drink while locked up. There were no courtesy keys and women were expected to close their door when they left their cells. Many did not do so as they then had to wait for a

member of staff to unlock them. There were no lockable cupboards in cells so there was a problem about the security of in-possession medication.

- 2.5 Apart from A5, all landings had a communal association area with a television, sofas and some recreational equipment, and all had small serveries with an adjacent kitchen containing a microwave, toaster and kettle. A5 had a well-furnished kitchen (see section on catering) and smaller association area, which was carpeted and furnished as a comfortable sitting area, but had no recreational equipment. All landings had laundries that women could use freely. Communal areas were clean and mostly well maintained if a little drab. Women could smoke only in their own cells with the door closed and in the exercise area.
- 2.6 Consultation meetings were held monthly, but only for each landing. Meetings were normally attended by the principal officer in charge of Ash House and were minuted. Most action points were followed up. There was no opportunity for women on Ash House to meet together as a group. There were a wide range of notices on display about daily routines, but these were not consistent between landings.

### **Hygiene, clothing and possessions**

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- 2.7 All rooms and communal areas were clean and toilets and showering facilities provided sufficient privacy. During unlock, women had open access to showers and baths on each landing. Communal washing facilities were clean and well maintained, although they were also used to store cleaning equipment. In our survey, 95% of women, against a comparator of 79%, said they could shower every day. All women could have sufficient personal hygiene products in their rooms.
- 2.8 Apart from A5, each landing had allocated cleaners and sufficient colour-coded cleaning equipment and significantly more in our survey said they could get cell cleaning materials every week.
- 2.9 There was a washing machine and dryer on each landing and women had free access to these. Ironing boards and irons were also provided. Most women did their own laundry, including sheets. New committals were given clean bedding. Some mattresses were grubby.
- 2.10 Women were allowed to wear their own clothes and most chose to do so. A reasonable amount of clothing was allowed in possession. There was a good supply of clothing in reception for those with insufficient personal property. Those working outside were allowed additional items. Women were offered jackets in reception, but not many chose to take them.
- 2.11 Access to stored property was satisfactory and our survey indicated it was much better than in comparator prisons. The facility list was available and advertised on some, but not all wings. Some items had to be bought from the prison's supplier, which did not allow women to get the best value for money for items such as make up.

### **Recommendations**

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- 2.12 The role of A1 should be clarified so that it does not hold an inappropriate mix of women with different and incompatible needs.

- 2.13 All women should have a lockable cupboard in their room.
- 2.14 Mother and baby rooms should be improved and should not contain an open toilet.
- 2.15 Dirty mattresses should be replaced.
- 2.16 Consultation meetings should provide the opportunity for women in Ash House as a whole to meet together as a group.
- 2.17 All rooms should be supplied with kettles.
- 2.18 Women should be allowed to order catalogue products from a range of suppliers.

### Housekeeping point

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- 2.19 Notices displayed should be consistent between landings.

## Staff-prisoner relationships

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### Expected outcomes:

Prisoners are treated respectfully by all staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.20 Relationships between staff and women were better than we had previously found. Most women said they were treated with respect and that they had a member of staff they could turn to for support. However, some officers were not seen as supportive.
- 2.21 In our survey, 66% of women said most staff treated them with respect. Seventy-nine per cent said they had a member of staff they could turn to for help. We did not observe a great deal of informal interaction, but relationships had improved since our last inspection and significantly more than the comparator in our survey said staff talked to them during association. Most officers addressed women by their first name, but often referred to them by just their surname.
- 2.22 Despite these improvements, significantly more women than the comparator said they had been victimised by staff. Women in groups ascribed this to the poor attitudes of a minority of staff and said there were some officers they would always avoid as they treated them badly. They believed that male staff often treated them with more respect than some of the women officers. Women in groups agreed that staff did not often actively engage with them and that only women prisoners who behaved badly or self-harmed got staff attention. We saw some women with special needs get a lot of supportive attention from officers on the landings, but otherwise there was not a lot of interaction.

- 2.23 A governor had been appointed to have specific responsibility for Ash House. This and the work of the principal officer based on Ash House had perhaps helped improve relationships. However, the governor was based in the Hydebank Wood central administration building rather than in Ash House, where she would have been able to supervise staff-prisoner relationships more effectively.

## Recommendations

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- 2.24 Staff should routinely use first names or title and surname when speaking or referring to women prisoners.
- 2.25 The governor responsible for Ash House should be based there in order to model and encourage good relationships between staff and prisoners and deal appropriately with those who do not act professionally and respectfully with the women.

## Personal officers

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### Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.26 There was no personal officer scheme and residential officers had had little involvement with decisions about women's resettlement needs.
- 2.27 There was no still no personal officer scheme and therefore no named individual member of staff to whom women could go for help. There was little engagement by residential staff with individual prisoners about their personal circumstances and they did not usually get involved with women's resettlement needs. There were frequent entries in wing files, but these were almost wholly about behaviour, with little evidence of any in-depth knowledge of the women, their background or resettlement plans.

# Section 3: Duty of care

## Bullying and violence reduction

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### Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 Safer custody structures covered both Ash House and the young offender centre. There was no separate safer custody meeting for Ash House to reflect developing safer custody policies specific to women. There had been few substantiated incidents of bullying, with most relating to the strains of communal living. Investigations were thorough and prompt. Neither prisoners nor staff had been trained in this area.
- 3.2 A safer custody strategy policy and document (2005) consolidated various aspects of safer custody including anti-bullying and had led to the establishment of the safer custody committee. This met monthly and was responsible for developing safer custody work across Ash House and Hydebank Wood. The meeting was usually chaired by a senior manager and was generally well attended by managers from most departments except the security department. Insiders also attended and participated towards the end of meetings and made valuable contributions.
- 3.3 Most of the discussion at the safer custody meeting related to procedures. The agenda and structure of each meeting did not sufficiently address the distinct needs and concerns of women at Ash House.
- 3.4 The anti-bullying strategy on Ash House was overseen by the principal officer and governor. An anti-bullying policy for women was in final draft, but had yet to be implemented. It described the nature of bullying among women and set out a three-stage strategy. The strategy currently used was the same as that for the young offender centre.
- 3.5 An information leaflet for women describing the nature of bullying and the strategy to address it was available on landings. Posters with an anti-bullying message were displayed around the house unit. A family hotline was advertised in the visits room for families to report concerns, but had not received any calls.
- 3.6 In our survey, significantly more women than the comparator said they had felt unsafe at some time. An internal survey across all those held in Hydebank Wood had been completed in 2006 and the key findings discussed at the safer custody meeting in April 2007. These had identified the need for a specific anti-bullying policy for women, a free-phone number to report bullying and increased supervision of areas where bullying took place. The survey indicated that women were also concerned about bullying by staff. This was reflected in our survey, where significantly more than the comparator said they had felt intimidated or threatened by staff.

- 3.7 Details of suspected bullying incidents and the outcome of investigations were recorded on an anti-bullying log. There had been 15 investigations in 2005, 25 in 2006 and only three to end October 2007. Only one of the 2007 incidents had been considered substantiated. The drop from 2006 was mostly accounted for by the fact that many of the investigations that year were the result of allegations and counter-allegations by a small number of women. Nevertheless, this was at odds with our survey, where 47% of women, compared with 26% in other women's local prisons, said they had been victimised by another prisoner. This was likely to reflect the tensions of living in small groups.
- 3.8 Investigations were well documented and completed promptly and thoroughly, usually by a senior officer. Many were associated with the pressures of communal living where bullying took subtle forms, such as excluding individuals from activities, which could have been resolved through well-led landing meetings. Physical violence attempts were rare. When allegations were substantiated, anti-bullying meetings were convened to decide on the most appropriate action. Previously, some women had been referred to psychology to complete one-to-one bullying awareness sessions.
- 3.9 There was no formal support for victims of bullying, but the size of the unit meant that staff were aware of any on-going tensions and alert to possible recriminations. However, managing this was difficult with limited scope to move women. Staff were alert to the potential difficulties of women who, through their alleged offence or conviction, had high media profiles and risked being targeted. One protective behaviours programme, a six-week course to improve self-assertiveness run by Women's Aid, had been held.
- 3.10 There had been no training in dealing with bullying, an issue raised regularly at the safer custody meetings. Meetings had noted that some male staff did not understand the nature of bullying by women. Bullying awareness training specifically relating to women had been developed by the psychologist, but had not yet been delivered to prisoners or staff.

## Recommendations

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- 3.11 **There should be a dedicated safer custody manager and a safer custody committee specifically for Ash House focusing on anti-bullying, the prevention of suicide and the reduction of self-harm.**
- 3.12 **The anti-bullying policy for women should be implemented.**
- 3.13 **An in-depth survey specific to women's perceptions and experiences of bullying by prisoners and staff should be completed and considered by the women's safer custody committee to inform the development of the safer custody policy.**
- 3.14 **Regular staff-led landing meetings should be held focusing constructively on resolving tensions caused by small group living.**
- 3.15 **Bullying awareness training for staff and prisoners should be provided.**

# Self-harm and suicide

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## Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

3.16 There had been no self-inflicted deaths since women moved to Ash House. However, a full and separate self-harm and suicide prevention policy for women, taking into account their distinct needs, needed to be developed. There had been some improvements to support women at risk of self-harm, with less reliance on the use of strip clothing, but observation rooms were still used frequently, rather than a more therapeutic approach. The number of recorded self-harm incidents had fallen, but not enough was done to investigate serious incidents of self-harm. Support plans were poor. Training in suicide awareness and peer support for those at risk were insufficient.

3.17 The suicide and self-harm prevention policy for the young offender centre and Ash House had been revised in September 2006 following the publication of the McClelland report commissioned after six non-natural deaths in custody in the service between 2002 and 2004. The report contained criticism of prisoner at risk (PAR 1) procedures and some changes were planned. The revised policy included separate annexes for women and juveniles. The short annex for women highlighted some gender-specific issues, including the particular needs of women at potential risk from others by the nature of their offence, which could be a problem given the limited options to locate women in Ash House. It also recognised that many women may have suffered severe physical, sexual or psychological abuse and be distressed by their separation from children. It included a paragraph on reception procedures, but made no reference to the sensitivities surrounding searching women who had been victims of abuse. Nor was there reference to issues such as how the prison could work with women who frequently harmed themselves, the potential problems of women being supervised by male officers or the specific resources needed to provide therapeutic support.

3.18 The suicide and self-harm prevention strategy was overseen by the monthly safer custody meeting for Ash House and the young offender centre (see section on bullying and violence reduction). The governor or principal officer from Ash House attended meetings and Insiders attended towards the end and made good contributions. A senior residential officer acted as the suicide prevention coordinator (SPC) for both women and young men. She had previously worked with women at Mourne House, Maghaberry. Despite the high-risk populations, she had no dedicated time for the role. On one morning each week, she provided suicide awareness training for staff. Other tasks included compiling monthly and annual reports for the safer custody committee and liaising with the Samaritans. When time allowed, she monitored the quality of open and closed PAR 1 forms, but sometimes found it difficult to challenge fellow senior officers about poorly completed documents. She was also a point of contact and advice for staff.

3.19 There had been no self-inflicted deaths among women since their transfer from Maghaberry prison. According to the SPC's monthly report, there had been an average of seven incidents of self-harm a month involving four or five women over the previous six months. This was similar to at our last

inspection when the unit held fewer women. The SPC's last annual report indicated there had been a 36% reduction in self-harm among women.

- 3.20 An up-to-date register of all PAR 1 forms recorded when forms were opened and closed and the dates of reviews. About nine PAR 1 forms were opened each month and stayed open for an average of seven days. Between January and September 2007, 82 forms had been opened. Two PAR 1 forms were open at the time of the inspection.
- 3.21 Cases of particular concern were raised as part of SPC's report and discussed at the monthly meetings, but there were no established procedures for investigating serious or potentially fatal incidents. On her own initiative, the SPC had analysed three such incidents over recent years, which clearly showed the need for a more systematic approach to learning from such incidents. In one case from 2006, two officers had discovered a woman with a ligature made of 'garden wire' around her neck. One officer had to return to the 'bubble' to get a ligature cutter. The ligature had taken 15 to 20 minutes to cut through, during which time the woman's neck had begun to swell. There was no evidence of what learning outcomes had been identified and what changes had been made to practice to improve the response in any similar incident in the future.
- 3.22 Reviews of prisoners at risk were held promptly. Most involved only residential staff and a representative from healthcare. Other staff were notified, but reviews were often arranged at little notice, making it difficult for others such as chaplains and Opportunity Youth to attend despite the important part they played in the day-to-day support of women at risk. The discussion and development of support plans was therefore very limited. Senior officers chaired reviews, but did not retain responsibility for particular cases so there was little continuity of case management. The safer custody meeting had highlighted the need to train senior officers for their role in PAR 1 procedures.
- 3.23 Almost all support plans were restricted to comments on whether the woman should be in strip clothing, the levels of observations required and whether she should be located in an observation cell. One plan simply listed '*safe room, safe clothing, safe bedding, support from staff, constant obs*'. Few plans were individualised or recognised specific needs and few attempted to describe any underlying distress. When the sources of the anxiety were identified, there was little documented evidence of what support, if any, was offered. One woman was distressed by the loss of contact with her daughter, but there was no comment on what could be done to help her. Support plans made little mention of the importance of activity for those at risk and few women were kept busy. Very few named specific individuals as responsible for ensuring tasks were completed. In most cases, 'all staff' were responsible, which risked no one taking ownership. There was little clear evidence of management checks of the PAR 1 procedures.
- 3.24 There were also few good quality entries in the daily record of supervision and little evidence that prisoners were asked how they were feeling. Most entries were simply a record of officers' observations. There was no follow-up interview with prisoners following closure of a PAR 1.
- 3.25 Each landing had an observation room with camera cover. These included sealed units with an enclosed television, direct contact with staff through an intercom and a direct telephone line to the Samaritans, although none of the latter were working. Use of the observation cells was restricted to those on PAR 1s and subject to regular review.

- 3.26 The use of observation cells and strip clothing for women at risk of self-harm was monitored and the figures reported to the safer custody meeting, but the length of time they spent in these conditions was not recorded. A log of women placed in the observation cells was kept on each landing and recorded when they were held and whether they had been required to wear strip clothing. Observation cells were used frequently, with 41 uses between January and September 2007. The observation cells in healthcare had also been used seven times in the same period. Often the same women were managed in this way and their use had become so normalised that some women asked to go in to an observation cell. One log we looked at indicated that one woman had been held in an observation cell for 18 days, although most were for less than a day. There was less recorded routine use of strip dresses than previously, with six uses between January and September 2007 and three uses in healthcare in the same period.
- 3.27 The few resources available to support women at risk included two mental health-trained nurses, CRUSE (bereavement counselling), the chaplaincy and Samaritans. There were no named key workers to support them at times of crisis and no specific support for those who had been victims of abuse, although referrals could be made to a community-based group after discharge. A family hotline direct to healthcare had not been used. A good range of telephone helplines was displayed by the telephones on each landing. These included Relate, Alcoholics Anonymous, the Samaritans and the Prison Ombudsman. Lines were not all free and calls to the Samaritans incurred a charge. A free dedicated line was also available and women could request to use it at night by sliding a card under the cell door for the attention of the night guard. A log to record how often it was used was introduced only during the inspection.
- 3.28 An Insider peer support scheme had been launched in February 2007 and two women had been recruited, but they had received little training and few support meetings had been held. They were not always told about new committals or called to reception to meet them and it could take up to 48 hours before they made contact (see section on first days in custody). In our survey, significantly more than the comparator said they had had problems with feeling depressed or suicidal when they first arrived, but very few said they had received information about relevant support available.
- 3.29 The local Samaritan branch had tried to establish a Listener scheme, but had been unsuccessful due to insufficient volunteers. Some staff confused the role of Insiders with Listeners and some were not in favour of Listeners because of unease about the Samaritans code of confidentiality. There was no peer support at Ash House after lock-up at 7.30pm.
- 3.30 Many officers had not received suicide awareness training, a problem regularly identified at the safer custody meeting. Of around 335 prison grade staff, only 130 had completed a 1.5 hour suicide awareness training session. Twenty-three non-prison grade staff had completed this training. Emergency response boxes were held in the central bubble. All officers carried ligature knives.
- 3.31 Separate to the PAR 1 register was an inmate awareness register of women who might not have been subject to PAR 1 procedures, but were considered at risk and vulnerable due to age, offence or coping abilities. It was completed by healthcare and psychology, circulated to managers and used to alert staff about supervision needs, compassionate temporary release applications or cell-sharing risk assessments. Around half of the women on Ash House were on the register.

## Recommendations

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- 3.32 Formal investigations should be conducted into serious or near-fatal incidents to establish what, if any, lessons could be learned.
- 3.33 Prisoner at risk (PAR 1) reviews should be multidisciplinary and trained senior officers should provide continuity in the management of cases, with key workers to support them.
- 3.34 Support plans for those at risk should be improved by identifying clearly the main concerns, how these are being addressed and who is responsible for ensuring agreed actions are taken.
- 3.35 Entries in the PAR 1 daily supervision records should be improved, with regular management checks on the quality of care.
- 3.36 Follow-up interviews should be conducted following the closure of PAR 1 documents.
- 3.37 The length of time women are placed in the observation rooms should be monitored by the safer custody meeting and alternative therapeutic responses should be developed.
- 3.38 Women should be able to use advertised telephone helplines free of charge.
- 3.39 All staff with direct contact with women prisoners should have suicide and self-harm awareness training specifically related to women.
- 3.40 There should be improved peer support, with a training programme for Insiders and they should meet regularly with the coordinator.
- 3.41 A Listener scheme should be developed.

### Housekeeping point

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- 3.42 The direct telephone lines from the observation cells to the Samaritans should be repaired.

## Diversity, race equality and foreign national prisoners

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### Expected outcomes:

All prisoners should have equality of access to all prison facilities. All prisons should be aware of the specific needs of minority groups and implement distinct policies, which aim to represent their views, meet their needs and offer peer support. All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Racial diversity is embraced, valued, promoted and respected. Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons are aware of the specific needs that foreign national prisoners have and implement a distinct strategy, which aims to represent their views and offer peer support.

- 3.43 There was a lack of clear guidance about equality and diversity work. Attendance at diversity committee meetings was limited and progress was slow. Equality monitoring broke down access to

services by religious background, but combined the figures with young adults at the young offender centre and there was no straightforward way of identifying significant patterns and trends in Ash House. Race was not a prominent issue as only a few prisoners were from a black and minority ethnic background. Staff had little awareness of the particular needs of Irish travellers. Work with foreign national prisoners was increasing and specialist staff were providing some good input.

## **Equality**

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- 3.44 An equality and diversity committee covered both male and female prisoners and was scheduled to meet quarterly, although meetings were not always convened. It was chaired by the governor with overall responsibility for diversity. Not all committee members attended meetings and representatives from the community were seldom present. There tended to be a core group of four or five members, usually members of the chaplaincy team or representatives from education and probation. Male foreign national prisoners attended some meetings and their views were actively sought, but no women prisoners attended. Discussions at the equality and diversity committee lacked sufficient focus and progress appeared to be inhibited by lack of clear guidance from headquarters in crucial areas such as what work should be prioritised and what training carried out.
- 3.45 Monitoring now broke down access to services and use of discipline measures by prisoners' religious background. This was presented on a monthly spreadsheet, but was not available in a format that allowed significant patterns or trends to be easily identified. There was some evidence that Catholic prisoners were over-represented at adjudications and on the basic regime. The figures incorporated results for male and female prisoners and it was therefore impossible to distinguish the experiences of each group.
- 3.46 One equality and diversity officer worked on diversity issues with women in addition to her regular wing-based duties. She was not available during the inspection. She had not received any specialist training. A job description had been produced, which required her to 'promote equality and eliminate discrimination, to supply guidance and advice to staff and prisoners, to act as a central source of information and to ensure equality of opportunity for all prisoners'. The officer appeared to do an effective job assisting individual prisoners, but, without any dedicated time for the role, did not have the time or resources to do more.
- 3.47 Advice from prison headquarters about the responsibilities public authorities had in relation to the Disability Equality Act had been passed to the establishment in April 2007. To date, no work had been done to address the relevant issues identified.
- 3.48 Apart from those directly involved in this area of work, there was no evidence that diversity was embraced, valued or promoted. Staff lacked awareness and understanding of issues relating to diversity in general and to sexuality in particular. No one we spoke to appeared to be aware of the issues relevant to women prisoners.

## **Race equality**

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- 3.49 There was a published report on the operating instructions relating to race relations. This provided a helpful description of the role of the equality and diversity committee and the equality and diversity officers as well as simple definitions of racial groups and what types of action constituted

discrimination. Unfortunately, the document was of little practical value because staff generally had little awareness of race relations issues.

- 3.50 There were few black and minority ethnic prisoners, with only one woman from a black African background at the time of the inspection. There had been no recorded race-related incidents involving women in the previous year.
- 3.51 Two women were registered as having an Irish Traveller background. Staff said they tended to keep to themselves and were suspicious of authorities. One of these women we spoke to was unwilling to comment on her treatment. Staff had not been trained to appreciate the specific needs of women from the Irish Traveller community, but in the previous week, a representative from an Irish Traveller support organisation, An Munia Tober, had visited Hydebank Wood to establish a formal link.

### **Foreign nationals**

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- 3.52 Apart from those from the Republic of Ireland, three women were from a foreign national background, one of whom was an in-patient at the local hospital. Both the others were from Eastern Europe. They spoke positively about their treatment by staff and other prisoners. In addition to receiving visits from family members, they were given free letters and a free 10-minute telephone call to their home country every week, which was a very good help in maintaining contact.
- 3.53 The Ash House equality and diversity officer was also the designated foreign national coordinator for the unit. She interviewed all foreign national new committals and made sure their basic needs were met. She also attempted to maintain links with immigration officials, although this was difficult because there was no named liaison person. Often decisions were made at a very late stage by the Border and Immigration Agency, which made it difficult to help prisoners plan for their release.
- 3.54 Translation and interpreting services had been used, but staff preferred where possible to use prisoners or staff to interpret. While this was often appropriate and done with the individual's consent, professional services were not always used when dealing with legal matters, issues relating to vulnerability or other confidential matters such as healthcare.
- 3.55 The foreign national woman in hospital was visited daily by a member of the chaplaincy team. She was well supported and the chaplain provided her with culturally appropriate food. The chaplaincy took a particular interest in foreign national prisoners and did what they could to help them prepare for release by liaising with families and sometimes Embassies.
- 3.56 'Draft interim guidance' on foreign national women in Ash House had been published in the Autumn of 2007. This provided useful information on how to ensure that their needs were met as far as possible, with particular emphasis on the importance of helping maintain family ties. Not all the points in the guidance were being implemented.
- 3.57 A notice to staff (August 2007) reminded them of foreign national prisoners' rights to communicate with officials from their own country. Records in files showed that this instruction was followed.

## Recommendations

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- 3.58 The equality and diversity committee should meet regularly with all designated members or representatives attending and consider and take action on any identified or potential areas of discrimination.
- 3.59 A system of monitoring that identifies and highlights areas of under and over-representation should be introduced and monitoring data should distinguish between male and female prisoners.
- 3.60 The equality and diversity officer should receive specialist training, including in investigating racist incidents, and should be allocated dedicated time to carry out her additional duties.
- 3.61 Links with Irish Traveller support groups should be strengthened and consolidated.
- 3.62 The Border and Immigration Agency should be asked to supply a named liaison person so that the prison can help foreign national prisoners prepare for their release.
- 3.63 Professional interpretation services should be used when legal matters or issues relating to vulnerability are discussed with women with little or no English.
- 3.64 The draft interim guidance for foreign national women should be formally approved and published.

## Housekeeping point

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- 3.65 Women prisoners from minority backgrounds should be encouraged to attend the equality and diversity committee.

## Good practice

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- 3.66 *Weekly 10-minute telephone calls home were a good help to maintain contact with families abroad.*

## Contact with the outside world

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### Expected outcomes:

Prisoners are encouraged to maintain contact with the outside world through regular access to mail, telephones and visits.

- 3.67 Women prisoners had reasonable access to telephones, but there were avoidable delays in mail getting through. Facilities for visitors were good. There was easy access by public transport and the visitors' centre provided a good service. Women prisoners sharing visiting accommodation with

young men was unsatisfactory. Visiting capacity at weekends was insufficient. Good use was made of family visits to help maintain family bonds.

### **Telephones and mail**

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- 3.68 There were telephones with privacy hoods on each landing. In our survey, 30% of women, similar to the comparator, said access to them was a problem. Women found the cost of calls high, particularly to mobile telephones.
- 3.69 In our survey, 47% of women, more than the comparator of 36%, said they had problems sending or receiving mail. Incoming mail was logged by searching officers in the visitors' centre and passed to censoring staff before it arrived on the units. As searching officers did not work on Mondays, mail arriving on Saturdays or Mondays was delayed.

### **Visits**

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- 3.70 The prison was reasonably well served by public transport, with special buses from the city centre and outlying areas. Poor signage at the entrance made locating the prison difficult for those travelling by car. In our survey, 62% of women, significantly better than the comparator of 38%, said they received their first visit within their first week. Convicted prisoners were entitled to one visit a week and those on remand three a week. The length of the visits was based on progressive regimes and earned privileges level, which was inappropriate as this penalised families.
- 3.71 The visitors' centre immediately outside the prison was a good resource. It was well designed, with a comfortable waiting area, toilets accessible to people with disabilities and a well-equipped baby change room. Staff provided visitors with a helpful and friendly first point of contact. Visitors were offered a wide range of practical support, including referrals to the Family Links organisation, NIACRO. This service provided advice and help with transport to prisoners' families in the community.
- 3.72 The visits area was shared with young male prisoners from the young offender centre and dominated by them, with only three out of 16 tables designated for women. This was an unsatisfactory arrangement and a number of women prisoners said they had felt intimidated or uncomfortable. There was no separate holding room for women, who therefore sometimes had to wait in busy corridors before and after visits. The unisex prisoner toilets were unsatisfactory.
- 3.73 The visits hall was spacious, well decorated and comfortable. The hall was supervised discreetly and the fact that staff at Hydebank Wood did not wear uniform helped. A small crèche was supervised by qualified staff from the visitors' centre. Visitors could buy hot and cold drinks and chocolate from vending machines, but not light meals or snacks. This was a problem for visitors who had travelled some distance and particularly for those taking extended visits over morning and afternoon sessions.
- 3.74 Visits took place every day apart from Mondays. There were no evening visits. Family days were organised three or four times a year. These were popular and included a magician and bouncy castle. The booking system was efficient and visitors could book in person, by telephone or online. There was only one session on Sundays and visits at weekends were often booked up quickly.

- 3.75 Usually, 10% of prisoners taking visits were subject to a full search, but this applied to all prisoners during the inspection due to intelligence relating to the smuggling of illegal drugs. Babies were routinely given a rub down search before entering the visits area without specific intelligence to justify this intrusive procedure.
- 3.76 Good use was made of monthly two-hour child and family-centred visits. These took place in a specially designed private room and aimed to help prisoners with children and juveniles to spend time with their families and strengthen family bonds. A leaflet explaining the scheme was displayed in the visitors' centre. Prisoners wanting to take part filled out an application form and background checks were carried out in accordance with child protection legislation. Visits were arranged and booked by designated family officers who consulted families. The scheme allowed prisoners to record stories on DVD for their child, have family photographs taken and help children with their homework. The scheme was popular and demand was increasing, but it had not yet been necessary to introduce a waiting list.
- 3.77 Three closed visits rooms were located immediately alongside the main visits area. They were separated from the visits hall only by full-size glass screening so there was no privacy.
- 3.78 In the previous six months, there had been an average of 2,200 domestic visits a month to Hydebank Wood. The drug dog had indicated about 10 times a month and about six visitors a month had been offered and accepted a closed visit. These figures covered young men and women so it was not possible to determine if there was any overuse for women. There was no guidance about when such restrictions should be reviewed.
- 3.79 Despite the generally good arrangements, consultation with visitors was not well developed. The comments book was not readily accessible and contained only one entry for 2007. It was not clear whether this had received a response. A visitors' survey of the whole of the Northern Ireland Prison Service had been carried out in November 2007, but the results were too general to be of much use to Hydebank Wood.

## Recommendations

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- 3.80 There should be no unnecessary delays in prisoners receiving their mail.
- 3.81 There should be clear signposts to the prison, particularly at the entrance to the prison.
- 3.82 All prisoners should be allowed visits of at least one hour.
- 3.83 Visitors should be able to buy hot meals or snacks either in the visitors' centre or in the visits hall.
- 3.84 There should be separate visiting facilities for men and women.
- 3.85 Babies should be searched only when there is specific intelligence, agreed by a senior manager, that this is necessary.
- 3.86 Privacy screening should be introduced between the closed visit rooms and the general visits area.

- 3.87 Guidance on closed visits should specify when decisions to impose restrictions should be reviewed.
- 3.88 Arrangements for consulting visitors about their experience should be improved.

### Good practice

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- 3.89 *The family/child centred visits scheme was an innovative practice that helped to maintain good relationships.*

## Applications and complaints

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### Expected outcomes:

Effective application and complaint procedures are in place, 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.

- 3.90 Most women found it easy to use the request and complaint system, but did not think it operated consistently or fairly. There was a lack of confidentiality and almost half of the women in our survey said that they had been made or encouraged to withdraw a complaint. There was some monitoring for timeliness and quality of responses, but there was no routine analysis to identify patterns or trends. The quality of responses we sampled was generally good. Women were able to raise concerns with managers at monthly landing meetings.
- 3.91 Posters explaining the role of the Independent Monitoring Board and the Ombudsman were displayed on all landings, but there was nothing similar to explain how the request and complaints systems worked. The general information leaflet given to new committals (see section on first days in custody) included details about requests and complaints and the procedures were also covered at induction. Most women were familiar with both systems.
- 3.92 Class officers dealt with day-to-day verbal requests or complaints when possible. Any that required the attention of a more senior officer or another department had to be made in writing. A supply of request and complaint forms was available on all landings. Our survey indicated that most women found it easy to get request and complaint forms.
- 3.93 Requests and complaints were not dealt with consistently between landings. Some women said staff were obliging and dealt with requests informally and promptly, but others said they had to repeat a request several times. Verbal requests were not always recorded so there was no audit trail. In our survey, significantly fewer women than the comparator said requests were sorted out promptly or fairly.
- 3.94 Written requests and complaints were entered daily on a database. While this offered a good audit trail, it also meant that all staff had full access to complaints, which undermined the credibility of the system.

- 3.95 In our survey, significantly more women than the comparator said they had been made or encouraged to withdraw a complaint. We found three complaints that had been withdrawn without explanation. There were no complaint boxes on the landings so women could not submit complaints confidentially, which did not help build confidence in the system. There were secure boxes for the Independent Monitoring Board, but on one landing this had been broken for several weeks.
- 3.96 The unit principal officer checked the system daily to ensure that requests and complaints had been dealt with properly and to monitor timeliness of responses. There appeared to be few delays in responses. We were told that the principal officer also quality assured all responses to complaints, but there was no record of this. There was no analysis of requests or complaints to identify patterns or trends and no ethnic monitoring. As with requests, few in our survey believed complaints were sorted out fairly. In the sample examined, most complaints were about the lack of regime, unpredictable periods of lock-up and health services. Several related to night staff. All responses were typed and gave reasonable assurance that the complaint had been properly investigated. Some initial decisions had been overturned and appropriate apologies given.
- 3.97 There were monthly landing meetings chaired by the unit principal officer or residential governor and open to all residents. Minutes indicated a reasonable level of attendance and action points were appropriately recorded against issues raised and followed up at subsequent meetings, but there was no single meeting for Ash House.

## Recommendations

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- 3.98 Verbal requests should be logged to provide an audit trail.
- 3.99 Prisoners should be able to access and submit complaint forms confidentially.
- 3.100 Managers should speak to prisoners who withdraw complaints to ensure that they have not been coerced. Records should outline the reason given for withdrawal of the complaint.
- 3.101 Requests and complaints should be routinely analysed to identify patterns or trends.

## Substance use

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### Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

- 3.102 Substance use assessments were not comprehensive and detoxification protocols did not appear to be followed. Record-keeping was poor. Only voluntary drug testing was carried out and was effectively compliance testing. Women who failed a drugs test were not always referred for help.

## **Clinical management**

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- 3.103 The clinical management of women dependent on long-term prescribed medications or alcohol was a cause of concern. New committals were given a urine dip test. According to establishment figures, over 20% of committals at Hydebank Wood and Ash House in August 2007 recorded a dependence on alcohol, 14% on cannabis, nearly 2% on prescription drugs and under 1% on heroin. The figures were not broken down between Ash House and the young offender centre. Nursing staff determined whether a woman required first night symptomatic relief and there were several examples where this had not been provided, despite dependence being recorded. Due to poor documentation, it was not possible to judge whether this was appropriate. There were no specialist staff to complete a comprehensive assessment on the day after arrival. Recording of previous substance use was poor.
- 3.104 The detoxification protocols were not followed. They were not flexible and did not adequately meet the needs of women. Women did not receive effective support during or after clinical interventions. Substitution prescribing was undertaken by the visiting psychiatrist. Only two women were receiving substitution medications. Many women complained about the management of their substance dependence (see section on health services).
- 3.105 All women were seen by Opportunity Youth within their first week in custody and a committal assessment was carried out. Opportunity Youth staff then identified goals for each individual, including an Open College Network-accredited two-day course that all women were encouraged to attend regardless of any previous drug or alcohol use or offences. Fourteen women had undertaken the programme in the previous 12 months. Staff were adapting the course so that it could be delivered one-to-one.

## **Drug testing**

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- 3.106 Only voluntary drug testing was carried out and was effectively compliance testing. Women who failed a test were not always referred to health services or Opportunity Youth. Of the 672 new committals to Hydebank Wood and Ash House since January 2007, 513 tested positive to drugs. Four women had tested positive (excluding those receiving prescribed medications) in subsequent tests in the same period. The statistics did not state what type of drugs had been identified.
- 3.107 There was no differentiated analysis of security information between women and young people, but security information reports relating to women were mainly concerned with drugs or behaviour.

## **Recommendations**

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- 3.108 Substance-dependent women should be provided with adequate first night treatment/symptomatic relief following screening and testing.
- 3.109 Specialist staff should complete a comprehensive assessment of need to determine suitable stabilisation, maintenance or detoxification regimes.
- 3.110 Prescribing regimes should be flexible and meet the individual needs of women.

3.111 There should be protocols and procedures for the close monitoring of women experiencing alcohol withdrawal to ensure their safety.

3.112 Women should receive effective support during and post clinical intervention.



## Section 4: Health services

### Expected outcomes:

Prisoners should be 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 in the community.

4.1 Plans to transfer the commissioning and provision of health services to the NHS had been postponed. This had caused uncertainty for staff and had delayed the introduction of new contracts for visiting health professionals and much needed changes, all of which directly impacted on the delivery of good health services. There were many examples of poor patient care and inadequate record-keeping. Women could see a female GP. There were no patient group directions to allow nursing staff to administer medications, such as vaccinations, in the doctor's absence. Women requiring in-patient care were admitted to the healthcare centre in-patient unit that was also used for young men. There was some primary mental health care provision and a consultant psychiatrist provided one session a week for women. An in-reach service provided only cognitive behavioural therapy.

4.2 Health service staff at Hydebank Wood were employed by the Northern Ireland Prison Service. There were plans for health services to be commissioned by the NHS, but the transfer of funding had yet to take place. The healthcare manager post had been held by someone acting into the post, but the substantive manager commenced duties during the inspection. No one nurse took responsibility for the care of older women.

4.3 A female-specific health needs assessment (November 2005) had made a number of recommendations, but there was no action plan to identify progress against them.

4.4 The healthcare facilities at Ash House had recently been relocated. They comprised two interview rooms, a large clinical room and an office. The door had a hatch where women collected their medications. The rooms were clean and tidy. Emergency equipment, including a defibrillator, was kept in the treatment room. Some of it was out of date and there were no documented checks of the equipment. There was a foetal heart monitor and an emergency childbirth kit.

### **Clinical governance**

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4.5 The clinical governance lead was seconded from South Eastern Health and Social Services Trust to cover all three prison establishments in Northern Ireland. Clinical governance meetings were held jointly. Some work to introduce clinical governance policies and practices had been undertaken, as had a couple of clinical audit reviews, but the work was hindered by the uncertainty over arrangements for the future provision of health services.

4.6 There were 12 staff in post, including the healthcare manager, seven nursing officers and four hospital officers. Only three staff were mental health-trained, including the healthcare manager. The other five nurses were registered general nurses (RGN). There were four vacant posts, including the senior nursing officer post as a deputy to the healthcare manager. Recruitment had been delayed until the uncertainty over future provision of health services had been resolved.

There were usually five staff on duty for the whole establishment during the core day, three in the evening and one at night. One of the RGNs took the lead for Ash House and worked there when on duty, but at other times another member of staff was allocated there. Not all staff had received resuscitation training within the previous 12 months, nor had they been trained in child protection. Some staff had received emergency childbirth training in the previous 18 months. There was no formal clinical supervision in place for the team.

- 4.7 A GP attended the unit for four sessions a week, including one on Saturdays. Two sessions were undertaken by a woman GP. We were told that the community out of hours service was available at other times.
- 4.8 Various allied health professionals including an optician and a podiatrist provided sessions. The dental service was commissioned from the local Community Dental Service for six sessions a week over four days for both the young offender centre and Ash House. Two experienced practitioners, assisted by qualified dental nurses, covered the sessions, with locum support as necessary. There was one full-time administrative officer based in the main healthcare centre. Various specialist consultants such as an orthopaedic surgeon, a dermatologist and a general surgeon also provided clinics. Staff said occupational therapy equipment had not previously been needed so there were no formal arrangements to obtain any should it be required.
- 4.9 An electronic clinical information system (EMIS) had been introduced in July 2007, although all women also had a paper record. There were several examples of poor record-keeping, including omissions of treatment provided, contradictory information in the same record and sometimes gaps in records. Treatment plans were sparse. Dental clinical records were generally satisfactory, but dental staff did not routinely consult the clinical records and individual full paper proforma medical histories were not completed.
- 4.10 The EMIS system was used for prescribing. Prescriptions were faxed to the pharmacy provider, with the original subsequently sent and a photocopy kept at the prison. A card index was also filled out and signed by the doctor and this was considered to be a written order and was used by the nurses to authorise the administration of the medication. A separate administration chart was used to record each dose administered and this was cross-referenced to the card index using code letters to identify the individual medicines. Healthcare staff had already identified that the system was complicated and confusing.
- 4.11 Special sick supplies were recorded on the EMIS system, but the system did not appear to be subject to audit. Controlled drug registers were maintained in accordance with requirements.
- 4.12 Paper records were kept and electronic records were stored on the EMIS system so both could be retrieved if she returned.
- 4.13 An Insider met regularly with the healthcare manager to discuss any issues the women had brought to her attention. The meetings were not minuted. Women used the general complaints system to complain about any aspect of health services. It appeared to be usual for the nurse with nominal responsibility for Ash House to answer complaints rather than the healthcare manager.
- 4.14 There was a clear policy in the event of an outbreak of a communicable disease. Recent events had tested the policy. Staff from the local acute trust and senior staff from the Prison Service had

been involved in multidisciplinary meetings to manage the situation. The pharmacy polices were out of date and there was no information-sharing policy.

## **Primary care**

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- 4.15 Depending on when they arrived, women were seen by a nurse on the day of their arrival or the following day in the treatment room in Ash House. They were given an initial committal reception screen, but there was no secondary health screen. They were not seen by a GP unless the nurse deemed it necessary. We saw some examples where women were not seen, but should have been. Healthcare staff contacted community GPs to confirm medications and other health details, but there was no documented evidence that patients gave consent for this. Women were given a leaflet about the health services, but this was available only in English.
- 4.16 One nurse was allocated to Ash House between 8am and 4pm every day, however we noted several occasions when there was no healthcare presence during these times.
- 4.17 Appointments to see a member of the health services team were made through a class officer, who used the prison record information system to book to see a nurse. The nurse used documented triage algorithms before adding them to the GPs next clinic if necessary. GP consultations allowed enough time for patient contact.
- 4.18 There was a range of clinics, but not all were currently run due to apparent staff shortages. Women were given a well woman questionnaire to complete in their first week. This included a list of clinics and educational classes, for example cervical smear clinics, chlamydia screening and breast awareness, that women were called to when staffing allowed. In the previous three months, only one breast awareness session and two well women clinics had been provided. The female GP ran a monthly smear clinic, but details on the number of clinics run were incomplete. Hepatitis B vaccinations were given, but not using the rapid administration course so those who stayed only a short time could have missed out on a course of treatment. Condoms and other barrier protection were not available.
- 4.19 Sessions provided by allied health professionals such as the optician and the podiatrist were arranged only when it was decided there were enough patients on the list. However, waiting lists were not routinely validated. Women did not always receive timely services. The podiatrist visited only about every six weeks when women said they needed the service monthly. There had not been an optician's session for over four months, which was unacceptable.
- 4.20 Physiotherapy services were provided by a well qualified member of the physical education department who had excellent facilities, but had only one session a week for women. He had been prevented by the security department from providing one woman with a portable ultrasound pack (TENS machine) to ease her back pain. Healthcare staff appeared unaware of the range of treatments he could offer.
- 4.21 Maternity services were provided by the local health and social services trust. There were good links with midwifery and health visitor services.

## Pharmacy

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- 4.22 Pharmacy services were provided by a local community pharmacy, with a pharmacist based at the prison. Medicines were stored in wooden cupboards fitted with flimsy locks. Stocks were low. Most medicines were dispensed by the pharmacy provider and labelled for named patients, apart from emergency stock for evenings and weekends. There were also a small number of pre-packs that were not dual-labelled. Named-patient medicines were dispensed in accordance with prescriptions and all other stock was requisitioned using requisition sheets signed by the doctor. Date-checking was carried out regularly by nursing staff, but we found a date-expired pack of chlorpromazine tablets. Controlled drugs were stored in suitable cupboards in the treatment room. The controlled drug cupboards were tidy, with date-expired stock separated to await destruction. A number of containers appeared to contain dispensed controlled drugs that women had had with them when they arrived.
- 4.23 There were twice-daily treatment times for administration of medication. Wherever possible, a twice-daily dosage was prescribed, but special arrangements could be made to administer further doses when necessary. Women going to court who did not have their medications in possession were given them before they left.
- 4.24 Women receiving medication had to collect it from the hatch to the Ash House healthcare facility. This was not supervised by discipline staff and women said medication-related bullying was frequent. The layout of Ash House made this easy.
- 4.25 Many women received their medication in possession. The policy we were given was dated 2002, but the pharmacist, who was on leave at the time of the inspection, later indicated that a more recent policy had been adopted in 2005. Not all medications were supplied with patient information leaflets, but we were told that one would be provided for the first week's supply of weekly dispensed medication. Each woman signed a medications compact and there was a documented risk assessment to ascertain their suitability for in possession medications. The decision about whether they would have daily, weekly or monthly in possession medications was at the subjective discretion of the nurse and such decisions were not documented.
- 4.26 There were no patient group directions (PGDs) in place. This meant, for example, that nurses could administer vaccinations only when the GP was present. Women could not buy over-the-counter medicines from the tuck-shop.
- 4.27 The pharmacist had held a number of medicines management consultations with women. The pharmacist received prescribing data, which she reviewed and reported to the medicines and therapeutic committee. This was a joint committee for all three Northern Ireland prisons.
- 4.28 The lack of medical cover for Ash House meant that nurses took a verbal order for medication when new committals arrived requiring it. This was not satisfactory. Many new arrivals were dependent on alcohol or prescribed medication. There were several examples of women not receiving adequate support for their dependency or withdrawal symptoms while in prison. Women we spoke to complained about the blanket policy of stopping medications they were receiving in the community. In our survey, one woman commented: *'I don't think health care should...take you off tablets etc that have been given to you by your own doctor on the outside.'*

- 4.29 Some women were taken off prescribed medications too quickly and the prison's detoxification policies were not followed. Assessments of clinical signs and symptoms were not documented and the decision to prescribe either symptomatic relief or detoxification medication was at the sole discretion of nursing staff. Staff said that women who were intoxicated on arrival or who had a severe dependence on alcohol were not admitted to in-patients for observation. This practice was potentially dangerous.

### **Dentistry**

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- 4.30 There was a large, airy and well-equipped dental surgery. Two experienced dentists, assisted by qualified dental nurses, covered the sessions, with locum support for leave cover. Emergency care was readily available and all patients were seen at the first available opportunity. Weekend emergencies were seen by one of the practitioners on request.
- 4.31 The dental team managed the appointment system and liaison between surgery and the patients was good. The range of treatments provided was appropriate. There were about 40 new applications a week including the young offender centre and the sessional throughput of patients was satisfactory. However, the number of unexplained failures to attend, particularly among women, was causing concern and being investigated. There was effectively no waiting list. Oral hygiene instruction was provided for individual patients. General oral hygiene literature and promotion was limited to posters and leaflets. However, the dental team had carried out a needs assessment and intended to provide oral health education to all. Discussions were ongoing regarding the availability of good quality toothpastes and brushes and other oral hygiene aids from the shop.

### **Secondary care**

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- 4.32 A number of secondary care consultants from the acute trust attended the establishment to provide clinics, but records did not identify whether any women had attended. Arrangements for attending a health services appointment in the community were made with the escort services. There was no monitoring of cancellations. Health care staff did not always receive timely information about the outcome of outside hospital appointments.

### **In-patients**

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- 4.33 While there were nine in-patient beds at Hydebank Wood, women were admitted to the unit only in exceptional circumstances. Three women had been admitted in the previous six months, all for 'psychiatric observation'. The records did not identify how long they had remained on the unit. There were no women in the in-patient unit during the inspection.

### **Mental health**

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- 4.34 One registered mental health nurse (RMN) took responsibility for primary mental health care for the whole establishment, including the young offender centre. Women were referred to him by landing staff or other agencies such as probation and Opportunity Youth. Patients could not self-refer. The nurse undertook an initial assessment and could refer patients to psychology, Opportunity Youth

for counselling or drug and alcohol issues, or to the cognitive behavioural therapy (CBT) in-reach team. He saw most patients within a week of referral.

- 4.35 The CBT in-reach team was employed by Belfast Trust and had been at the establishment since July 2005. They were commissioned by the Northern Ireland Office following the move of the women to Ash House, but now provided CBT services for the whole establishment. There were 2.2 whole time equivalent therapists who provided 14 therapy sessions a week. Seven women were receiving care, which represented 35% of their total caseload. The team took referrals from health services staff, other agencies and the women themselves. Team members undertook an initial referral consultation to confirm the appropriateness of the referral and to ensure that the patient was aware of the services they could offer. They then provided one-to-one sessions to clients on their caseload. They had an arrangement with the library so that they could suggest available self help books as part of ongoing therapy. They recorded all patient interventions in their own clinical records and did not use the EMIS system. The team was involved in multidisciplinary case conferences about its clients when necessary. The team provided peer clinical supervision to each other.
- 4.36 A consultant psychiatrist undertook two sessions a week, one of which was supposed to be for women. However, she did not always attend the prison on the days specified. She kept her own client list and organised when she would see her patients. Two women had been transferred to secure mental health beds in the community in recent months. No child and adolescent mental health services were provided.

## Recommendations

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- 4.37 The health needs assessment of women in Ash House should be reviewed and services to meet their specific needs should be commissioned and provided through the National Health Service.
- 4.38 A lead nurse with sufficient seniority and knowledge should take responsibility for the needs of older women.
- 4.39 All emergency equipment should be checked regularly to ensure that it is in date and fit for purpose; documented evidence of such checks should be kept.
- 4.40 Specific and sufficient nursing staff should be allocated to Ash House to ensure continuity of care and the provision of regular necessary clinics.
- 4.41 All health services staff, including allied health professionals, should have annual training in resuscitation and child protection.
- 4.42 Clinical supervision should be available to all health services staff.
- 4.43 There should be formal arrangements for the loan of occupational therapy equipment and specialist advice to ensure that patients are able to access mobility and health aids if required.
- 4.44 All clinical records should be contemporaneous and conform to professional guidance from regulatory bodies.

- 4.45 Dental staff should have access to women's clinical records and complete medical history sheets for each patient.
- 4.46 The use of prescription forms, card index and administration charts should be revised to avoid the need for duplication and transcription. One chart should be used for prescriptions and administration record.
- 4.47 The special sick policy should be reviewed regularly by the medicines and therapeutic committee to ensure that all appropriate medicines can be supplied.
- 4.48 Complaints about health services should be monitored by the healthcare manager.
- 4.49 All policy documents should be up to date and redundant documents removed.
- 4.50 All pharmacy policies should be formally reviewed and adopted via the medicines and therapeutic committee.
- 4.51 There should be an information-sharing policy with appropriate agencies to ensure efficient sharing of relevant health and social care information. It should include the need to obtain a patient's consent when appropriate.
- 4.52 Following a reception screening, a further health assessment should be carried out by trained staff no later than 72 hours after the woman's arrival in custody.
- 4.53 The rapid vaccination course for Hepatitis B should be adopted.
- 4.54 Health services staff should liaise with the physical education department to ensure that women can take full advantage of the physiotherapy services offered.
- 4.55 All pre-packs should be dual-labelled. When the pre-pack is dispensed against a prescription, one label should be removed and attached to the prescription chart, which should then be faxed to the pharmacy provider so that the pharmacist can satisfy him/herself that the prescription was appropriate and that the correct item has been supplied.
- 4.56 Patient information leaflets should be supplied. A notice should be prominently displayed to advise patients of the availability of leaflets on request.
- 4.57 Women attending the Ash House treatment room for medications should be appropriately supervised by landing staff to reduce opportunities for bullying and the passing of medications.
- 4.58 Decisions about daily, weekly or monthly in possession medications should be clearly documented.
- 4.59 There should be patient group directions (PGDs) for all vaccinations.
- 4.60 Over-the-counter medicine should be available for women to buy from the tuck-shop.

- 4.61 Women who arrive with ongoing dependence on prescription medications should be carefully assessed and monitored before any detoxification regime is commenced.
- 4.62 Arrangements for attendance at outside hospital appointments, including waiting times and cancellations, should be subject to audit.
- 4.63 Psychiatric services should be reviewed to ensure that there are sufficient resources to meet the needs of women, including child and adolescent services.

# Section 5: Activities

## Learning and skills and work activities

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### Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

- 5.1 There were insufficient activity places for women and few opportunities to acquire useful work-related skills. There were waiting lists for most courses, but available places were under-utilised. There was no strategic approach to the provision of education and training for women and the provision did not meet their needs. Education and training were not linked effectively with resettlement planning. Access to the library was poor.
- 5.2 There was no strategic approach to the provision of education and training for women. Lines of communication were weak and there was no education and training policy that clearly articulated how the learning and skills needs of all women were to be met. The education and training provision was narrow. There were insufficient employment opportunities to keep women active and most did not have their education and training needs met. The provision was not linked effectively to resettlement planning. There were on-going reviews of resettlement plans, but they were ineffective in identifying whether individual learning needs had been addressed or met.
- 5.3 Few employment places led to accredited qualifications. Apart from work on the landings and a few places in cottage industries, the provision was restricted to horticulture, which had only 11 places. Poor scheduling of other aspects of the education and training provision led to clashes with this work activity. Attendance was variable and often poor.
- 5.4 There was poor achievement in information and communications technology (ICT). Six of the eight women who started in the previous year left early with no accreditation; the remaining two had no unit achievement.
- 5.5 Education places were under-utilised and many classes were poorly attended. Of the 97 education places available, only about 66 were allocated, even though there were waiting lists for most courses. Only about two-thirds of women were involved in some form of education, but two women were engaged in Open University courses.
- 5.6 The initial assessment of women's essential skills needs was centralised in the education department, however the tool used to identify literacy levels was not sufficiently robust. Women were not always required to produce a piece of free writing of sufficient length to allow a judgement to be made on their level of need. The test assessed only reading and spelling through multiple choice questions.

- 5.7 The uptake of essential skills support was poor. In the previous two years, 61% had been assessed at below entry level two in literacy and 78% at below entry level one in numeracy. Provision for women assessed as below entry level two in literacy and numeracy was poor. There was no structured support to address the learning needs of these most vulnerable women which was unsatisfactory. For the few women who attended the essential skills provision, there was good achievement. However, there was limited evidence of appropriate assessment being carried out to inform an effective learning programme. Planning to meet women's individual needs was weak.
- 5.8 Only a limited range of courses helped develop personal and social skills, including art, aromatherapy, cookery, craft and leathercraft. Opportunity Youth also provided programmes on drug and alcohol awareness. The quality of teaching and learning in these areas was generally good and women displayed good standards of work, including designing and making belts, handbags, cushions and creative cards. There were good achievement rates for those completing the drug and alcohol programmes, but non-participation was not monitored sufficiently.
- 5.9 Equality of opportunity was not properly promoted or monitored. For example, support for the many women with dyslexic indicators (about a quarter) was insufficient and did not match the provision in the young offender centre. Courses available to young male prisoners in personal money management and creative writing were not offered to women.
- 5.10 Quality assurance and self-evaluation procedures were weak and underdeveloped. There was no coherent approach to the coordination of the quality assurance processes. The use of data and key performance indicators to inform decision-making and development planning was ineffective. Evaluation of the quality of teaching and learning was insufficient.

## **Library**

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- 5.11 The library was managed by the Northern Ireland Prison Service, but was stocked by the South Eastern Education and Library Board (SEELB). It was staffed part-time for two full days a week by an appropriately qualified and experienced librarian employed by the prison. Use of the library was recorded satisfactorily daily and monthly.
- 5.12 The library had a sufficient range of books to match the narrow range of provision on offer to women. There was a good range of fiction and non-fiction books. There was access to a range of suitable magazines, but no daily newspapers. A range of easy learning books and quick reads for the less confident reader, large print and talking books was sufficient to support those with literacy and language needs. There was an appropriate range of Prison Service information. A book club had recently been started by a member of the essential skills team to promote the enjoyment of reading and develop speaking and listening skills.
- 5.13 There was a range of books in a number of Eastern European and European languages as well as Chinese. There were also a number of Polish newspapers and magazines.
- 5.14 There was limited space for self-study and access to only one computer and printer with no link to the internet. There were no appropriate CDs. A touch screen information point provided access to Northern Ireland Government sites giving information on employment, housing and welfare benefits.

- 5.15 Access to the library was poor and significantly fewer than the comparator in our survey said they were able to attend once a week. Prisoners who attended education classes on Monday and Wednesday could use the library at that time, but those in work had to rely on prison officers being available to escort them. Access in the evenings depended on regime movements and availability of escorts. Those going in the evening could exchange books, but could not ask the advice of a professional about suitable books or resources.

## Recommendations

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- 5.16 Essential skills provision should be improved and should meet the literacy and numeracy needs of women at Ash House.
- 5.17 Robust quality assurance and self-evaluation systems should be developed.
- 5.18 Access to the library should be improved.
- 5.19 Access to ICT facilities in the library should be improved.

## Physical education and health promotion

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Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 5.20 There were good opportunities for recreational physical education as well as access to courses that led to awards.
- 5.21 Indoor and outdoor facilities included a large sports hall, a gym with resistance machines and free-standing weights as well as various cardio-vascular machines, two grass and two all-weather pitches. The indoor facilities were being refurbished to provide a wider range of recreational activities better suited to meet women's needs and interests.
- 5.22 The physical education (PE) provision was staffed by two managers and seven instructors. Staff interacted effectively with prisoners and encouraged them to take active part in the sessions. Effective coaching enabled women to develop their skills and levels of enjoyment. The activities included volleyball, trampolining and badminton. Sports therapy treatment and adapted PE sessions were provided to encourage less physically-active women to develop the skills and attitudes to adopt a healthy lifestyle.
- 5.23 Courses that led to awards included weight-lifting star awards, canoeing, the Duke of Edinburgh Award scheme, manual handling and first aid. Gym instructor's awards to level two had been offered in the past. Some of the opportunities to take part in outdoor and adventurous activities had recently been curtailed.

- 5.24 Health assessments were voluntary. All women were offered four sessions a week in the gym. In our survey, 46% of women, significantly more than the comparator, said they went to the gym twice a week.
- 5.25 Showers and changing areas were satisfactory and women could also choose to return to the landings to use the facilities there.

## Recommendations

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- 5.26 The range of vocational courses leading to awards should be expanded to meet the needs and interests of all women.
- 5.27 A greater range of outdoor and adventurous activities should be available for women subject to suitable risk assessments.
- 5.28 A wider range of activities should be developed to meet the needs and interests of all women, especially those who do not use the gym regularly.

## Faith and religious activity

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### 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.**

- 5.29 The spiritual and pastoral needs of all women were well catered for. The chaplaincy team was well respected and played an active and prominent role in the work of Ash House.
- 5.30 In our survey, significantly more women than the comparator said it was easy to see a religious leader of their faith in private and more said their religious beliefs were respected. Forty-three per cent of women were registered as Catholic. The others were from a variety of Christian denominations. There was no significant difference between Catholic and non-Catholic women's responses in our survey.
- 5.31 Two religious services were held each week, one conducted by a Catholic chaplain and the other, a combined service, by a Methodist chaplain. Both took place on Wednesdays because the chaplains' time on Sundays was taken up conducting services in the young offender centre and in parish duties. This meant that some women attending services missed other scheduled activities. Women were asked on the morning of the service if they wanted to attend. They had to be registered for the appropriate service to do so, but could change this by completing a simple form. Ecumenical services open to prisoners from all religious backgrounds were held twice a year.
- 5.32 A female chaplain visited Ash House every weekday. She introduced herself to all new committals and was prepared to come in at weekends if necessary, for example if someone suffered bereavement. The chaplain was highly regarded by prisoners and staff and went to impressive lengths to attend to women's pastoral and spiritual needs. She knew the personal circumstances of women on the unit and paid particular attention to those she regarded as vulnerable. The chaplain

occasionally attended prisoner at risk (PAR 1) reviews on these women, but was not always notified of these.

- 5.33 The chaplaincy team had access to a fund provided by the Saint Vincent de Paul Society. This was widely used to support prisoners without funds, for example those who needed money to make telephone calls. The chaplaincy team also advocated on behalf of individuals when they thought they were not getting proper care. In one case, the chaplains believed a woman was being treated poorly by health services staff. They therefore raised this with management and passed their concerns to a local human rights organisation.
- 5.34 The chaplaincy team gave good support to those from minority groups, particularly foreign nationals, by making arrangements for them to practice their faith. With an increasing number of Eastern European prisoners, this had meant identifying religious leaders from Orthodox faiths.
- 5.35 The chaplaincy team was made up entirely of Christian ministers. Members held regular meetings and worked well together. There was no designated lead chaplain, but the chaplains respected each other's approach.

## Recommendations

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- 5.36 Chaplains should be formally invited to all prisoner at risk (PAR 1) reviews.
- 5.37 Women should have the opportunity to attend religious services on Sundays.

## Time out of cell

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### Expected outcomes:

**All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.**

- 5.38 The core day allowed for almost 10 hours unlocked, but this was rarely achieved. There had been a lot of lock-ups during the summer months and unscheduled lock-ups still happened regularly. Many women had little to do. Association facilities were adequate, but underused.
- 5.39 The daily routine was well publicised. Women were unlocked at 7.45am (8.30am on Sundays) and remained unlocked until after lunch had been served at 11.50am. They were unlocked again from 1.40pm until 4pm. Tea was served at 4.45pm and evening association took place until 7.30pm, with lock-up at 7.45pm. The core day allowed for a maximum of just over 9.75 hours a day. However, women were locked up in the evenings at least 15 minutes earlier than the published time and we saw staff at the gate ready to leave at 7.30pm. We also saw some unlocks after lunch taking place between 10 and 15 minutes late.
- 5.40 Just under half of the women were allocated to activity (see section on learning and skills and work activities). Those not allocated were unlocked for most of the day. They were mostly restricted to their own landings. Two landings had small rooms with cross-training equipment, but these were

little used and many women spent a lot of time sitting around. Association facilities were adequate and contained some recreational provision, but these were also under-used.

- 5.41 The exercise yard was a small landscaped area that we were told was available for two periods a day, however the access arrangements were unclear. It was not open in the evenings during winter months, but women said it was well used in the summer. In our survey, only 30% of women said they used it more than three times a week.
- 5.42 Movements within Ash House were unnecessarily restrictive and some women said they felt 'closed in'. They could visit women on other landings only by prior arrangement. All landings were viewed from a control room with cameras known as the 'bubble' which contributed to an atmosphere more familiar in settings dealing with higher levels of security risk than posed by the population in Ash House.
- 5.43 Staffing and some industrial relations issues had resulted in a lot of lock-up periods during the summer. Restrictive arrangements regarding staff-prisoner ratios on unlock meant that regime restrictions could be enforced if there was just one member of staff short. Between June and August 2007, all wings had been locked up during evening association 41 times. The situation had improved, but there had still been three evening lock-ups during October and A1 had been locked up nine times in three weeks. Women were routinely locked up when an alarm bell rang elsewhere in the establishment, which was unnecessary. Staff had also been redirected to the young offender centre and sometimes the shortage of three staff had resulted in the whole of Ash House being locked up.

## Recommendations

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- 5.44 Unlock and lock-up should take place at the published times.
- 5.45 Inter-landing association should be introduced.
- 5.46 Staffing ratios should be reviewed to ensure they are appropriate to the risk posed by prisoners.
- 5.47 Women should be consulted about ways to promote more constructive use of association time.

# Section 6: Good order

## Security and rules

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### Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour. Categorisation and allocation procedures are based on an assessment of a prisoner's risks and needs; and are clearly explained, fairly applied and routinely reviewed.

- 6.1 Security practices were becoming more localised in response to a recent audit. Physical security was good, but there was too much unnecessary searching, most of which yielded little. Staff were reluctant to commit security information to paper. Security procedures were applied to women and young offenders without distinction and the level of restriction in Ash House was unnecessary. The lack of a categorisation system resulted in some unnecessary security procedures.
- 6.2 A number of security changes had taken place in light of a security and standards audit in February 2007. This had criticised the lack of local policies and the establishment had subsequently reviewed many areas of practice and produced a local security document that reflected the corporate plan of 2007-09. Other areas reviewed included drug and substance misuse.
- 6.3 Physical security was good. Following the escape in 2006 of a young offender, the fence perimeter had been reinforced and additional cameras installed. A palm recognition system and cell door key fobs strengthened physical security. Movement within the prison was very controlled, with most prisoners escorted during movements. The only exception to this was young adults on Beech House assessed as low risk.
- 6.4 Security issues were given a high priority and there were ongoing concerns about the risks posed by known gang members, feuding families and those with a paramilitary background. The restrictions in accommodation (Hydebank Wood comprising the entire young offender and female estate in Northern Ireland) resulted in some operational difficulties about how to manage individuals and their interactions. Managers could only separate women on different landings. This was given as one of the reasons for no inter-landing association (see section on time out of cell).
- 6.5 Staff were knowledgeable about the women on Ash House and prisoners were usually willing to talk to staff, although some in groups expressed distrust of particular staff (see section on staff-prisoner relationships). Two members of staff were based on the landings during the working day and were accessible and able to supervise well. A senior officer was usually based in the centre office (the bubble). Cameras covered the centre landings and association areas and had been used for investigative purposes. Women perceived some areas, such as the stairs, to be unsafe and we saw an example of an incident there.

- 6.6 Security intelligence was submitted through security information reports (SIRs). Some staff were reluctant to commit information to paper and many SIRs were therefore written by security staff based on information provided. The security department had recently identified residential staff to act as security liaison officers, but these new roles were not yet embedded. Security statistics for women were not analysed separately and there was no way to separate intelligence relating to women. SIRs mostly related to the young offender centre; those relating to Ash House were predominantly concerned with drugs and behaviour. To date in 2007, 253 SIRs had been received, most of which were dealt with within 24 hours. Monthly numbers ranged from 17 in August to 56 in September, although there were typically about 30.
- 6.7 A search and standby team (SST) for the whole establishment comprised a senior officer and three staff and was responsible for responding to incidents. The team was on duty through the entire shift up to lock-up and completed targeted searches. It was due to be stood down in early 2008. Target searches were completed quickly, often on the same day. Searching procedures were disproportionate for the type of establishment and the staffing level of 10 to 14 deployed to search every day was more appropriate to high security establishments. From an average of 400 cell searches a month in the whole prison, there were about 24 finds. Between April and October 2007, there had been 332 cell searches on Ash House. Finds here were mostly limited to medication and unauthorised articles.
- 6.8 Women raised strip searching as an issue and the high level of cell searching meant that they were much more likely to experience it than at other women's prisons. Women believed this searching, such as a strip search before and after an inter-prison visit, was unnecessary. The practice was under review. At the time of the inspection, there was intelligence that drugs were being smuggled into the young offender centre through visits. As a result, all prisoners including women from Ash House were strip searched after visits, which was unacceptable.
- 6.9 A security committee met monthly chaired by the deputy governor. Membership included representatives from all areas. The meetings were well attended, but made up wholly of discipline staff with no representatives from workshops or education. Meetings were detailed and covered all security areas in depth. A security managers' meeting was also held monthly for all Northern Ireland prisons to discuss wider security issues such as policy changes, drug issues and visits issues. This meeting included a detailed monthly intelligence report.
- 6.10 There had been 225 incidents reported to date in 2007. The figures did not differentiate between men and women, although it was possible to work out that 50 took place in Ash House. For women, self-harm and control and restraint were the main incidents logged, although there had been two assaults on staff and two on other prisoners in the same period.
- 6.11 There were no banned visitors or closed visits for women in Ash House. As at other Northern Ireland prisons, cases were referred to the office of the Secretary of State for Northern Ireland. Procedures were followed properly and prisoners and visitors were kept fully informed about the process with clear rights of appeal.

## **Rules**

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- 6.12 All women were subject to a compact (progressive regimes and earned privileges), which covered most prison rules. Wing rules and routines were displayed on some, but not all, landings.

- 6.13 Few women complained about petty rules, although some said individual staff could be unreasonably punitive and there were inconsistencies in their application. We observed staff taking time to explain rules and regulations to women and some good interactions with difficult individuals.
- 6.14 There was no evidence of group punishments, although several wing files detailed incidents where staff had threatened women with being locked up. This would have constituted an unofficial punishment.

### **Categorisation**

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- 6.15 There was no formal categorisation system for prisoners in Northern Ireland operating at the time of the inspection. There were some assessments of risks, but these were largely linked to the initial offence and invariably prisoners (apart from those having temporary release) were classified as high risk of escape. Consequently, most prisoners were escorted in handcuffs. One woman living on A5 with minimal supervision and a high degree of trust was escorted under conditions of maximum security with a police escort, which appeared excessive.
- 6.16 New arrangements were about to be implemented that would result in prisoners' security categories being reviewed.

### **Recommendations**

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- 6.17 Following the security categorisation review, women classified as low or medium risk should be allowed free movement within Ash House and the grounds.
- 6.18 The role of the security liaison officers should be reinforced by residential managers and staff should be encouraged to submit security information based on their own observations.
- 6.19 Security bulletins should be posted on the prison intranet for staff information and guidance.
- 6.20 The security committee should include representatives for education, workshops and other departments that have direct dealings with prisoners.
- 6.21 The number of routine cell searches should be reduced and the searching strategy reviewed to find a more efficient and effective way of tackling supply reduction.
- 6.22 Escort arrangements should be established that reflect the risk posed by individuals according to the new security classification system.
- 6.23 Strip searching should be carried out only based on a risk assessment and not because of security concerns in the young offender centre.
- 6.24 Wing rules should be displayed on all landings and staff should ensure that prisoners are aware of the rules applying to them.

# Discipline

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## 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.

6.25 Adjudications were conducted thoroughly, but there were no written records and punishments were frequently excessive. There was no separate segregation unit for women and the use of the cell on A1 was inadequately recorded. The deployment of use of force was often linked to women with mental health problems or self-harming.

## Disciplinary procedures

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- 6.26 There had been 282 adjudications in the previous six months, 64 of which were on women. Adjudications were carried out in a small room on A1 and normally heard by the deputy governor or governor responsible for Ash House. An officer was appointed as the main coordinator. A disproportionate number of charges involved Catholic women and the reason for this had not been fully investigated.
- 6.27 All hearings were tape-recorded, but there were no written records so senior managers could not easily carry out quality checks. The hearings we listened to were thorough and full explanations were given. Punishments tended to be severe. In the previous six months, confinement to a room for between one and seven days had been imposed 14 times, 11 of which involved Catholic women. Some women were confined to their room for five days and deprived of telephone access and television after this had ended. One woman had been denied access to the telephone for 21 days. Three offences resulting in confinement to a room related to violence or threats of violence, five involved abusive behaviour and the remainder were for non-aggressive behaviour such as possession of unauthorised articles or breaching rules. Many women were also given loss of association, sometimes for up to 28 days. Some women were repeat offenders against discipline and received substantial punishments.
- 6.28 We found examples of confinement to room, which included loss of all possessions, tobacco, tuck shop and use of the telephone, which effectively amounted to solitary confinement. Cautions were rarely given and most hearings resulted in a guilty finding. Of 462 completed adjudications in 2006, three were dismissed and six had been dismissed in the previous six months. Statistics did not differentiate between young adults and women and punishments were not analysed to examine consistencies. A different tariff applied to young adults and women, but this did not give any guidance to governors about how it should be applied and there were no standardisation meetings between adjudicating governors to ensure that punishments were fair and appropriate.

## Use of force

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- 6.29 Force had been used on women 20 times, 12 involving three women. Five had involved close escort (movement under close supervision).

- 6.30 The search and standby team was on permanent standby for use in control and restraint, but often relied on staff familiar with the prisoners involved. Some instances were the result of behaviour that was clearly linked to mental health problems. The Independent Monitoring Board had raised a concern about an incident in 2006 where a woman had been handcuffed and left prone on the bed for some time. Some women were agitated and abusive from arrival, with a number of incidents taking place in reception. Some incidents were linked to the prevention of self-harm. Most incidents were spontaneous.
- 6.31 Forms were completed to a satisfactory standard, although some of the terms used were formulaic and some did not give any background about what led up to the incident. The computer returns completed on PRISM were more detailed. There had been some quality checks of completed use of force forms and regular meetings were held to review the use of force. Meetings were chaired by the control and restraint coordinator and attended by representatives from the young offender centre and Ash House. There was no analysis of trends in the use of force. There was a dedicated control and restraint training team on site, but many staff had not had refresher training and half were out of date.

### **Segregation unit**

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- 6.32 There was no separate segregation unit. A designated cell on A1, which was effectively a safe cell with basic facilities, was allocated for 'confinement to room' as given on adjudication punishments. Since April 2007, this punishment had been given 10 times. Prisoners confined to room could use an exercise yard at the rear of A1, but this was bleak with no seating and overlooked by Beech House. It looked like a cage and few women chose to use it. There was no special register for confinement to room and the regime in terms of showers, exercise, contact with prison staff and other daily interactions or behaviour could not be evaluated.
- 6.33 Restriction of association (rule 32) had been used seven times in 2007, mostly due to reasons such as indications by the drug dog. The use of this rule was monitored, but was not analysed as part of separate statistics for women. The Independent Monitoring Board had raised a concern that it was not always informed as it should have been under Prison Rules and there was no routine procedure for this.

### **Recommendations**

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- 6.34 There should be a written record of adjudication hearings to ensure that managers are able to scrutinise and evaluate disciplinary procedures.
- 6.35 The reasons for the disproportionate number of Catholic prisoners placed on report should be investigated and appropriate action taken as necessary.
- 6.36 Cellular confinement should not routinely be given as a punishment in cases where women have not used or threatened violence and should not routinely include the loss of all privileges unless specifically decided in exceptional circumstances by the adjudicating governor. This should be documented.

- 6.37 Guidance on appropriate levels of punishments should be updated to make punishments more commensurate with offences and should be subject to regular review through standardisation meetings.
- 6.38 All staff should be refreshed in control and restraint techniques every 12 months.
- 6.39 The use of the cellular confinement cell on A1 should be logged. Prisoners located there should have a daily record of events, which includes use of exercise, showers, telephone calls and details of interactions with staff.
- 6.40 The Independent Monitoring Board should be informed when a prisoner is confined to a room or located under rule 32.

### Housekeeping point

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- 6.41 All control and restraint forms should be properly quality checked and complete.

## Incentives and earned privileges

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### Expected outcomes:

Incentives and earned privileges schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 6.42 The progressive regimes and earned privileges scheme was clear and well managed. Women could challenge the weekly assessment of class officers. Consideration was given to how the scheme could affect those at risk of self-harm. Visits and telephone credit allowances inappropriately formed part of the scheme and penalised families. Monitoring was not sufficiently robust.
- 6.43 A corporate framework for a progressive regimes and earned privileges scheme (PREPS) was in draft. It included annexes to allow each establishment to incorporate its own location-related policy elements. For Hydebank Wood, this included separate policy elements for Ash House and the young offender centre.
- 6.44 The policy for Ash House was introduced in April 2007. All women signed a PREPS compact on arrival and were placed on the standard regime. At the end of each week, class officers assessed each woman's behaviour as adverse, average or good, with justification for adverse judgements required in writing. The operation of the scheme was clear and women signed to confirm they had seen their weekly reports. They could make a written comment, but few did. The apparent link between PREPS and resettlement was not very real for women as there were few purposeful activities they could be involved in to constitute a sentence plan.
- 6.45 Before promotion, women required eight consecutive weeks of 'good' reports and a clear disciplinary record. Women had to take a drug and alcohol test and agree to future random testing. The principal officer sanctioned any move between regimes. Women were demoted when they

were given two adverse reports in any rolling three-month period or found guilty of bullying or one serious or two lesser offences in a six-month period. Officers could use discretion when considering the circumstances of the offences. There was no evidence that women were punished twice through the PREP scheme and disciplinary procedures for the same behaviour. Failing or refusing a 'voluntary' drugs test resulted in demotion, which amounted to compliance testing.

- 6.46** Women on the basic regime lost their in-cell television, although discretion was used if the woman was considered at risk of self-harm. They were also moved to A1 landing if space permitted, their weekend association was restricted, and visiting time and the amount they could spend on telephone calls were reduced. Case conferences were arranged for women who remained on basic for more than four weeks.
- 6.47** Women on basic could have 30-minute visits, those on standard could have 45 minutes and enhanced women could have an hour. All women were entitled to three visits a month, while standard and enhanced women were allowed an additional privileged visit each month. The link between visits and the PREPS was inappropriate and penalised families, some of whom could have a long and expensive journey for a visit of only 30 minutes. The draft service policy noted that special arrangements were needed for any basic regime prisoner with a baby in her care to ensure that the baby was not penalised by reduced contact with family. The restricted amounts women could spend on telephone calls also impacted on contact with children and families. Foreign national women's access to weekly telephone calls was not affected.
- 6.48** All levels received an activity payment of £6, with those on enhanced getting an additional regime payment of £14 and those on standard getting £5. Women on basic got nothing extra and could have their activity payment reduced from £6 to £4 if they consistently failed to engage in activity. Enhanced level prisoners were allowed additional privileges such as personal bedding, a games console and a mini-fridge and could buy additional items from the tuck-shop. They were also allowed in-cell association. One of the criteria for consideration for Ash 5, a small unit for women with longer sentences, was to have been on enhanced for a year.
- 6.49** Women could also achieve special privileges (SP) status. Unlike in the young offender centre, SP women could not move unescorted around the centre. SP status was associated with home leave privileges in the last year of sentence and SP women could also be considered for outside working and working from home schemes. Class officers put women forward for SP status, which was not part of PREPS and criteria were not transparent and formalised. One woman had achieved SP status.
- 6.50** Forty-four per cent of women were enhanced, 50% were standard and 6% were basic. There had been three appeals in during 2007. Catholic and Protestant women gave similar responses in our survey to how fairly they had been treated under the PREP scheme. On one day of the inspection, Catholic women accounted for 37% of women on standard, 38% on enhanced. The three women on basic were all Catholic. Between May and October 2007, 17 of the 25 women demoted were Catholic.
- 6.51** The prison record information system (PRISM) was able to produce information to allow the routine monitoring of PREPS by religion, but this was not being done.

## Recommendations

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- 6.52 Visits and telephone allowances should not be part of the progressive regimes and earned privileges scheme.
- 6.53 The progressive regimes and earned privileges scheme should be routinely monitored by religion by the equality and diversity committee.
- 6.54 The procedures for applying for special privileges status should be published, transparent and monitored.

## Housekeeping point

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- 6.55 Reference in the progressive regimes and earned privileges scheme policy to voluntary testing should be replaced by compliance testing.

# Section 7: Services

## Catering

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### 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.

- 7.1 Many women complained about the quality of the food, which we confirmed, was poor. Some attempts had been made to consult them about the catering, but there was no evidence that this had resulted in any action. Women were able to eat communally and some long-term women had recently been given the opportunity to cook for themselves.
- 7.2 The kitchen was clean and arrangements for storing and preparing food were hygienic. Cleaning schedules were displayed and checked by managers. All personnel wore clean protective clothing. The serveries on each landing were mostly clean, but some prisoners serving food did not wear protective hats. The most recent inspection by the local environmental health department had been satisfactory and documentation was up to date and well maintained.
- 7.3 A light meal was served at noon and a cooked meal at 5pm. Breakfast was freshly prepared and served on the morning it was eaten. Prisoners ate meals together. The pre-select menu ran on a three-week cycle. Low fat, healthy and vegetarian meals were available every day. There was no routine halal option, but a local supplier provided halal products when required. These were prepared, stored and served separately. Special health diets were available following receipt of medical confirmation, although one doctor reported problems with these. The catering manager had regular contact with a professional dietician and the menu had been changed to provide a more balanced diet.
- 7.4 Prisoners working in serveries and the kitchen completed a brief on-line food hygiene course. Staff and prisoners involved in handling food were required to complete a questionnaire declaring that they had not suffered from any ailment that might affect their ability to do so, but were not subject to a routine health check. There were no women working in the kitchen because, we were told, it was too difficult to supervise women and young men in one setting.
- 7.5 In our survey, significantly fewer than the comparator said the food was good. Almost half the women said it was very bad and altogether 70% categorised the food as bad or worse. Many women complained to us that the food was unappetising, greasy, lacked variety and often not hot by the time it was served. The meals we sampled confirmed these views. Large quantities of food were often left uneaten at the end of each meal.
- 7.6 An internal food survey carried out in February 2007 had not included specific reference to the needs of women prisoners and there was no indication of how the results had impacted on their diet. There were references to food in minutes of the unit consultation meetings, which the catering manager sometimes attended. Food comments books also contained some entries. However, there was no evidence that any significant action had been taken as a result.

- 7.7 An initiative to allow some women to cook for themselves had recently been started and was working well, but was restricted to the few long-term prisoners on A5.

## Recommendations

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- 7.8 All personnel responsible for handling food should be subject to a health check.
- 7.9 The consultation arrangements about food should be improved so that views expressed by prisoners are considered seriously and, when valid, acted on.
- 7.10 More women should be given opportunities to prepare their own food.
- 7.11 All personnel involved in handling food should wear protective clothing.
- 7.12 There should be clear and reliable arrangements to obtain special diets.

## Prison shop

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### Expected outcomes:

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

- 7.13 There were good arrangements for women to access the prison shop. The range of products was good and prices were reasonable.
- 7.14 The tuck-shop was an in-house service. Two members of staff had recently taken on working in the shop and had relatively quickly made improvements.
- 7.15 The range of products was good, including fresh fruit, and prices were reasonable. About half the women in our survey said the shop sold a wide enough range of goods to meet their needs. Tuck-shop staff were flexible and women could apply to buy items not listed, such as CDs and video games.
- 7.16 Spending allowances were reasonable and were based on progressive regimes and earned privileges status, up to £70 a week. Bagged items were delivered to the unit on a set day each week. Any mistakes were usually rectified the same day.
- 7.17 There were effective consultation arrangements through regular consultation meetings. A number of new items had been introduced recently based on prisoners' suggestions.

# Section 8: Resettlement

## Strategic management of resettlement

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### Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 8.1 There was no resettlement team and resettlement had a low priority. Cuts in resources had left committed staff demoralised. Some good resettlement work was being done, but most of it by partner agencies rather than prison officers. The local resettlement strategy was aspirational and there was no recognition of the different needs of women.
- 8.2 Resettlement work in the whole establishment had a relatively low priority and had been disproportionately affected by a 10% staff reduction (80% of which had come from activities) at the beginning of 2007, five months work to rule by prison officers over the summer and poor morale due to an investigation into malpractice. The new governor in charge had recently obtained extra resources for resettlement. Interagency partnerships were good. The resettlement needs of the population had been canvassed in 2005 and the findings remained valid.
- 8.3 The model for assessing prisoner risk and need was comprehensive, focusing on all remand and sentenced women expected to remain in the prison for longer than two weeks. However, this was offset by the failure to establish a resettlement team or implement a personal officer scheme. Some resettlement work was taking place and was often high quality and delivered by committed staff, but the various strands were not systematically integrated.
- 8.4 The Northern Ireland Prison Service (NIPS) had undertaken or commissioned a number of reviews relevant to resettlement, including for women, lifers, security classification, programme facilitators and offending behaviour programmes. However, few had yet yielded any tangible outcomes.
- 8.5 The local resettlement strategy was based on the Northern Ireland resettlement strategy launched in June 2004. The Criminal Justice Inspection Northern Ireland (CJINI) 2007 inspection recommended that the Northern Ireland strategy be updated, including more input from strategic partners. The local strategy was aspirational and did not clearly specify the roles and responsibilities of prison staff or identify SMART objectives. It was inaccurate in several respects, including references to a resettlement team and personal officer scheme that did not exist. There was no evidence it had been agreed with partners. There was no separate resettlement strategy for women and the existing strategy did not take account of women's distinct needs. There was no reference to the 2005 reintegration needs analysis of women in Northern Ireland in the strategy. There was no meaningful resettlement strategy for juveniles, although only two had been sent to Ash House in the previous year.
- 8.6 The Northern Ireland resettlement strategy included a chapter on 'supporting women in custody and on release'. One of the targets was to develop and implement a women's resettlement policy. This was partially completed and due for full implementation in 2008.

- 8.7 Staff worked productively with other agencies, but were heavily dependent on them. Few prison officers considered their role to include resettlement. Most offending behaviour work was undertaken individually by probation officers or the prison psychologist.
- 8.8 Resettlement work was overseen by an acting governor with several other responsibilities. He had made repeated efforts to promote a resettlement culture among managers and staff at all levels. He was supported by a principal officer, whose role was to coordinate weekly assessment and planning, and an administrative assistant. All three were committed to promoting resettlement, but demoralised by the low priority given to resettlement activity. Agencies contributing to resettlement were based in different areas of the Hydebank site and there was no cohesive identity or interagency team working opportunities.
- 8.9 In the absence of managerial direction and prioritisation, the resettlement governor could not quality assure all the resettlement activity, particularly the input of staff he did not line manage. The resettlement model described monthly strategic and weekly operational resettlement meetings, but these frequently did not take place. Four had been held in 2007. The minutes noted operational difficulties in delivering resettlement, including problems with completing assessments in time for the meetings, prisoners not being brought down in time for classes and programmes being cancelled when no facilitator was available. There was plenty of discussion about forward planning, but less reflecting on achievements. The meetings tended to confuse management and delivery processes and had insufficient focus on outcomes.

## Recommendations

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- 8.10 A resettlement team should be established along the lines of the teams that exist in the other two Northern Ireland prisons.
- 8.11 The weekly operational and monthly strategic resettlement meetings should be reprioritised and should have clear terms of reference that clarify their distinct purposes.

## Offender management and planning

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### Expected outcomes:

**All prisoners have a sentence or custody plan based upon 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 with drawing up and reviewing plans.**

- 8.12 The model for resettlement planning was sound and it commendably included remand and short-term prisoners. However, its delivery was disjointed and little more than a paper exercise. Documentation was completed and recording and quality assurance had improved, but the process did not purposefully involve prisoners or staff and there was no case management approach. Women were mostly sceptical about Hydebank's attempts to engage them productively. Public protection work was good.
- 8.13 Every prisoner, including those on remand and expected to spend more than two weeks in Ash House had their risk and resettlement needs assessed. Initial assessments were completed within

four weeks and reviews were held quarterly, but these were mainly conducted by the resettlement principal officer with little input from prisoners or staff. Resettlement needs documentation was comprehensive and addressed all the requisite areas to deliver resettlement properly. Each new committal was interviewed by numerous specialists, but the 13 departmental interviews frequently did not culminate in a written or verbal report to inform resettlement planning.

- 8.14 Most sentenced women already had a probation assessment, case management and evaluation (ACE) completed for their court appearance. If not, an ACE assessment was undertaken where there were risk concerns.
- 8.15 All relevant prisoners had a written resettlement plan underpinned by a comprehensive database that identified individual progress towards resettlement goals. The components of resettlement plans and quarterly reviews were meant to be determined at the weekly resettlement meeting, but these were often cancelled due to unavailability of staff. All three meetings scheduled during the inspection were cancelled. When this happened, the resettlement principal officer conducted a desktop exercise using any available contributions from contributing departments to complete plans and reviews. His minute (1 November 2007) indicated that 49% of required information was missing in the cases of all 12 prisoners under consideration, yet plans and reviews were still compiled. In the absence of these contributions or prisoner input, resettlement planning was reduced to a meaningless paper exercise.
- 8.16 In our survey, 74% did not know they had a resettlement plan and only a few had signed elements of them. Many were unaware that resettlement meetings, which discussed their plans, took place. Those who were aware of their plans tended to feel that they were asked to sign a document about their future even though they had had little or no opportunity to contribute to its preparation.
- 8.17 The resettlement database was comprehensive and up to date, but did not appear to be used for analytical or management information purposes to target provision and plan ahead. It showed backlogs in translating referrals into programme participants for each programme. These delays may have been appropriate in relation to prisoners' stages of sentence, but the records showed no discussion or analysis to indicate such a rationale.
- 8.18 No women were engaged in the multi-agency sex offender risk assessment and management (MASRAM) process, although several others were identified as presenting a risk of causing harm to others. In each case, the Northern Ireland Prison Service depended heavily on probation staff to lead in public protection arrangements. Probation Board Northern Ireland (PBNI) files showed that prisoners were involved in discussions about managing their risk and aware of their position and avenues for challenge.
- 8.19 The PBNI quality assured resettlement plans for its own cases, mainly custody probation orders and life-sentenced prisoners. The probation quality assurance process was thorough and complied with PBNI standards. Quality assurance activity by the resettlement governor and principal officer had also improved, but it was not so comprehensive and not required by the local resettlement policy.
- 8.20 Few prisoners or staff linked resettlement plans with types and levels of activity. The local resettlement policy was theoretically linked to the progressive regimes and earned privileges scheme, but it was far from being fully integrated. Prisoners believed regime level, work and home leave was based more on their current conduct than their needs, although we observed some

good deliberation at a home leave board that was well informed by and explicitly related to prisoners' personal needs. Some high-profile prisoners said they felt uncomfortable about staff attitudes and comments, which they saw as based on media coverage of their cases. This did not encourage a positive resettlement environment.

- 8.21 Ash House was the only women's prison in Northern Ireland. Those who had been held elsewhere in the UK said it compared unfavourably because of its limited progression opportunities. The 2007 CJI resettlement report showed that those released into the community under PBNI supervision experienced continuity of interventions, but it was not possible to measure progress for unsupervised prisoners as there was no follow-up post-release.
- 8.22 Between July and October 2007, 21 women had applied for home leave and 20 had been granted. Home leave and other statistics were collated by religion, but there was no evidence of managerial analysis or equality planning. Home leave and resettlement leave were identified as separate provisions for different purposes by the Northern Ireland Prison Service, but the information was jointly collated.
- 8.23 None of the current prisoners had been recalled or had their licence revoked, but some had breached probation requirements. They understood the reasons for being breached and were involved in planning for subsequent supervision.
- 8.24 Women could progress to special privileges (SP) status in the last six months of sentence and if they were enhanced status, drug-free, not a self-harmer and a low security risk. Once granted, they were eligible for home leave each weekend. Some could also apply to work outside the centre if a suitable placement was available. There were a small number of relevant and imaginative placements, for example with a garden centre and a solicitors' office.

## Recommendations

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- 8.25 Women prisoners should be invited to attend their resettlement meetings and meaningfully engaged in preparing for these meetings.
- 8.26 Resettlement plans should actively inform allocation to activities and programmes and decisions about regime status.
- 8.27 Home leave and resettlement leave statistics should be disaggregated and separately reported.

## Indeterminate-sentenced prisoners

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- 8.28 Opportunities for life-sentenced prisoners were limited. Lifers were well known to staff and families had been involved. Formal case review processes had improved. There was still no structured approach for potential lifers.
- 8.29 There were six lifers and three potential lifers, all of whom were well known to staff. They ranged from 16 months served of a 20-year tariff to 10 years served of a 12-year tariff. They said they received no different treatment from other prisoners, either during remand or after sentence. In a

positive move, lifers could now be released under escort for compassionate reasons. Formal case review processes had improved, but there was still no structured approach for potential lifers.

- 8.30 Some staff were trained in lifer management, but had insufficient opportunity to play a meaningful role due to the small number of lifers. Women felt that their involvement was limited to meeting with them shortly before annual reports were required for internal lifer management unit deliberations. Draft standards for the case management of lifers had been developed in February 2007, but not progressed any further.
- 8.31 There were arrangements to get information from the police at conviction to help inform risk assessments. Family contact was appropriate.
- 8.32 Lifer reviews under the auspices of the Maghaberry-based lifer management unit were first undertaken in November 2006 and there were subsequent reviews of all six lifers in June 2007. This represented a more coordinated approach than previously. The lifers understood the Life Sentence Review Commissioners system, but were sceptical about their opportunities to demonstrate progress for its hearings due to the limited regime at Ash House. There were no progression opportunities for women lifers beyond Ash House.
- 8.33 The women understood their tariffs and recognised the need for risk management, but tended to focus on their personal needs rather than any risk they may pose in the future. Some were still focused on appeal proceedings even when obvious avenues had been exhausted. This was an impediment to offence-related work and personal progression.
- 8.34 The opening of Ash 5 landing represented tangible progress in provision for women prisoners. Lifers located on Ash 5 said it was better than other landings. However, the lifer regime was limited and women could not understand why they were prevented from acquiring the on-site privileges of special privileges status, such as freer movement within Ash House, simply because of their indeterminate sentence.
- 8.35 There was little special provision for lifers or recognition of their different needs through lifer days or other specific events. Without these provisions, it was difficult for lifers to discern formal stages in their sentence beyond annual reviews.

## Recommendations

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- 8.36 Lifer liaison officers should fulfil the role of personal officers for lifers and keep in regular touch with them about their progress.
- 8.37 A lifer regime should be established in Ash House similar to that proposed for Cedar House in the young offender centre.
- 8.38 A formal process should be agreed to identify and support potential lifers.
- 8.39 The Northern Ireland Prison Service should develop progression opportunities for life-sentenced women beyond Ash House.

# Resettlement pathways

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Although Northern Ireland did not use the resettlement pathways model, the pathways were equally applicable in this jurisdiction, and were expected to be addressed by the Northern Ireland Prison Service in its work with prisoners.

## Reintegration planning

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8.40 Some good accommodation work was undertaken by the Housing Rights Service, but there was little input from prison officers. Education and training were not linked effectively to resettlement planning, but some good individual contacts had been established with prospective employers. When necessary, women were helped to register with a GP on discharge and there were links to local mental health services in appropriate cases. NIACRO offered a limited benefits advice service, but few women knew who to contact for help with financial problems.

## Accommodation

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- 8.41 The Northern Ireland Prison Service (NIPS) funded the Housing Rights Service (HRS) to provide a worker, who visited Hydebank Wood once a week on average. Her post was primarily designed to train prison staff to engage with prisoners' accommodation issues and she was also directly involved in some more difficult cases. The service was advertised and prisoners were aware of it.
- 8.42 Prison officers were inclined to leave all accommodation problems to the specialist accommodation worker or probation officers. This was contrary to the contract agreed between the NIPS and the HRS. This was being addressed, but progress was slow and not helped by the lack of a personal officer scheme (see section on personal officers). A proposal for a women prisoners' community facility was advanced, although the NIPS was frustrated that it was not moving more quickly.
- 8.43 Prisoners said retention of existing accommodation was possible and the system had worked effectively when they met the relevant criteria. However, several prisoners had been unsettled before entering prison and their post-release options were limited.
- 8.44 Only one of the six approved premises in Northern Ireland could accommodate women who required post-release supervision. The Probation Board had developed opportunities for short-term placements for women with no fixed abode with Women's Aid.

## Education, training and employment

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- 8.45 Education and training were not linked effectively to resettlement planning, with an inadequate focus on women's specific education and training needs, and little evaluation of the extent to which their individual needs had been addressed or met. There were too few employment places for women. Apart from work on the landings and in craft activities, only 11 places were available in horticulture and the development of further skills was restricted by the low level of accreditation.

- 8.46 Women could not access personal finance or money management classes. There was some good skills development in designing and making belts, handbags, cushions and creative cards. In information and communications technology, six of the eight women who started in the previous year had left early with no accreditation and two had no unit achievement.
- 8.47 Opportunity Youth provided flexible and responsive programmes on drug and alcohol awareness, but mostly only to women on remand. A well-designed 'throughcare' course was aimed primarily at young women. The counselling service had long waiting lists and was available to only a few women at a time. NIACRO provided individual women with useful information and advice on employment opportunities. The service was not well marketed and relied on direct referrals through the resettlement process. The number of women who did not have access to this service was not monitored. Other departments used their professional expertise, but agreed actions for some women were often conflicting and the process was not well coordinated.

### **Physical and mental health**

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- 8.48 Women subject to multi-agency sex offender risk assessment and management (MASRAM) or custody probation orders were subject to a multidisciplinary meeting to plan their discharge including health services staff. The cognitive behaviour therapy in-reach team aimed to link women known to them who were not covered by these procedures with community services.
- 8.49 Most women had a GP in the community and health services staff simply sent them a letter detailing the young person's treatment in custody. Those without a GP were helped to register with one. Women were given the remains of any prescribed medications held in possession. Those receiving 'see to take' medications were given enough to last at least three days before release.

### **Finance, benefit and debt**

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- 8.50 In our survey, 68% of women said finance and benefits would be a problem after their release. The resettlement model included an offer of financial assessment for newly-committed prisoners. This was provided by NIACRO and incorporated an element of housing benefit assessment and intervention if necessary. This could extend to assistance with retention of public housing, provided the Northern Ireland Housing Executive criteria were met.
- 8.51 In reality, many prisoners, especially those in for short periods, did not manage to access the service because its scope was limited. The service was individually based and did not extend to delivery of budgeting courses to groups of prisoners. Few prisoners were helped to open bank accounts.
- 8.52 Debt and financial services were advertised, but there was limited evidence on resettlement files of prisoners actually using the service. In our survey, less than half the women knew who to contact for assistance with financial problems.

### **Recommendation**

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- 8.53 Advice on finances should be provided to all women who need it.

## Drugs and alcohol

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- 8.54** The draft drug and alcohol strategy was not informed by a comprehensive needs assessment. Opportunity Youth assessed all new committals and provided an intensive support programme for women who presented with drug or alcohol misuse problems. As part of this, key workers supported women in custody and for six months after release.
- 8.55** The head of security was the drug strategy lead. There was a draft drug and alcohol strategy, but it did not contain a comprehensive needs assessment. All women were seen by Opportunity Youth in their first week in custody and a committal assessment was carried out. Opportunity Youth staff then identified goals for each individual as required, including an Open College Network accredited two-day course that all women were encouraged to attend regardless of their previous drug or alcohol use or offences. Fourteen women had undertaken the programme in the previous 12 months and staff were adapting the course so that it could be delivered on a one-to-one basis.
- 8.56** Opportunity Youth provided a very good throughcare intensive support programme for women who presented with either drug or alcohol misuse problems. The programme required women to sign a permission compact and included a detailed assessment of need. A key worker worked with the women in custody and for six months after release. Between September 2006 and 2007, 13 women had participated in the programme. A monthly report on their progress was recorded. Opportunity Youth also co-delivered an alcohol management course with probation staff, but only one group for women had been run in the previous year. In our survey, 38% of women, significantly more than the comparator of 12%, said they would have a problem with alcohol on release. No other treatment programmes were available. Counselling was available from a counsellor employed by Opportunity Youth for all prisoners at the establishment, but there was no specific counselling for women.

## Recommendation

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- 8.57** The drug and alcohol strategy should be informed by a comprehensive needs assessment and any identified gaps in service for women provided.

## Children and families of offenders

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- 8.58** Women received good support to maintain important family ties.
- 8.59** Two initiatives were designed to encourage and support women to remain in contact with their children, partners and families. The collaboration with the Family Links organisation and the family and child-centred visits gave prisoners good opportunities to maintain contact with people important to them (see section on contact with the outside world). In addition, some good Barnardos parenting programmes were run.
- 8.60** The chaplaincy team were usually involved with passing on significant or sensitive information. One member of the team was always on call and would come in to the prison if required.

- 8.61 Women with close family members in other prisons could take inter-prison visits. Family members serving sentences in different parts of Hydebank Wood could also be granted permission to see each other through 'booked visits'. Where visitors had to travel long distances, prisoners could request all-day visits and governors were flexible and considerate when making such decisions.

## Attitudes, thinking and behaviour

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8.62 Ash House did not provide a therapeutic or motivational environment where women were likely to undertake meaningful personal change. Shortages of facilitators made it difficult to deliver planned offending behaviour programmes, although delivery of personal development programmes was more successful.

- 8.63 The focus on motivating prisoners was inconsistent and there was little for those in for short periods or who would not be subject to probation supervision after release. Prison staff were insufficiently engaged in promoting change in attitudes, thinking and behaviour. Given the low numbers, few offending group work programmes were offered and individual work was provided instead. Programme planning and delivery timetables were not well communicated.
- 8.64 The offending behaviour programmes for women were locally accredited by a joint Probation Board/Prison Service programme planning group. Small numbers of prisoners and shortages of facilitators meant interventions were predominantly undertaken individually. They were generally delivered in Ash House, the small size of which and proximity to the young offender centre did not help it to establish a therapeutic environment. The reasons for not delivering interventions or for delay in delivery were seldom communicated to prisoners, who complained of being ill-informed about progress. The interventions we noted in discussions and files were appropriately targeted and contained no additional restrictions for prisoners during their imprisonment.
- 8.65 Nothing was available for those in denial of their offence.
- 8.66 While it missed some of the benefits of a group process, the individual programming proved beneficial to prisoners and there was no evidence of discrimination in programme referral or delivery.
- 8.67 Prison staff were not involved in the delivery of offending behaviour programmes and were therefore unlikely to reinforce such work on the landings. However, they were better at supporting personal development activity, some of which, including the making the most of myself programme, helped women cope with the stresses of custodial life.

## Recommendation

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- 8.68 The Northern Ireland Prison Service should provide interventions for women in denial about their current offence to address previous offending, the consequences of being imprisoned and future risks.



# Section 9: 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 NIPS

- 9.1 A separate prison should be provided for women in Northern Ireland. (HP42)
- 9.2 The Northern Ireland Prison Service should issue clear guidance on the implementation of a diversity strategy indicating areas to be prioritised and provide relevant staff training including in religious and cultural differences. (HP46)

## Main recommendations

to the governor

- 9.3 First night procedures should be agreed so that all new women receive consistent and supportive care on arrival, including private interviews to assess immediate needs, access to peer support and appropriate supervision. (HP43)
- 9.4 A personal officer scheme should be established to support women at Hydebank Wood, liaise with families and encourage effective resettlement. (HP44)
- 9.5 There should be a separate suicide and self-harm prevention policy specifically for women at Ash House. This should comprehensively set out the gender-specific needs of women at risk of suicide and self-harm, include a more therapeutic response to support women at risk and provide guidance for staff in implementing the policy. (HP45)
- 9.6 The transfer of responsibility for health services should be completed expeditiously so that health services for women can be planned, provided and quality assured through integrated working. (HP47)
- 9.7 An education and training policy for women should be developed that provides sufficient work and education places to keep women purposefully occupied. (HP48)
- 9.8 The standard of food should be improved. (HP49)
- 9.9 There should be a separate resettlement strategy for women prisoners at Ash House based on their identified needs. The new strategy should specify roles and responsibilities, set SMART objectives, outline provision for specific groups of women and include arrangements for regular review. (HP50)

**Courts, escorts and transfers**

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- 9.10 Women should be transported separately from male prisoners. (1.9)
- 9.11 Pregnant women should not travel in cellular vehicles. (1.10)
- 9.12 Women should arrive before 7pm. (1.12)

**First days in custody**

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- 9.13 Full information should be available to reception and first night staff to inform initial assessments. (1.36)

**Contact with the outside world**

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- 9.14 Guidance on closed visits should specify when decisions to impose restrictions should be reviewed. (3.87)

**Indeterminate-sentenced prisoners**

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- 9.15 The Northern Ireland Prison Service should develop progression opportunities for life-sentenced women beyond Ash House. (8.39)

**Resettlement pathways**

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- 9.16 The Northern Ireland Prison Service should provide interventions for women in denial about their current offence to address previous offending, the consequences of being imprisoned and future risks. (8.68)

**Courts, escorts and transfers**

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- 9.17 Staffing should be arranged so that women do not wait unnecessarily on vans because reception is closed and women on Ash House should not be locked down to provide staff from the landings. (1.11)
- 9.18 Women should be escorted in vehicles that are safe, clean and comfortable. (1.13)
- 9.19 Women should be given the information leaflet about Hydebank Wood at court by Northern Ireland Prison Service escort staff. (1.14)

- 9.20 Property and private cash should accompany unsentenced prisoners to court. (1.15)
- 9.21 Women should not be asked about their treatment by escort staff in the presence of these staff. (1.16)

### **First days in custody**

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- 9.22 The new reception should include decent waiting areas with relevant information in a variety of formats. (1.35)
- 9.23 Insiders should provide peer support to women in reception and for all new committals on their first night. (1.37)
- 9.24 Checks should be made to ensure that a free telephone call and a meal have been offered to new committals before they are locked up on their first night and this should be recorded in individual case files. (1.38)
- 9.25 Prisoner feedback should be used to improve and develop the induction programme. (1.39)
- 9.26 Induction information should be provided in a range of formats. (1.40)

### **Residential units**

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- 9.27 The role of A1 should be clarified so that it does not hold an inappropriate mix of women with different and incompatible needs. (2.12)
- 9.28 All women should have a lockable cupboard in their room. (2.13)
- 9.29 Mother and baby rooms should be improved and should not contain an open toilet. (2.14)
- 9.30 Dirty mattresses should be replaced. (2.15)
- 9.31 Consultation meetings should provide the opportunity for women in Ash House as a whole to meet together as a group. (2.16)
- 9.32 All rooms should be supplied with kettles. (2.17)
- 9.33 Women should be allowed to order catalogue products from a range of suppliers. (2.18)

### **Staff-prisoner relationships**

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- 9.34 Staff should routinely use first names or title and surname when speaking or referring to women prisoners. (2.24)
- 9.35 The governor responsible for Ash House should be based there in order to model and encourage good relationships between staff and prisoners and deal appropriately with those who do not act professionally and respectfully with the women. (2.25)

## **Bullying and violence reduction**

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- 9.36 There should be a dedicated safer custody manager and a safer custody committee specifically for Ash House focusing on anti-bullying, the prevention of suicide and the reduction of self-harm. (3.11)
- 9.37 The anti-bullying policy for women should be implemented. (3.12)
- 9.38 An in-depth survey specific to women's perceptions and experiences of bullying by prisoners and staff should be completed and considered by the women's safer custody committee to inform the development of the safer custody policy. (3.13)
- 9.39 Regular staff-led landing meetings should be held focusing constructively on resolving tensions caused by small group living. (3.14)
- 9.40 Bullying awareness training for staff and prisoners should be provided. (3.15)

## **Self-harm and suicide**

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- 9.41 Formal investigations should be conducted into serious or near-fatal incidents to establish what, if any, lessons could be learned. (3.32)
- 9.42 Prisoner at risk (PAR 1) reviews should be multidisciplinary and trained senior officers should provide continuity in the management of cases, with key workers to support them. (3.33)
- 9.43 Support plans for those at risk should be improved by identifying clearly the main concerns, how these are being addressed and who is responsible for ensuring agreed actions are taken. (3.34)
- 9.44 Entries in the PAR 1 daily supervision records should be improved, with regular management checks on the quality of care. (3.35)
- 9.45 Follow-up interviews should be conducted following the closure of PAR 1 documents. (3.36)
- 9.46 The length of time women are placed in the observation rooms should be monitored by the safer custody meeting and alternative therapeutic responses should be developed. (3.37)
- 9.47 Women should be able to use advertised telephone helplines free of charge. (3.38)
- 9.48 All staff with direct contact with women prisoners should have suicide and self-harm awareness training specifically related to women. (3.39)
- 9.49 There should be improved peer support, with a training programme for Insiders and they should meet regularly with the coordinator. (3.40)
- 9.50 A Listener scheme should be developed. (3.41)

## **Diversity, race equality and foreign national prisoners**

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- 9.51 The equality and diversity committee should meet regularly with all designated members or representatives attending and consider and take action on any identified or potential areas of discrimination. (3.58)
- 9.52 A system of monitoring that identifies and highlights areas of under and over-representation should be introduced and monitoring data should distinguish between male and female prisoners. (3.59)
- 9.53 The equality and diversity officer should receive specialist training, including investigating racist incidents, and should be allocated dedicated time to carry out her additional duties. (3.60)
- 9.54 Links with Irish Traveller support groups should be strengthened and consolidated. (3.61)
- 9.55 The Border and Immigration Agency should be asked to supply a named liaison person so that the prison can help foreign national prisoners prepare for their release. (3.62)
- 9.56 Professional interpretation services should be used when legal matters or issues relating to vulnerability are discussed with women with little or no English. (3.63)
- 9.57 The draft interim guidance for foreign national women should be formally approved and published. (3.64)

## **Contact with the outside world**

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- 9.58 There should be no unnecessary delays in prisoners receiving their mail. (3.80)
- 9.59 There should be clear signposts to the prison, particularly at the entrance to the prison. (3.81)
- 9.60 All prisoners should be allowed visits of at least one hour. (3.82)
- 9.61 Visitors should be able to buy hot meals or snacks either in the visitors' centre or in the visits hall. (3.83)
- 9.62 There should be separate visiting facilities for men and women. (3.84)
- 9.63 Babies should be searched only when there is specific intelligence, agreed by a senior manager, that this is necessary. (3.85)
- 9.64 Privacy screening should be introduced between the closed visit rooms and the general visits area. (3.86)
- 9.65 Arrangements for consulting visitors about their experience should be improved. (3.88)

## **Applications and complaints**

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- 9.66 Verbal requests should be logged to provide an audit trail. (3.98)

- 9.67 Prisoners should be able to access and submit complaint forms confidentially. (3.99)
- 9.68 Managers should speak to prisoners who withdraw complaints to ensure that they have not been coerced. Records should outline the reason given for withdrawal of the complaint. (3.100)
- 9.69 Requests and complaints should be routinely analysed to identify patterns or trends. (3.101)

### **Substance use**

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- 9.70 Substance-dependent women should be provided with adequate first night treatment/symptomatic relief following screening and testing. (3.108)
- 9.71 Specialist staff should complete a comprehensive assessment of need to determine suitable stabilisation, maintenance or detoxification regimes. (3.109)
- 9.72 Prescribing regimes should be flexible and meet the individual needs of women. (3.110)
- 9.73 There should be protocols and procedures for the close monitoring of women experiencing alcohol withdrawal to ensure their safety. (3.111)
- 9.74 Women should receive effective support during and post clinical intervention. (3.112)

### **Health services**

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- 9.75 The health needs assessment of women in Ash House should be reviewed and services to meet their specific needs should be commissioned and provided through the National Health Service. (4.37)
- 9.76 A lead nurse with sufficient seniority and knowledge should take responsibility for the needs of older women. (4.38)
- 9.77 All emergency equipment should be checked regularly to ensure that it is in date and fit for purpose; documented evidence of such checks should be kept. (4.39)
- 9.78 Specific and sufficient nursing staff should be allocated to Ash House to ensure continuity of care and the provision of regular necessary clinics. (4.40)
- 9.79 All health services staff, including allied health professionals, should have annual training in resuscitation and child protection. (4.41)
- 9.80 Clinical supervision should be available to all health services staff. (4.42)
- 9.81 There should be formal arrangements for the loan of occupational therapy equipment and specialist advice to ensure that patients are able to access mobility and health aids if required. (4.43)
- 9.82 All clinical records should be contemporaneous and conform to professional guidance from regulatory bodies. (4.44)

- 9.83 Dental staff should have access to women's clinical records and complete medical history sheets for each patient. (4.45)
- 9.84 The use of prescription forms, card index and administration charts should be revised to avoid the need for duplication and transcription. One chart should be used for prescriptions and administration record. (4.46)
- 9.85 The special sick policy should be reviewed regularly by the medicines and therapeutic committee to ensure that all appropriate medicines can be supplied. (4.47)
- 9.86 Complaints about health services should be monitored by the healthcare manager. (4.48)
- 9.87 All policy documents should be up to date and redundant documents removed. (4.49)
- 9.88 All pharmacy policies should be formally reviewed and adopted via the medicines and therapeutic committee. (4.50)
- 9.89 There should be an information-sharing policy with appropriate agencies to ensure efficient sharing of relevant health and social care information. It should include the need to obtain a patient's consent when appropriate. (4.51)
- 9.90 Following a reception screening, a further health assessment should be carried out by trained staff no later than 72 hours after the woman's arrival in custody. (4.52)
- 9.91 The rapid vaccination course for Hepatitis B should be adopted. (4.53)
- 9.92 Health services staff should liaise with the physical education department to ensure that women can take full advantage of the physiotherapy services offered. (4.54)
- 9.93 All pre-packs should be dual-labelled. When the pre-pack is dispensed against a prescription, one label should be removed and attached to the prescription chart, which should then be faxed to the pharmacy provider so that the pharmacist can satisfy him/herself that the prescription was appropriate and that the correct item has been supplied. (4.55)
- 9.94 Patient information leaflets should be supplied. A notice should be prominently displayed to advise patients of the availability of leaflets on request. (4.56)
- 9.95 Women attending the Ash House treatment room for medications should be appropriately supervised by landing staff to reduce opportunities for bullying and the passing of medications. (4.57)
- 9.96 Decisions about daily, weekly or monthly in possession medications should be clearly documented. (4.58)
- 9.97 There should be patient group directions (PGDs) for all vaccinations. (4.59)
- 9.98 Over-the-counter medicine should be available for women to buy from the tuck-shop. (4.60)

- 9.99 Women who arrive with ongoing dependence on prescription medications should be carefully assessed and monitored before any detoxification regime is commenced. (4.61)
- 9.100 Arrangements for attendance at outside hospital appointments, including waiting times and cancellations, should be subject to audit. (4.62)
- 9.101 Psychiatric services should be reviewed to ensure that there are sufficient resources to meet the needs of women, including child and adolescent services. (4.63)

### **Learning and skills and work activities**

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- 9.102 Essential skills provision should be improved and should meet the literacy and numeracy needs of women at Ash House. (5.16)
- 9.103 Robust quality assurance and self-evaluation systems should be developed. (5.17)
- 9.104 Access to the library should be improved. (5.18)
- 9.105 Access to ICT facilities in the library should be improved. (5.19)

### **Physical education and health promotion**

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- 9.106 The range of vocational courses leading to awards should be expanded to meet the needs and interests of all women. (5.26)
- 9.107 A greater range of outdoor and adventurous activities should be available for women subject to suitable risk assessments. (5.27)
- 9.108 A wider range of activities should be developed to meet the needs and interests of all women, especially those who do not use the gym regularly. (5.28)

### **Faith and religious activity**

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- 9.109 Chaplains should be formally invited to all prisoner at risk (PAR 1) reviews. (5.36)
- 9.110 Women should have the opportunity to attend religious services on Sundays. (5.37)

### **Time out of cell**

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- 9.111 Unlock and lock-up should take place at the published times. (5.44)
- 9.112 Inter-landing association should be introduced. (5.45)
- 9.113 Staffing ratios should be reviewed to ensure they are appropriate to the risk posed by prisoners. (5.46)

- 9.114 Women should be consulted about ways to promote more constructive use of association time. (5.47)

### **Security and rules**

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- 9.115 Following the security categorisation review, women classified as low or medium risk should be allowed free movement within Ash House and the grounds. (6.17)
- 9.116 The role of the security liaison officers should be reinforced by residential managers and staff should be encouraged to submit security information based on their own observations. (6.18)
- 9.117 Security bulletins should be posted on the prison intranet for staff information and guidance. (6.19)
- 9.118 The security committee should include representatives for education, workshops and other departments that have direct dealings with prisoners. (6.20)
- 9.119 The number of routine cell searches should be reduced and the searching strategy reviewed to find a more efficient and effective way of tackling supply reduction. (6.21)
- 9.120 Escort arrangements should be established that reflect the risk posed by individuals according to the new security classification system. (6.22)
- 9.121 Strip searching should be carried out only based on a risk assessment and not because of security concerns in the young offender centre. (6.23)
- 9.122 Wing rules should be displayed on all landings and staff should ensure that prisoners are aware of the rules applying to them. (6.24)

### **Discipline**

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- 9.123 There should be a written record of adjudication hearings to ensure that managers are able to scrutinise and evaluate disciplinary procedures. (6.34)
- 9.124 The reasons for the disproportionate number of Catholic prisoners placed on report should be investigated and appropriate action taken as necessary. (6.35)
- 9.125 Cellular confinement should not routinely be given as a punishment in cases where women have not used or threatened violence and should not routinely include the loss of all privileges unless specifically decided in exceptional circumstances by the adjudicating governor. This should be documented. (6.36)
- 9.126 Guidance on appropriate levels of punishments should be updated to make punishments more commensurate with offences and should be subject to regular review through standardisation meetings. (6.37)
- 9.127 All staff should be refreshed in control and restraint techniques every 12 months. (6.38)

- 9.128 The use of the cellular confinement cell on A1 should be logged. Prisoners located there should have a daily record of events, which includes use of exercise, showers, telephone calls and details of interactions with staff. (6.39)
- 9.129 The Independent Monitoring Board should be informed when a prisoner is confined to a room or located under rule 32. (6.40)

### **Incentives and earned privileges**

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- 9.130 Visits and telephone allowances should not be part of the progressive regimes and earned privileges scheme. (6.52)
- 9.131 The progressive regimes and earned privileges scheme should be routinely monitored by religion by the equality and diversity committee. (6.53)
- 9.132 The procedures for applying for special privileges status should be published, transparent and monitored. (6.54)

### **Catering**

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- 9.133 All personnel responsible for handling food should be subject to a health check. (7.8)
- 9.134 The consultation arrangements about food should be improved so that views expressed by prisoners are considered seriously and, when valid, acted on. (7.9)
- 9.135 More women should be given opportunities to prepare their own food. (7.10)
- 9.136 All personnel involved in handling food should wear protective clothing. (7.11)
- 9.137 There should be clear and reliable arrangements to obtain special diets. (7.12)

### **Strategic management of resettlement**

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- 9.138 A resettlement team should be established along the lines of the teams that exist in the other two Northern Ireland prisons. (8.10)
- 9.139 The weekly operational and monthly strategic resettlement meetings should be reprioritised and should have clear terms of reference that clarify their distinct purposes. (8.11)

### **Offender management and planning**

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- 9.140 Women prisoners should be invited to attend their resettlement meetings and meaningfully engaged in preparing for these meetings. (8.25)
- 9.141 Resettlement plans should actively inform allocation to activities and programmes and decisions about regime status. (8.26)

- 9.142 Home leave and resettlement leave statistics should be disaggregated and separately reported. (8.27)

### **Indeterminate-sentenced prisoners**

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- 9.143 Lifer liaison officers should fulfil the role of personal officers for lifers and keep in regular touch with them about their progress. (8.36)
- 9.144 A lifer regime should be established in Ash House similar to that proposed for Cedar House in the young offender centre. (8.37)
- 9.145 A formal process should be agreed to identify and support potential lifers. (8.38)

### **Resettlement pathways**

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- 9.146 Advice on finances should be provided to all women who need it. (8.53)
- 9.147 The drug and alcohol strategy should be informed by a comprehensive needs assessment and any identified gaps in service for women provided. (8.57)

## **Housekeeping points**

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### **Residential units**

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- 9.148 Notices displayed should be consistent between landings. (2.19)

### **Self-harm and suicide**

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- 9.149 The direct telephone lines from the observation cells to the Samaritans should be repaired. (3.42)

### **Diversity, race equality and foreign national prisoners**

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- 9.150 Women prisoners from minority backgrounds should be encouraged to attend the equality and diversity committee. (3.65)

### **Discipline**

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- 9.151 All control and restraint forms should be properly quality checked and complete. (6.41)

### **Incentives and earned privileges**

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- 9.152 Reference in the progressive regimes and earned privileges scheme policy to voluntary testing should be replaced by compliance testing. (6.55)

### **Good practice**

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#### **Diversity, race equality and foreign national prisoners**

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- 9.153 Weekly 10-minute telephone calls home were a good help to maintain contact with families abroad. (3.66)

#### **Contact with the outside world**

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- 9.154 The family/child centred visits scheme was an innovative practice that helped to maintain good relationships. (3.89)

## Appendix 1: Inspection team

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Nigel Newcomen	Deputy Chief Inspector of Prisons
Kit Chivers	Chief Inspector of Criminal Justice in Northern Ireland.
Michael Loughlin	Inspection team leader
Fay Deadman	Inspector
Ian MacFadyen	Inspector
Paul Fenning	Inspector
Hayley Folland	Inspector
Tom McGonigle	Inspector, Criminal Justice Inspection Northern Ireland.
Elizabeth Tysoe	Healthcare Inspector
Steve Gascoigne	Pharmacy Inspector
John Reynolds	Dental Inspector
John Baird	Lead Inspector Education and Training Inspectorate
Angela Whiteside	Inspector Education and Training Inspectorate
Mark Barr	Inspector Education and Training Inspectorate
Alistair Gilmore	Inspector Education and Training Inspectorate
Jayne Walkingshaw	Inspector Education and Training Inspectorate
Karen Adriaanse	Inspector Ofsted
Samantha Booth	Researcher
Sherrelle Parke	Researcher

## Appendix 2: Prison population profile

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### Population breakdown by:

(i) Status	N° of adult women	Percentage
Sentenced / Fined	23	50.00%
Remand / Awaiting Trail	23	50.00%
<b>Total</b>	<b>46</b>	<b>100.00%</b>

(ii) Length of sentence	N° of sentenced adult women	Percentage
Less than 6 months	5	21.74%
6months to less than 12 months	5	21.74%
18 to 24 months	2	8.69%
36 to 42 month	1	4.35%
Over 48 months	4	17.39%
Life	6	26.09%
<b>Total</b>	<b>23</b>	<b>100.00%</b>

(iii) Length of time served for unsentenced women	N° of adult women	Percentage
Less than 1 month	9	39.13%
1 month to 3 months	5	21.74%
3 months to 6 months	5	21.74%
6 months to 1 year	4	17.39%
<b>Total</b>	<b>23</b>	<b>100.00%</b>

(iv) Main offence	N° of adult women	Percentage
Murder	8	17.39%
Other offences against the person	23	50.00%
Burglary/robbery/theft	8	17.39%

Fraud & forgery	1	2.17%
Drug offences	4	8.70%
Other offences	1	2.17%
Criminal damage	1	2.17%
<b>Total</b>	<b>46</b>	<b>100.00%</b>

(v) Age	N° of adult women	Percentage
18 years and over	46	100.00%
<b>Total</b>	<b>46</b>	<b>100.00%</b>

(vi) Home address	N° of adult women	Percentage
Northern Ireland	34	73.91%
Republic of Ireland	2	4.35%
England	3	6.52%
NFA	5	10.87%
Unknown	2	4.35%
<b>Total</b>	<b>46</b>	<b>100.00%</b>

(vii) Location Breakdown	County	N° of adult women	Percentage
Northern Ireland	Co. Antrim	16	34.78%
Northern Ireland	Co. Armagh	2	4.35%
Northern Ireland	Co. Down	5	10.87%
Northern Ireland	Co. Fermanagh	2	4.35%
Northern Ireland	Co. Londonderry	6	13.04%
Northern Ireland	Co. Tyrone	2	4.35%
Northern Ireland	Unknown	1	2.17%
Republic of Ireland	Dublin	2	4.35%
England	Cornwall	1	2.17%

England	Lancashire	1	2.17%
England	Middlesex	1	2.17%
No Fixed Abode		5	10.87%
Unknown		2	4.35%
<b>Total</b>		<b>46%</b>	<b>100.00%</b>

(viii) Nationality	N° of adult women	Percentage
British	35	76.09%
Irish	8	17.09%
Lithuanian	1	2.17%
Romanian	1	2.17%
South African	1	2.17%
<b>Total</b>	<b>46</b>	<b>100.00%</b>

(ix) Ethnic group	N° of adult women	Percentage
Black African	1	2.17%
Dark European	1	2.17%
Irish Traveller	2	4.35%
White	42	91.30%
<b>Total</b>	<b>46</b>	<b>100.00%</b>

(x) Religion	No's adult women	Percentage
Church of England	1	2.17%
Church of Ireland	6	13.04%
Methodist	3	6.52%
Mormon	1	2.17%
Presbyterian	8	17.39%
Roman Catholic	20	43.48%

Other religion	6	13.04%
Nil	1	2.17%
<b>Total</b>	<b>46</b>	<b>100.00%</b>

# Appendix 3: Summary of prisoner questionnaires and interviews

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## **Prisoner survey methodology**

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

## **Choosing the sample size**

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At the time of the survey on 3 October 2007, the female population at HMP/YOC Hydebank Wood was 40. As there were so few, the survey was distributed to all women present at the time of the visit. Therefore, 100% of the women at HMP/YOC Hydebank Wood were surveyed.

Completion of the survey was voluntary.

An interview was carried out with one respondent who had literacy difficulties.

## **Methodology**

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Surveys were distributed to each respondent individually. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the survey, 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
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable
- 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**

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In total, 39 respondents completed and returned their questionnaires. This represented 98% of the female population. The response rate was 98%. None of the respondents refused to complete a survey, but one was returned blank.

## **Comparisons**

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The following document details the results from the survey. All missing responses are excluded from the analysis. All data from each establishment has been weighted in order to mimic a consistent percentage sampled in each establishment. Presented alongside the results from this survey are the comparator figures for all prisoners surveyed in female prisons. This comparator is based on all responses from prisoner surveys carried out in 13 women's prisons since April 2003. In addition, a further comparative document is attached. Statistically significant differences between the responses of Catholic and Protestant women are shown in this document.

In both of these documents, statistical significance merely indicates 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.



## Prisoner Survey Responses HMP Hydebank Wood 2007 (Women)

**Prisoner Survey Responses** (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

### Key to tables

		HMP Hydebank Wood 2007	Women prisons comparator
	Any percent highlighted in green is significantly better than the women prisons comparator		
	Any percent highlighted in blue is significantly worse than the women prisons comparator		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 1: General Information (not tested for significance)</b>			
1	Number of completed questionnaires returned	39	1016
2	Are you under 21 years of age?	15%	9%
3	Are you transgender or transsexual?	0%	0%
4	Are you sentenced?	63%	74%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	
6	If you are sentenced, are you on recall?	0%	12%
8	Is your sentence less than 12 months?	23%	23%
9	Do you have less than six months to serve?	32%	39%
10	Have you been in this prison less than a month?	10%	25%
11	Are you a foreign national?	8%	13%
12	Is English your first language?	100	92%
13	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	0%	25%
14	Are you Muslim?	0%	7%
15	Are you gay or bisexual?	22%	23%
16	Do you consider yourself to have a disability?	32%	23%
17	Are you a Registered Disabled Person?	19%	12%
18	Is this your first time in prison?	38%	48%
19	Do you have any children?	50%	59%
<b>SECTION 2: Transfers and Escorts</b>			
19a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	13%	44%
19b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	31%	57%
19c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	0%	15%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	11%	33%
19e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	0%	12%
20	Did you spend more than four hours in the van?	3%	10%
21	Were you treated well/very well by the escort staff?	58%	73%
22a	Did you know where you were going when you left court or when transferred from another establishment?	84%	84%
22b	Before you arrived here did you receive any written information about what would happen to you?	0%	14%
22c	When you first arrived here did your property arrive at the same time as you?	67%	83%

### Key to tables

		HMP Hydebank Wood 2007	Women prisons comparator
	Any percent highlighted in green is significantly better than the women prisons comparator		
	Any percent highlighted in blue is significantly worse than the women prisons comparator		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 3: Reception, first night and induction</b>			
<b>24a</b>	Did you have any problems when you first arrived?	90%	77%
<b>24b</b>	Did you have any problems with loss of transferred property when you first arrived?	5%	7%
<b>24c</b>	Did you have any housing problems when you first arrived?	26%	25%
<b>24d</b>	Did you have any problems contacting employers when you first arrived?	3%	2%
<b>24e</b>	Did you have any problems contacting family when you first arrived?	13%	23%
<b>24f</b>	Did you have any problems ensuring dependents were being looked after when you first arrived?	13%	8%
<b>24g</b>	Did you have any money worries when you first arrived?	21%	25%
<b>24h</b>	Did you have any problems with feeling depressed or suicidal when you first arrived?	63%	30%
<b>24i</b>	Did you have any drug problems when you first arrived?	32%	35%
<b>24j</b>	Did you have any alcohol problems when you first arrived?	40%	11%
<b>24k</b>	Did you have any health problems when you first arrived?	37%	31%
<b>24l</b>	Did you have any problems with needing protection from other prisoners when you first arrived?	16%	4%
<b>25a</b>	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	13%	15%
<b>25b</b>	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	22%	30%
<b>25c</b>	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	0%	11%
<b>25d</b>	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	52%	49%
<b>25e</b>	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	11%	23%
<b>25f</b>	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	24%	28%
<b>25g</b>	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	36%	30%
<b>25h</b>	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	18%	38%
<b>25i</b>	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	32%	25%
<b>25j</b>	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	50%	38%
<b>25k</b>	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	17%	18%
<b>26a</b>	Please answer the following question about reception: were you seen by a member of healthcare staff?	84%	90%
<b>26b</b>	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	51%	76%
<b>27</b>	Were you treated well/very well in reception?	64%	72%
<b>28a</b>	Did you receive a reception pack on your day of arrival?	38%	80%
<b>28b</b>	Did you receive information about what was going to happen here on your day of arrival?	16%	44%
<b>28c</b>	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	5%	45%
<b>28d</b>	Did you have the opportunity to have a shower on your day of arrival?	65%	43%

## Key to tables

		HMP Hydebank Wood 2007	Women prisons comparator
	Any percent highlighted in green is significantly better than the women prisons comparator		
	Any percent highlighted in blue is significantly worse than the women prisons comparator		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 3: Reception, first night and induction continued</b>			
<b>28e</b>	Did you get the opportunity to have a free telephone call on your day of arrival?	41%	55%
<b>28f</b>	Did you get information about routine requests on your day of arrival?	11%	32%
<b>28g</b>	Did you get something to eat on your day of arrival?	57%	78%
<b>28h</b>	Did you get information about visits on your day of arrival?	27%	39%
<b>29a</b>	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	34%	47%
<b>29b</b>	Did you have access to someone from healthcare within the first 24 hours?	71%	73%
<b>29c</b>	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	5%	31%
<b>29d</b>	Did you have access to the prison shop/canteen within the first 24 hours?	34%	19%
<b>30</b>	Did you feel safe on your first night here?	42%	76%
<b>31</b>	Did you go on an induction course within the first week?	32%	69%
<b>32</b>	Did the induction course cover everything you needed to know about the prison?	33%	54%
<b>33</b>	Did you receive a 'basic skills' assessment within the first week?	16%	
<b>SECTION 4: Legal Rights and Respectful Custody</b>			
<b>35a</b>	Is it very easy/easy to communicate with your solicitor or legal representative?	64%	42%
<b>35b</b>	Is it very easy/easy for you to attend legal visits?	65%	53%
<b>35c</b>	Is it very easy/easy for you to obtain bail information?	31%	20%
<b>36</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	76%	41%
<b>37a</b>	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	65%	60%
<b>37b</b>	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	95%	85%
<b>37c</b>	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	67%	85%
<b>37d</b>	Please answer the following question about the wing/unit you are currently on: do you normally get cleaning materials every week?	87%	71%
<b>36e</b>	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	30%	42%
<b>37f</b>	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	54%	61%
<b>37g</b>	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	47%	33%
<b>37h</b>	Please answer the following question about the wing/unit you are currently on: can you normally get access to free sanitary products whenever you need them?	94%	89%
<b>38</b>	Is the food in this prison good/very good?	8%	32%
<b>39</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	39%
<b>40a</b>	Is it easy/very easy to get a complaints form?	90%	82%
<b>40b</b>	Is it easy/very easy to get an application form?	73%	87%
<b>41a</b>	Do you feel applications are sorted out fairly?	20%	38%
<b>41b</b>	Do you feel your applications are sorted out promptly?	30%	45%
<b>41c</b>	Do you feel complaints are sorted out fairly?	17%	32%
<b>41d</b>	Do you feel complaints are sorted out promptly?	24%	36%
<b>41e</b>	Are you given information about how to make an appeal?	25%	35%
<b>42</b>	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	49%	11%

**Key to tables**

	Any percent highlighted in green is significantly better than the women prisons comparator	<b>HMP Hydebank Wood 2007 Women prisons comparator</b>	
	Any percent highlighted in blue is significantly worse than the women prisons comparator		
	Percentages which are not highlighted show there is no significant difference		
<b>43</b>	Do you know how to apply to the Prisons and Probation Ombudsman?	<b>78%</b>	<b>32%</b>

**Key to tables**

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	Any percent highlighted in blue is significantly worse than the women prisons comparator		
	Percentages which are not highlighted show there is no significant difference		

SECTION 4: Legal Rights and Respectful Custody continued			
44	Is it easy/very easy to contact the Independent Monitoring Board?	38%	38%
45	Are you on the enhanced (top) level of the IEP scheme?	46%	34%
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	60%	51%
47a	In the last six months have any members of staff physically restrained you (C & R)?	8%	6%
47b	In the last six months have you spent a night in the segregation/care and separation unit?	18%	9%
48a	Do you feel your religious beliefs are respected?	78%	59%
49b	Are you able to speak to a religious leader of your faith in private if you want to?	84%	63%
50	Are you able to speak to a Listener at any time, if you want to?	30%	70%
51a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	79%	77%
51b	Do <b>most</b> staff, in this prison, treat you with respect?	66%	74%
SECTION 5: Safety			
52	Have you ever felt unsafe in this prison?	59%	34%
53	Do you feel unsafe in this establishment at the moment?	21%	15%
55	Have you been victimised (insulted or assaulted) by another prisoner?	47%	25%
56a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	35%	16%
56b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	11%	6%
56c	Have you been sexually abused since you have been here? (By prisoners)	8%	1%
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	5%
56e	Have you been victimised because of drugs since you have been here? (By prisoners)	3%	3%
56f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	8%	6%
56g	Have you ever been victimised because you were new here? (By prisoners)	11%	7%
56h	Have you ever been victimised because of your sexuality? (By prisoners)	8%	2%
56i	Have you ever been victimised because you have a disability? (By prisoners)	3%	4%
56j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%
56k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	11%	4%
57	Have you been victimised (insulted or assaulted) by a member of staff?	39%	18%
58a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	26%	10%
58b	Have you been hit, kicked or assaulted since you have been here? (By staff)	8%	2%
58c	Have you been sexually abused since you have been here? (By staff)	8%	1%
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	2%
58e	Have you been victimised because of drugs since you have been here? (By staff)	8%	2%
58f	Have you ever been victimised because you were new here? (By staff)	13%	3%
58g	Have you ever been victimised because of your sexuality? (By staff)	8%	3%
58h	Have you ever been victimised because you have a disability? (By staff)	5%	4%
58i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	5%	2%

**Key to tables**

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<b>SECTION 5: Safety continued</b>			
58j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	13%	2%
59	Did you report any victimisation that you have experienced?	43%	15%
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	41%	34%
61	Have you ever felt threatened or intimidated by a member of staff in here?	38%	19%
62	Is it very easy/easy to get illegal drugs in this prison?	27%	22%
<b>SECTION 6: Healthcare</b>			
64	Do you think the overall quality of the healthcare is good/very good?	11%	35%
65a	Is it very easy/easy to see the doctor?	24%	33%
65b	Is it very easy/easy to see the nurse?	50%	42%
65c	Is it very easy/easy to see the dentist?	26%	26%
65d	Is it very easy/easy to see the optician?	14%	16%
65e	Is it very easy/easy to see the pharmacist?	9%	16%
66a	Do you think the quality of healthcare from the doctor is good/very good?	36%	43%
66b	Do you think the quality of healthcare from the nurse is good/very good?	29%	55%
66c	Do you think the quality of healthcare from the dentist is good/very good?	42%	24%
66d	Do you think the quality of healthcare from the optician is good/very good?	23%	16%
66e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	7%	34%
67	Are you currently taking medication?	80%	65%
68	Are you allowed to keep possession of your medication in your own cell?	53%	37%
<b>SECTION 7: Purposeful Activity</b>			
70a	Do you feel your job will help you on release?	40%	38%
70b	Do you feel your vocational or skills training will help you on release?	36%	38%
70c	Do you feel your education (including basic skills) will help you on release?	52%	49%
70d	Do you feel your offending behaviour programmes will help you on release?	30%	30%
70e	Do you feel your drug or alcohol programmes will help you on release?	38%	34%
71	Do you go to the library at least once a week?	8%	43%
72	Can you get access to a newspaper every day?	74%	39%
73	On average, do you go to the gym at least twice a week?	46%	30%
74	On average, do you go outside for exercise three or more times a week?	30%	41%
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	14%	21%
76	On average, do you go on association more than five times each week?	50%	55%
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	46%	29%

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<b>SECTION 8: Resettlement</b>			
79	Did you first meet your personal officer in the first week?	20%	28%
80	Do you think your personal officer is helpful/very helpful?	23%	41%
81	Do you have a sentence plan?	22%	36%
82	Were you involved/very involved in the development of your sentence plan?	14%	26%
83	Can you achieve all or some of your sentence plan targets in this prison?	16%	82%
84	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	6%	19%
85	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	40%	
86	Do you feel that any member of staff has helped you to prepare for release?	25%	
87	Have you had any problems with sending or receiving mail?	47%	33%
88	Have you had any problems getting access to the telephones?	30%	28%
89	Did you have a visit in the first week that you were here?	62%	37%
90	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	72%	73%
91	Did you receive five or more visits in the last week?	0%	0%
92a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	47%	
92b	Do you think you will have a problem with finding a job following your release from this prison?	71%	61%
92c	Do you think you will have a problem with finding accommodation following your release from this prison?	46%	46%
92d	Do you think you will have a problem with money and finances following your release from this prison?	70%	57%
92e	Do you think you will have a problem with claiming benefits following your release from this prison?	71%	47%
92f	Do you think you will have a problem with arranging a place a place at college or continuing education following your release from this prison?	44%	41%
92g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	27%	23%
92h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	40%	35%
92i	Do you think you will have a problem with opening a bank account following your release from this prison?	30%	45%

**Key to tables**

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<b>SECTION 8: Resettlement continued</b>			
<b>93a</b>	Do you think you will have a problem with drugs when you leave this prison?	29%	20%
<b>93b</b>	Do you think you will have a problem with alcohol when you leave this prison?	38%	12%
<b>94a</b>	Do you know who to contact, within this prison, to get help with finding a job on release?	34%	51%
<b>94b</b>	Do you know who to contact, within this prison, to get help with finding accommodation on release?	59%	61%
<b>94c</b>	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	42%	45%
<b>94d</b>	Do you know who to contact, within this prison, to get help with claiming benefits on release?	52%	58%
<b>94e</b>	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	38%	47%
<b>94f</b>	Do you know who to contact within this prison to get help with external drugs courses etc	55%	57%
<b>94g</b>	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	46%	48%
<b>94h</b>	Do you know who to contact, within this prison, to get help with opening a bank account on release?	41%	39%
<b>95</b>	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	29%	45%



## Prisoner Survey Responses HMP Hydebank Wood 2007 (Women)

**Prisoner Survey Responses** (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

### Key to tables

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### SECTION 1: General Information (not tested for significance)

1	Number of completed questionnaires returned	39	477
2	Are you under 21 years of age?	15%	11%
3	Are you transgender or transsexual?	0%	
4	Are you sentenced?	63%	60%
5	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	
6	If you are sentenced, are you on recall?	0%	
8	Is your sentence less than 12 months?	23%	26%
9	Do you have less than six months to serve?	32%	33%
10	Have you been in this prison less than a month?	10%	31%
11	Are you a foreign national?	8%	12%
12	Is English your first language?	100	92%
13	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	0%	22%
14	Are you Muslim?	0%	
15	Are you gay or bisexual?	22%	
16	Do you consider yourself to have a disability?	32%	
18	Is this your first time in prison?	38%	44%
19	Do you have any children?	50%	59%

### SECTION 2: Transfers and Escorts

19a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van? (very good/good)	13%	43%
19b	We want to know about the most recent journey you have made either to or from court or between establishments. How was your personal safety during the journey? (very good/good)	31%	57%
19c	We want to know about the most recent journey you have made either to or from court or between establishments. How was the comfort of the van? (very good/good)	0%	13%
18d	We want to know about the most recent journey you have made either to or from court or between establishments. How was the attention paid to your health needs?	11%	33%
19e	We want to know about the most recent journey you have made either to or from court or between establishments. How was the frequency of comfort breaks? (very good/good)	0%	10%
20	Did you spend more than four hours in the van?	3%	9%
21	Were you treated well/very well by the escort staff?	58%	75%
22a	Did you know where you were going when you left court or when transferred from another establishment?	84%	81%
22b	Before you arrived here did you receive any written information about what would happen to you?	0%	13%
22c	When you first arrived here did your property arrive at the same time as you?	67%	80%

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<b>SECTION 3: Reception, first night and induction</b>			
24a	Did you have any problems when you first arrived?	90%	82%
24b	Did you have any problems with loss of transferred property when you first arrived?	5%	7%
24c	Did you have any housing problems when you first arrived?	26%	28%
24d	Did you have any problems contacting employers when you first arrived?	3%	3%
24e	Did you have any problems contacting family when you first arrived?	13%	23
24f	Did you have any problems ensuring dependents were being looked after when you first arrived?	13%	8%
24g	Did you have any money worries when you first arrived?	21%	26%
24h	Did you have any problems with feeling depressed or suicidal when you first arrived?	63%	33%
24i	Did you have any drug problems when you first arrived?	32%	44%
24j	Did you have any alcohol problems when you first arrived?	40%	14%
24k	Did you have any health problems when you first arrived?	37%	33%
24l	Did you have any problems with needing protection from other prisoners when you first arrived?	16%	4%
25a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?	13%	
25b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?	22%	
25c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?	0%	
25d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?	52%	
25e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?	11%	
25f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?	24%	
25g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?	36%	
25h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?	18%	
25i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?	32%	
25j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?	50%	
25k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?	17%	
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?	84%	94%
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	51%	77%
27	Were you treated well/very well in reception?	64%	69%
28a	Did you receive a reception pack on your day of arrival?	38%	80%
28b	Did you receive information about what was going to happen here on your day of arrival?	16%	46%
28c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?	5%	49%
28d	Did you have the opportunity to have a shower on your day of arrival?	65%	45%

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<b>SECTION 3: Reception, first night and induction continued</b>			
28e	Did you get the opportunity to have a free telephone call on your day of arrival?	41%	66%
28f	Did you get information about routine requests on your day of arrival?	11%	33%
28g	Did you get something to eat on your day of arrival?	57%	85%
28h	Did you get information about visits on your day of arrival?	27%	42%
29a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?	34%	50%
29b	Did you have access to someone from healthcare within the first 24 hours?	71%	73%
29c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?	5%	33%
29d	Did you have access to the prison shop/canteen within the first 24 hours?	34%	14%
30	Did you feel safe on your first night here?	42%	72%
31	Did you go on an induction course within the first week?	32%	59%
32	Did the induction course cover everything you needed to know about the prison?	33%	52%
33	Did you receive a 'basic skills' assessment within the first week?	16%	
<b>SECTION 4: Legal Rights and Respectful Custody</b>			
35a	Is it very easy/easy to communicate with your solicitor or legal representative?	64%	
35b	Is it very easy/easy for you to attend legal visits?	65%	
35c	Is it very easy/easy for you to obtain bail information?	31%	
36	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	76%	45%
37a	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	65%	56%
37b	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	95%	79%
37c	Please answer the following question about the wing/unit you are currently on: do you normally receive clean sheets every week?	67%	86%
37d	Please answer the following question about the wing/unit you are currently on: do you normally get cell cleaning materials every week?	87%	73%
36e	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	30%	39%
37f	Please answer the following question about the wing/unit you are currently on: is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	54%	56%
37g	Please answer the following question about the wing/unit you are currently on: can you normally get your stored property, if you need to?	47%	28%
37h	Please answer the following question about the wing/unit you are currently on: can you normally get access to free sanitary products whenever you need them?	94%	90%
38	Is the food in this prison good/very good?	8%	26%
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	42%
40a	Is it easy/very easy to get a complaints form?	90%	81%
40b	Is it easy/very easy to get an application form?	73%	85%
41a	Do you feel applications are sorted out fairly?	20%	41%
41b	Do you feel your applications are sorted out promptly?	30%	50%
41c	Do you feel complaints are sorted out fairly?	17%	37%
41d	Do you feel complaints are sorted out promptly?	24%	40%
41e	Are you given information about how to make an appeal?	25%	38%
42	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	49%	13%

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<b>43</b>	Do you know how to apply to the Prisons and Probation Ombudsman?	<b>78%</b>	<b>31%</b>

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<b>SECTION 4: Legal Rights and Respectful Custody continued</b>			
44	Is it easy/very easy to contact the Independent Monitoring Board?	38%	32%
45	Are you on the enhanced (top) level of the IEP scheme?	46%	26%
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	60%	49%
47a	In the last six months have any members of staff physically restrained you (C & R)?	8%	7%
47b	In the last six months have you spent a night in the segregation/care and separation unit?	18%	8%
48a	Do you feel your religious beliefs are respected?	78%	62%
49b	Are you able to speak to a religious leader of your faith in private if you want to?	84%	63%
50	Are you able to speak to a Listener at any time, if you want to?	30%	70%
51a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	79%	74%
51b	Do <b>most</b> staff, in this prison, treat you with respect?	66%	72%
<b>SECTION 5: Safety</b>			
52	Have you ever felt unsafe in this prison?	59%	36%
53	Do you feel unsafe in this establishment at the moment?	21%	
55	Have you been victimised (insulted or assaulted) by another prisoner?	47%	26%
56a	Have you had insulting remarks made about you, your family or friends since you have been here? (By prisoners)	35%	16%
56b	Have you been hit, kicked or assaulted since you have been here? (By prisoners)	11%	5%
56c	Have you been sexually abused since you have been here? (By prisoners)	8%	1%
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	5%
56e	Have you been victimised because of drugs since you have been here? (By prisoners)	3%	4%
56f	Have you ever had your canteen/property taken since you have been here? (By prisoners)	8%	7%
56g	Have you ever been victimised because you were new here? (By prisoners)	11%	8%
56h	Have you ever been victimised because of your sexuality? (By prisoners)	8%	
56i	Have you ever been victimised because you have a disability? (By prisoners)	3%	
56j	Have you ever been victimised because of your religion/religious beliefs? (By prisoners)	3%	
56k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)	11%	4%
57	Have you been victimised (insulted or assaulted) by a member of staff?	39%	20%
58a	Have you had insulting remarks made about you, your family or friends since you have been here? (By staff)	26%	11%
58b	Have you been hit, kicked or assaulted since you have been here? (By staff)	8%	2%
58c	Have you been sexually abused since you have been here? (By staff)	8%	1%
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	5%	1%
58e	Have you been victimised because of drugs since you have been here? (By staff)	8%	4%
58f	Have you ever been victimised because you were new here? (By staff)	13%	3%
58g	Have you ever been victimised because of your sexuality? (By staff)	8%	
58h	Have you ever been victimised because you have a disability? (By staff)	5%	
58i	Have you ever been victimised because of your religion/religious beliefs? (By staff)	5%	

## Key to tables

	Any percent highlighted in green is significantly better than the women local prisons comparator	HMP Hydebank Wood 2007	Women LOCALS comparator
	Any percent highlighted in blue is significantly worse than the women local prisons comparator		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 5: Safety continued</b>			
58j	Have you ever been victimised because you were from a different part of the country than others since you have been here? (By staff)	13%	1%
59	Did you report any victimisation that you have experienced?	43%	13%
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	41%	37%
61	Have you ever felt threatened or intimidated by a member of staff in here?	38%	17%
62	Is it very easy/easy to get illegal drugs in this prison?	27%	23%
<b>SECTION 6: Healthcare</b>			
64	Do you think the overall quality of the healthcare is good/very good?	11%	34%
65a	Is it very easy/easy to see the doctor?	24%	
65b	Is it very easy/easy to see the nurse?	50%	
65c	Is it very easy/easy to see the dentist?	26%	
65d	Is it very easy/easy to see the optician?	14%	
65e	Is it very easy/easy to see the pharmacist?	9%	
66a	Do you think the quality of healthcare from the doctor is good/very good?	36%	40%
66b	Do you think the quality of healthcare from the nurse is good/very good?	29%	55%
66c	Do you think the quality of healthcare from the dentist is good/very good?	42%	23%
66d	Do you think the quality of healthcare from the optician is good/very good?	23%	13%
66e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?	7%	36%
67	Are you currently taking medication?	80%	
68	Are you allowed to keep possession of your medication in your own cell?	53%	
<b>SECTION 7: Purposeful Activity</b>			
70a	Do you feel your job will help you on release?	40%	35%
70b	Do you feel your vocational or skills training will help you on release?	36%	32%
70c	Do you feel your education (including basic skills) will help you on release?	52%	43%
70d	Do you feel your offending behaviour programmes will help you on release?	30%	23%
70e	Do you feel your drug or alcohol programmes will help you on release?	38%	34%
71	Do you go to the library at least once a week?	8%	36%
72	Can you get access to a newspaper every day?	74%	33%
73	On average, do you go to the gym at least twice a week?	46%	27%
74	On average, do you go outside for exercise three or more times a week?	30%	42%
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	14%	18%
76	On average, do you go on association more than five times each week?	50%	49%
77	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	46%	26%

### Key to tables

	Any percent highlighted in green is significantly better than the women local prisons comparator	HMP Hydebank Wood 2007	Women LOCALS comparator
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<b>SECTION 8: Resettlement</b>			
79	Did you first meet your personal officer in the first week?	20%	26%
80	Do you think your personal officer is helpful/very helpful?	23%	40%
81	Do you have a sentence plan?	22%	26%
82	Were you involved/very involved in the development of your sentence plan?	14%	18%
83	Can you achieve all or some of your sentence plan targets in this prison?	16%	
84	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	6%	
85	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?	40%	
86	Do you feel that any member of staff has helped you to prepare for release?	25%	
87	Have you had any problems with sending or receiving mail?	47%	36%
88	Have you had any problems getting access to the telephones?	30%	31%
89	Did you have a visit in the first week that you were here?	62%	38%
90	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	72%	71%
91	Did you receive five or more visits in the last week?	0%	
92a	Do you think you will have a problem maintaining and/ or avoiding relationships following your release from this prison?	47%	
92b	Do you think you will have a problem with finding a job following your release from this prison?	71%	
92c	Do you think you will have a problem with finding accommodation following your release from this prison?	46%	
92d	Do you think you will have a problem with money and finances following your release from this prison?	70%	
92e	Do you think you will have a problem with claiming benefits following your release from this prison?	71%	
92f	Do you think you will have a problem with arranging a place a place at college or continuing education following your release from this prison?	44%	
92g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?	27%	
92h	Do you think you will have a problem with accessing healthcare services following your release from this prison?	40%	
92i	Do you think you will have a problem with opening a bank account following your release from this prison?	30%	

### Key to tables

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<b>SECTION 8: Resettlement continued</b>			
<b>93a</b>	Do you think you will have a problem with drugs when you leave this prison?	29%	24%
<b>93b</b>	Do you think you will have a problem with alcohol when you leave this prison?	38%	14%
<b>94a</b>	Do you know who to contact, within this prison, to get help with finding a job on release?	34%	49%
<b>94b</b>	Do you know who to contact, within this prison, to get help with finding accommodation on release?	59%	59%
<b>94c</b>	Do you know who to contact, within this prison, to get help with your finances in preparation for release?	42%	45%
<b>94d</b>	Do you know who to contact, within this prison, to get help with claiming benefits on release?	52%	58%
<b>94e</b>	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?	38%	44%
<b>94f</b>	Do you know who to contact within this prison to get help with external drugs courses etc	55%	57%
<b>94g</b>	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?	46%	47%
<b>94h</b>	Do you know who to contact, within this prison, to get help with opening a bank account on release?	41%	
<b>95</b>	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	29%	35%



**Prisoner Survey Responses** (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

**Key to tables**

		Catholic Prisoners	Protestant Prisoners
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>15</b>	<b>18</b>
<b>4</b>	Are you sentenced? <b>(Not tested for significance)</b>	47%	72%
<b>10</b>	Are you a foreign national? <b>(Not tested for significance)</b>	13%	6%
<b>11</b>	Is English your first language? <b>(Not tested for significance)</b>	100%	100%
<b>12</b>	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories. <b>(Not tested for significance)</b>	0%	0%
<b>17</b>	Is this your first time in prison? <b>(Not tested for significance)</b>	29%	47%
<b>21</b>	Were you treated well/very well by the escort staff?	53%	50%
<b>22a</b>	Did you know where you were going when you left court or when transferred from another establishment?	79%	88%
<b>24</b>	Did you have any problems when you first arrived?	93%	89%
<b>26a</b>	Please answer the following question about reception: were you seen by a member of healthcare staff?	86%	82%
<b>26b</b>	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?	36%	63%
<b>27</b>	Were you treated well/very well in reception?	60%	71%
<b>30</b>	Did you feel safe on your first night here?	43%	41%
<b>31</b>	Did you go on an induction course within the first week?	36%	29%
<b>35a</b>	Is it very easy/easy to communicate with your solicitor or legal representative?	62%	63%
<b>37a</b>	Please answer the following question about the wing/unit you are currently on: are you normally offered enough clean, suitable clothes for the week?	73%	63%
<b>37b</b>	Please answer the following question about the wing/unit you are currently on: are you normally able to have a shower every day?	100%	94%
<b>37e</b>	Please answer the following question about the wing/unit you are currently on: is your cell call bell normally answered within five minutes?	36%	38%
<b>38</b>	Is the food in this prison good/very good?	13%	0%
<b>39</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	43%	56%
<b>40a</b>	Is it easy/very easy to get a complaints form?	93%	88%
<b>40b</b>	Is it easy/very easy to get an application form?	77%	71%
<b>41a</b>	Do you feel applications are sorted out fairly?	14%	27%

## Key to tables

		Catholic Prisoners	Protestant Prisoners
	Any percent highlighted in green is significantly better		
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41c	Do you feel complaints are sorted out fairly?	0%	29%
45	Are you on the enhanced (top) level of the IEP scheme?	47%	50%
46	Do you feel you have been treated fairly in your experience of the IEP scheme?	53%	53%
47a	In the last six months have any members of staff physically restrained you (C & R)?	21%	0%
47b	In the last six months have you spent a night in the segregation/care and separation unit?	42%	7%
48a	Do you feel your religious beliefs are respected?	86%	80%
48b	Are you able to speak to a religious leader of your faith in private if you want to?	93%	88%
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?	73%	94%
50b	Do <b>most</b> staff, in this prison, treat you with respect?	53%	81%
52	Have you ever felt unsafe in this prison?	47%	65%
53	Do you feel unsafe in this establishment at the moment?	0%	31%
55	Have you been victimised (insulted or assaulted) by another prisoner?	46%	53%
56d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	6%
56j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	6%
57	Have you been victimised (insulted or assaulted) by a member of staff?	40%	35%
58d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	7%	6%
58i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	12%
60	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	33%	53%
61	Have you ever felt threatened or intimidated by a member of staff in here?	50%	31%
62	Is it very easy/easy to get illegal drugs in this prison?	43%	19%
64	Do you think the overall quality of the healthcare is good/very good?	8%	18%
65a	Is it very easy/easy to see the doctor?	15%	29%
65b	Is it very easy/easy to see the nurse?	42%	56%
70a	Do you feel your job will help you on release?	39%	53%
70b	Do you feel your vocational or skills training will help you on release?	27%	43%
70c	Do you feel your education (including basic skills) will help you on release?	55%	62%

## Key to tables

	Any percent highlighted in green is significantly better	Catholic Prisoners	Protestant Prisoners
	Any percent highlighted in blue is significantly worse		
	Percentages which are not highlighted show there is no significant difference		
70d	Do you feel your offending behaviour programmes will help you on release?	23%	43%
70e	Do you feel your drug or alcohol programmes will help you on release?	43%	36%
71	Do you go to the library at least once a week?	13%	0%
73	On average, do you go to the gym at least twice a week?	53%	38%
75	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	0%	27%
76	On average, do you go on association more than five times each week?	53%	53%
77	Do staff normally speak to you at least most of the time during association time (most/all of the time)	60%	44%
79	Did you first meet your personal officer in the first week?	36%	14%
81	Do you have a sentence plan?	7%	38%
91	Have you had any problems with sending or receiving mail?	43%	50%
92	Have you had any problems getting access to the telephones?	57%	13%
94	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	62%	75%
99	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	23%	40%