



REPORT ON AN UNANNOUNCED
INSPECTION OF

ASH HOUSE WOMEN'S PRISON HYDEBANK WOOD

23–24 OCTOBER &
4–7 NOVEMBER 2019

SUMMARY

JUNE 2020



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The Regulation and
Quality Improvement
Authority



REPORT ON AN UNANNOUNCED INSPECTION OF **ASH HOUSE WOMEN'S PRISON HYDEBANK WOOD**

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4–7 NOVEMBER 2019

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

Laid before the Northern Ireland Assembly under Section 49(2) of the Justice (Northern Ireland) Act 2002 (as amended by paragraph 7(2) of Schedule 13 to The Northern Ireland Act 1998 (Devolution of Policing and Justice Functions) Order 2010) by the Department of Justice.

JUNE 2020





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

LIST OF ABBREVIATIONS

ACE	Assessment, Case management and Evaluation
AD:EPT	Alcohol and Drugs: Empowering People through Therapy
Belfast Met	Belfast Metropolitan College
CAB	Challenging Antisocial Behaviour
CER	Conditional Early Release
CJI	Criminal Justice Inspection Northern Ireland
DoJ	Department of Justice
EAT	Equality Action Team
ESOL	English for Speakers of Other Languages
ETI	Education and Training Inspectorate
GP	General Practitioner
HMIP	Her Majesty's Inspectorate of Prisons in England and Wales
ICT	Information and Communication Technology
IMB	Independent Monitoring Board
MDT	Mandatory Drug Test
NIPS	Northern Ireland Prison Service
NMC	Nursing and Midwifery Council
NPM	National Preventive Mechanism
OPCAT	Optional Protocol to the UN Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
PDP	Prisoner Development Plan
PDU	Prisoner Development Unit
PE	Physical Education
PECCS	Prisoner Escort and Court Custody Service
PPANI	Public Protection Arrangements Northern Ireland
PREPs	Progressive Regime and Earned Privileges scheme
PRISM	Prison Record Information System Management (computer system used by NIPS)
PSNI	Police Service of Northern Ireland
ROTL	Release on Temporary Licence
RQIA	Regulation and Quality Improvement Authority
SEHSCT	South Eastern Health and Social Care Trust
SPAR	Supporting Prisoners At Risk

CHIEF INSPECTORS' FOREWORD

Ash House is the only women's prison in Northern Ireland. It is a stand-alone unit situated within the campus of Hydebank Wood Secure College, Belfast. It is no exaggeration that over the last seven years Ash House has made remarkable progress against the healthy prisons tests.

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

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

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

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

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

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

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

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

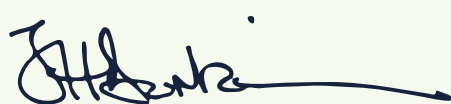
We found Ash House to be a respectful establishment, with the positive relationships between prisoners and staff a particular strength. It was notable that staff did not wear Prison Officer uniforms, and that relationships were conducted on a first name basis. However, this did not in any way compromise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

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

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

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

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



Jacqui Durkin

Chief Inspector of Criminal Justice
in Northern Ireland

June 2020



Peter Clarke CVO OBE QPM

HM Chief Inspector of Prisons
in England and Wales

June 2020



FACT PAGE

Task of the establishment

Ash House accommodates all Northern Ireland's female prisoners.

Certified normal accommodation (CNA) and operational capacity¹

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

Prison status (public or private) and key providers

Public

 South Eastern Health and Social Care Trust

Physical health provider

Mental health provider



Prison education framework provider

 South Eastern Health and Social Care Trust



Substance use treatment providers

NORTHERN IRELAND

PRISON SERVICE

Prisoner Escort and Court Custody Service

Escort contractor

Prison Department



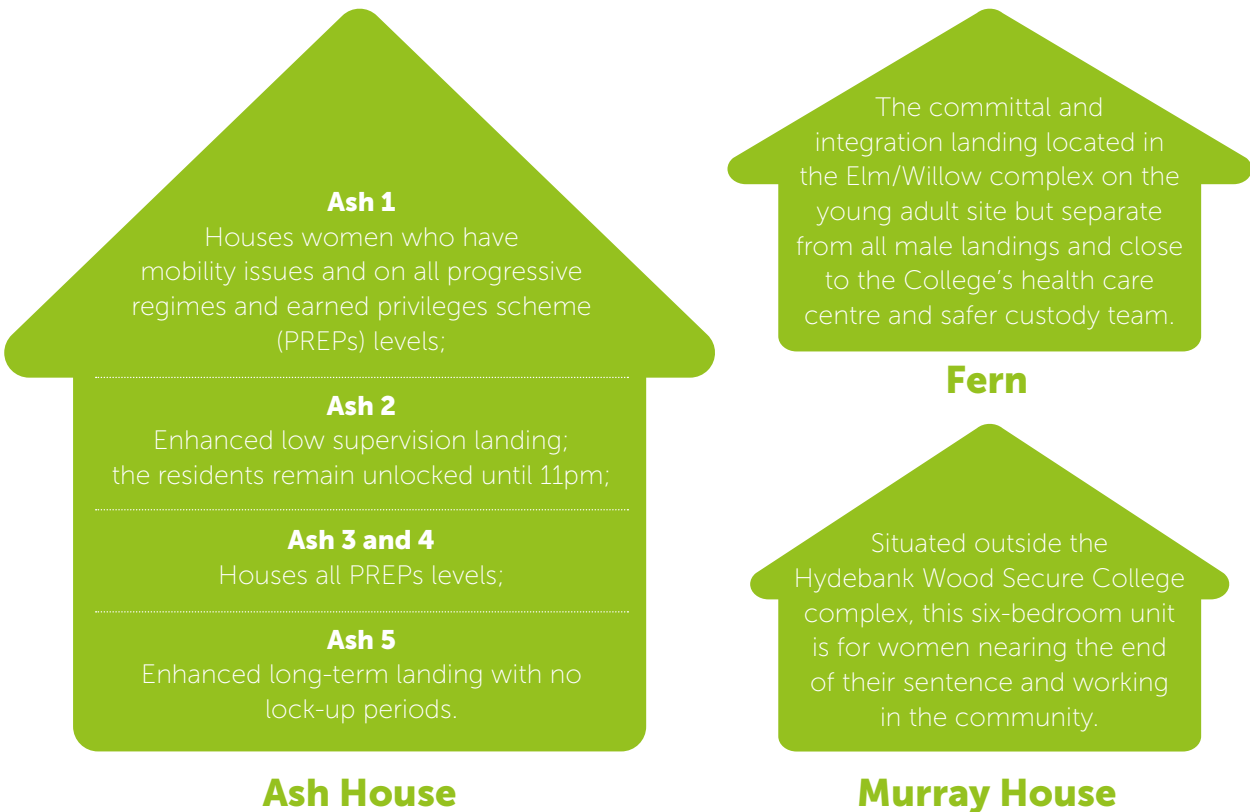
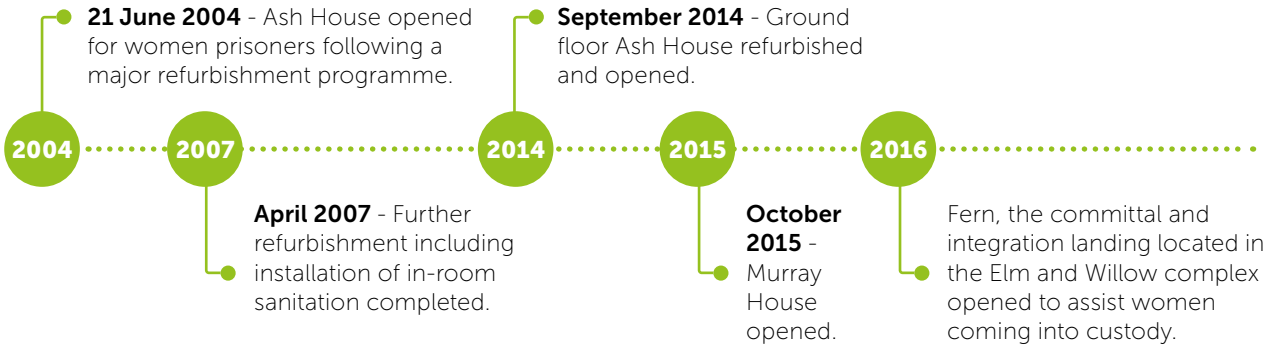
Date of last inspection

See page 7.

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

Brief history

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



Name of governor and date in post

Gary Milling, April 2018.

Independent Monitoring Board (IMB) chair

Hazel Patton.

Date of last inspection

9-19 May 2016.

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

ABOUT THIS INSPECTION AND REPORT



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

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

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

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

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

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

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

The 2010 *'Bangkok Rules'* set out internationally agreed standards that should govern the treatment of women in prison. Since September 2014, HMIP has had *Expectations* which specifically addresses the outcomes expected for women in prison which are underpinned by human rights treaties and standards, including the Bangkok Rules.

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

- **Outcomes for women are good.**

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

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

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

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

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

- **Outcomes for women are poor.**

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

Our assessments might result in one of the following:

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

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

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

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

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

THIS REPORT

This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four chapters each containing a detailed account of our findings against our *Expectations: Criteria for assessing the treatment of and conditions for women in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last (2016) inspection report. Chapter 5 collates all recommendations and examples of good practice arising from the inspection.

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

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

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

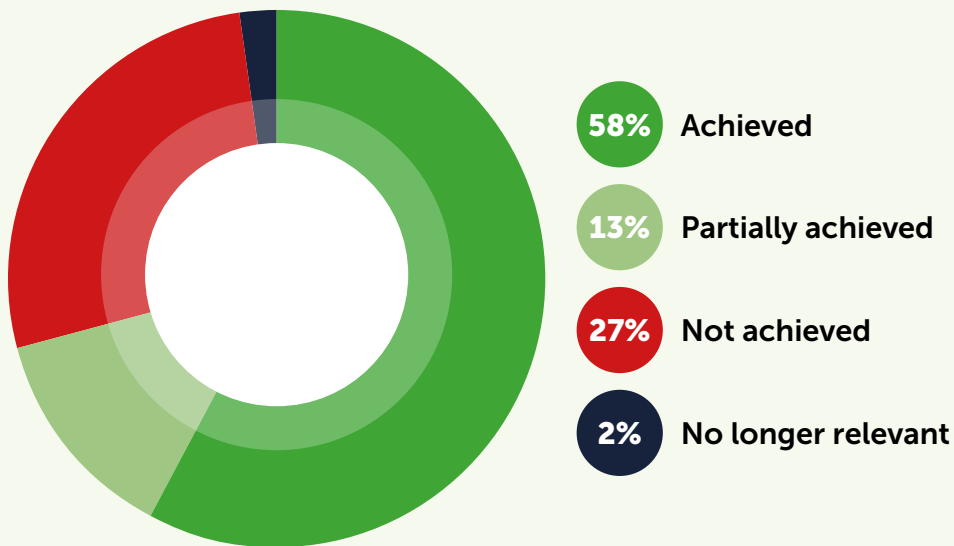
² The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

EXECUTIVE SUMMARY

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

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

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



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

Figure 2: Ash House healthy prison outcomes 2016 and 2019



SAFETY

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

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

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

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

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

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

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

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

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

RESPECT

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

Outcomes for women were good against this healthy prison test.

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

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

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

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

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

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

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

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

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

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

PURPOSEFUL ACTIVITY

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

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

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

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

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

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

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

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

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

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

RESETTLEMENT

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

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

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

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

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

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

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

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

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

Key concerns and recommendations

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

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

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

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

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

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



First published in Northern Ireland in June 2020 by

**Criminal Justice Inspection
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