

Report on an announced inspection of

HMP Askham Grange

29 September – 3 October 2008

by HM Chief Inspector of Prisons

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Introduction

Askham Grange, near York, is one of two women's open prisons, holding around 100 women who are close to release, in some cases after having served long sentences. It has always had positive inspection reports, but on this occasion its performance can best be described as outstanding. It is the only adult prison which we have assessed as performing well across each of our four tests of safety, respect, purposeful activity and resettlement.

Those assessments reflect an establishment that is doing a great deal more than simply meeting targets, or going through the correct processes. We found staff and managers committed to working positively and innovatively with each individual woman prisoner, and equally we spoke to women who said that their stay at Askham had given them confidence and self-esteem that they had previously lacked.

Open prisons are, in general, safe environments. At Askham Grange, there was little evidence of bullying, in spite of the fact that women lived in cramped dormitories, and incidents of self-harm were rare, even among women who had self-harmed previously in other prisons. Relationships between women, and between women prisoners and staff, were supportive: 97% of respondents to our survey said that they had a staff member they could turn to for support.

Though the needs of most women were met, more attention was needed to diversity issues, particularly the support of women with disabilities and the under-representation of black and minority ethnic women in the prison. The mother and baby unit remained a very good environment, with an excellent nursery, though the unit itself would benefit from more direct involvement of childcare professionals in its management. While healthcare provision was good, it needed to be better integrated into the prison as a whole and it was disappointing that women prisoners found that some of the nursing staff lacked the positive approach of the rest of the establishment.

There were sufficient activities for all women, and the education provision was assessed as of outstanding quality. Most women were enthusiastic about the value of their participation in education and training, and many were keen to continue it outside. It was also commendable that a number of programmes designed to improve personal and social skills and raise self-esteem were provided. Most work within the prison led to vocational qualifications, and over 40 women were able to work out in the community, in paid or voluntary work.

All areas of resettlement were well covered, though the strategy did not identify the needs of specific groups of prisoners, such as young adults and women reaching the end of life sentences. Sentence planning was effective, as was reintegration planning, with the help of community organisations and peer supporters. Family support work was particularly good, and women approaching release had the opportunity for overnight visits with their families.

Open prisons, despite their relatively compliant population, are not always positive and supportive environments: too often they are merely waiting rooms on the way to release. Askham Grange was far from that: it provided a holistic and individualised approach to managing the transition from custody back to the community. This is a credit to its staff and

managers. It is also a message to the prison system about the kind of establishment and the kind of approach that most benefit prisoners, particularly women prisoners.

Anne Owers
HM Chief Inspector of Prisons

January 2008

Fact page

Task of the establishment

Open establishment operating a resettlement regime for women and young adult females. It is also able to provide accommodation and care for up to 10 mothers and babies.

Brief history

The original manor house that forms the centre of the prison was built as a private residence in 1846, was leased to the former Prison Commissioners in 1946 and sold to them in 1950. Askham Grange has operated as a female establishment ever since.

Area organisation

Yorkshire and Humberside.

Number held

93

Operational capacity

128

Last full inspection

March 2004

Description of residential units

The main house has one single room, eight two-bed, six three-bed, seven four-bed, three five-bed and three six-bed dormitories.

The mother and baby unit is all single accommodation.

The annex accommodates women on stage two of the resettlement scheme in 17 single rooms and three shared rooms. Five rooms are on the upper floor and 15 on the lower level.

Healthy prison summary

Introduction

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:

Safety	prisoners, even the most vulnerable, are held safely
Respect	prisoners are treated with respect for their human dignity
Purposeful activity	prisoners are able, and expected, to engage in activity that is likely to benefit them
Resettlement	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, which need to be addressed by the National Offender Management Service.

... 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.

Safety

HP3 Women were well supported on arrival and received a helpful induction. Askham Grange was a fundamentally safe place and there were no significant issues of bullying or self-harm. Disciplinary measures were fair and proportionate and there

was no use of force or segregation. Drugs were not a major problem and this was reflected in a relatively low random mandatory drug test rate. The prison was performing well against this healthy prison test.

- HP4 When possible, the prison made good efforts to bring women to Askham Grange using its own transport, but most women arrived locked in cellular vehicles, which was inappropriate for a transfer to open conditions. Women found the vans uncomfortable and many said they had not been offered toilet breaks.
- HP5 New arrivals were treated well in reception and offered a free telephone call. Almost all in our survey said that they had felt safe on their first night. Good and welcome support was provided by prisoner buddies. All women attended a well delivered induction talk the day after their arrival and were generally positive about the induction process.
- HP6 The prison was fundamentally a safe place and this was confirmed by a number of indicators, including our own survey, a recent measuring the quality of prison life survey and the prison's own internal survey. There had been only nine identified incidents of suspected bullying identified to date in 2008 and these involved relatively minor matters usually associated with the problems of living together in dormitories. The quality of monitoring could have been better, but incidents were mainly well investigated and some were appropriately resolved through group meetings or by short periods of monitoring. Safer custody meetings covering violence reduction, anti-bullying and suicide and self-harm issues were held quarterly. This was appropriate for the context of the prison, but meetings were not always well attended.
- HP7 Incidents of self-harm were rare and there had been only two in the previous year. Eleven assessment and monitoring documents had been opened for seven women in the previous year, usually only for a very short time. Only one woman had been returned to closed conditions for more intensive supervision. Assessments and daily entries in monitoring documents demonstrated a good level of care. Reviews were satisfactory and usually included healthcare as well as residential staff. There were appropriate resources to support women with personal anxieties, including a counselling service with only a short waiting list and some complementary therapies. More general safety was enhanced by the relaxed environment, largely supportive relationships between prisoners and staff and the good level of activity.
- HP8 The security arrangements and application of the rules were appropriate to the prison's function. Women signed a number of compacts and understood what was expected of them. There was no evidence that rules were inconsistently or unfairly applied. Good relationships and engagement with prisoners helped to provide good dynamic security. Security information reports were usually about minor matters, but were nevertheless well collated and evaluated. There was no routine strip searching and out of 18 targeted strip searches since 2007, there had been only one find of money.
- HP9 Most women were largely compliant and well motivated. There were few formal disciplinary charges, with only two a week on average. Minor breaches of rules were appropriately dealt with through informal warnings or the incentives and earned privileges scheme. The records of adjudications indicated that hearings were generally conducted fairly and punishments were reasonable and appropriate, but one or two guilty verdicts seemed a little dubious based on the written record. There was no use of force or segregation.

HP10 The year-to-date random mandatory drug level was 3% and women did not report widespread drug use or availability. Women who tested positive were referred to the drug service for support and their case was discussed at a risk assessment board, but they were not automatically transferred to closed conditions. In a welcome development, women could now continue methadone treatment at Askham Grange.

Respect

HP11 Staff-prisoner relationships were very good and women felt well supported. Dormitories were cramped and lacked privacy, but otherwise living conditions were good. Women could attend religious services in the community. Race relations were good, but not enough attention was paid to wider diversity issues or to meet the needs of women with disabilities. Applications and complaints were well managed. The mother and baby unit provided good care. Health services were mostly good. The prison was performing well against this healthy prison test.

HP12 Relationships were mostly very positive, both in practical and emotional support. In our survey, 89% said most staff treated them with respect and 97% that they had a member of staff who would help them if they had a problem. These responses were significantly higher than other similar women's prisons. Personal officer work was generally good and personal officers invariably introduced themselves to women. Although there were occasional gaps in entries, most files contained monthly personal officer reports based on a helpful pro forma that covered sentence plan targets and other relevant factors, although not family contact. An electronic history sheet had been introduced and helped people add entries wherever they were in the prison.

HP13 The communal area and grounds were attractive and well kept and all areas of the prison were clean. However, dormitories were cramped with little personal space and many mattresses were too narrow for the bed. There was no suitable accommodation for those with mobility difficulties or other physical disabilities. Women had good access to laundry and showering and bathing facilities.

HP14 Women could attend religious services in the community and a general Christian service was also held once a week. The chaplains were well known to the women and well integrated into the life of the prison.

HP15 Seventy-nine percent of women in our survey said that the food was good or very good, but there were no opportunities to self-cater. Women were dissatisfied with the range and prices of shop products. There was little direct consultation with black and minority ethnic women about the food or the shop and more diversity of provision was needed.

HP16 All applications were recorded, tracked and answered promptly and women were positive about how they were handled. Replies to complaints were prompt, respectful and answered the points raised. Complaints were well monitored by senior managers for trends and quality. Women were well aware of the role of the Independent Monitoring Board.

HP17 The diversity and race policy was up to date, but did not include minority groups such as older women or address issues of sexuality. There were no support groups or

consultation forums for minority groups. A good range of diversity events took place most months, including some cultural outings. There were no formal support plans for women with disabilities and more attention was needed to ensure their needs were identified, assessed and met.

- HP18 Race relations appeared positive and black and minority ethnic women raised no significant issues or concerns other than the lack of diversity of food and shop products. The few racist incidents were appropriately managed and subject to independent scrutiny. However, there were no black and minority ethnic staff and general awareness of race and diversity issues was mixed. A third of staff had received no diversity training. The monthly race equality meeting also covered diversity and foreign national issues and usually only one or two of the prisoner representatives from a pool of four were able to attend. The number of black and minority ethnic women was low even taking into account their relatively low representation in feeder prisons.
- HP19 A good foreign national prisoner policy outlined how the needs of foreign national women would be met. In practice, very few foreign national women were sent to Askham Grange, especially those with any language problems or immigration issues. The small numbers meant that their specific needs were appropriately dealt with individually.
- HP20 The mother and baby unit policy reflected national guidance, but did not outline the specific local arrangements. The unit was a safe and stimulating environment for babies, but staffed by prison officers in uniform, which did not reflect its child-centred ethos. Childcare professionals were involved, but were not responsible for the day-to-day running of the unit. Mothers could not prepare meals for their babies, which undermined the development of normal parenting skills and responsibility. There were good care plans for babies and mothers, with frequent reviews involving a multidisciplinary team. Visits arrangements supported the involvement of co-parents and other family members. A well-equipped nursery also provided some good support for mothers and opportunities for babies to take part in external community activities.
- HP21 Health services had links with and support from North Yorkshire and York Primary Care Trust. The healthcare building was bright, clean and welcoming and staffing levels were adequate. There was a vacancy for a registered mental health nurse, but there was a good psychiatrist service. Most women were satisfied with health services and some were very complimentary, but some nurses were said to be dismissive or patronising. A wide range of nurse-led clinics generally met the needs of the women. Provision for pregnant women was good. A full dental service was provided at a community dental surgery. Health promotion was good, with an excellent initiative inviting women to attend weekend wellbeing sessions. All women over 50 were seen by a nurse with specific responsibility for older women and given an additional screening assessment.

Purposeful activity

HP22 Women had sufficient time out of their rooms. There were enough activities for all women and education provision was very good. Most work in the prison was accredited and there were some reasonable outside work opportunities. The library provided a good service and was well used. Appropriate physical education activities and training opportunities were provided in the gym. The prison was performing well against this healthy prison test.

HP23 Women were generally required to be in their rooms by 11pm, which was not an issue for most. In the evenings, there was a reasonable range of activities, including some evening education classes.

HP24 The quality of education and training was very good and learning and skills were well managed, with a clear strategy and a good range of provision. Many women were enthusiastic about the education and training opportunities and a high proportion in our survey said that the education and skills training they had received at Askham Grange would help them on release. Classroom attendance and punctuality were good. Women were effectively supported by the information, advice and guidance service and good quality teaching meant that they achieved well in all courses and developed personal and social skills. There was promotion of equality in education and no pay disincentives.

HP25 There were sufficient activity and work places to meet the needs of the population. Allocation to work was done fairly. Most work in the prison led to some externally recognised qualification, such as in horticulture, kitchens, library and the gym, and plans to offer cleaning qualifications were well advanced. Over 40 women were in paid work or engaged in voluntary placements in the community. The range and quality of these had improved, but there was a need to link all placements to identified targets so that women were clear about the purpose and what they were expected to achieve. Transport arrangements for women returning from outside placements, particularly after dark, were unsatisfactory.

HP26 The library was well used and over 80% of women in our survey said that they visited at least once a week. The library was well stocked and well organised with a range of fiction, non-fiction and other materials, including legal and Prison Service information, but no internet access. Library orderlies received appropriate accredited training.

HP27 Physical education facilities were good and a better focus on appropriate programmes had markedly increased the participation rate. Women gained good qualifications in fitness training and qualified orderlies ran exercise classes and some gym activities.

Resettlement

HP28 There was an appropriate pathway-based resettlement strategy, but the needs of specific groups were not separately identified. Offender management and sentence planning arrangements worked well. Reintegration services were good, as was

support for women with substance use problems. Some excellent family support work took place. The prison was performing well against this healthy prison test.

- HP29 There was an appropriate up-to-date resettlement and reducing re-offending strategy informed by a needs analysis, but it did not explicitly state the needs of particular groups such as young adults and lifers, or the role of voluntary sector partners. There were identified owners of individual resettlement pathways, but no specific action plans for each of them. The strategy was overseen by a well-attended pathways and interventions meeting.
- HP30 Sentence planning arrangements were very good. All women were managed using the offender management model, with an allocated offender supervisor and an initial sentence planning board shortly after arrival. Short-term prisoners were set targets at initial boards, with the main focus on pathways interventions overseen by staff in the pathways department. Probation staff operated as offender supervisors and trained prison officers completed offender assessment system assessments for those not covered by formal offender management arrangements. Only seven women were formally in scope. Their cases were well managed and they had frequent contact with their supervisors.
- HP31 All activities were linked to sentence planning through well-run offender management boards that also covered public protection arrangements, with individual case conferences when necessary. Although some women found the board process a little intimidating, efforts were made to put them at their ease. Release on temporary licence was well used for resettlement purposes and virtually all applications for home detention curfew were approved.
- HP32 There were nine women serving life sentences. Two specific events for lifers had taken place during the previous year, including a useful session with staff from the headquarters' early release section and an open event for potential lifer residents and staff from other establishments. Most lifer reports were up to date, but there were some delays with full psychologist assessments required by the Parole Board. We questioned the need for such detailed reports for women at this stage of their sentence.
- HP33 Reintegration services were good, including an effective accommodation service run by a trained staff member and one trained peer adviser. Virtually no women left without accommodation. Some good links had been established with the ClearSprings service to provide accommodation for home detention curfew and women with babies. Finance issues were dealt with individually. Money management courses were run and women were helped to open bank accounts and to apply for benefits and grants.
- HP34 Offending behaviour programmes were not routinely run in the prison, but North Yorkshire probation staff occasionally delivered the think first programme and women could attend community-based programmes. Probation staff provided some individual victim awareness work. Women were very enthusiastic about the motivational support that they received in education and the value of personal development courses.
- HP35 There were relatively few telephones for the number of women and they could not be used in private. Restrictions on when they could be used were unnecessary. An excellent incoming call facility helped women to keep in touch with their children. Women were very positive about visits, which took place at weekends. However, it

was unfair that women who did not have visitors were confined to the house during visits times. All women were seen individually at induction by a family support worker and some very good family work took place, including the use of a house in the prison grounds for overnight visits with family members and an accredited family learning programme. Children's visits were very well arranged and release on temporary licence was also well used to help women maintain family contact.

- HP36 The drug strategy was up to date, but would have benefited from targets against which to measure performance. There was also an alcohol policy and a dedicated alcohol service was about to begin to deal with some identified need. Monthly strategy meetings were well led and well attended and included local drug and alcohol action team representatives. There was an appropriate range of support for women with substance use problems and women were positive about the help that they received. Drug workers were well integrated in the prison and good throughcare links had been established, with women able to attend drug service appointments in the community.

Main recommendations

- HP37 The needs of women with disabilities should be effectively identified on arrival and ongoing support should be put in place to cover all aspects of their lives with regularly reviewed care plans.
- HP38 Allocation arrangements to Askham Grange should be examined and monitored over time to ensure equality and an appropriate representation of black and minority ethnic women.
- HP39 More effective communication and interaction between healthcare and the other prison departments should be established to improve the integrated care of women.
- HP40 The reducing re-offending strategy should include how the needs of specific groups of women at Askham Grange, such as young adults, lifers and those staying a short time, will be met.

Section 1: Arrival in custody

Courts, escorts and transfers

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 usually arrived at midday or early afternoon. Most travelled locked in cellular vans, which was inappropriate. Few women had long journeys, but many found the vans uncomfortable and said that they were not offered enough toilet breaks. There was little movement to court.
- 1.2 Women usually arrived at midday or in the early afternoon. Reception was open at lunchtimes. Most women travelled in cellular vans, which was inappropriate for a transfer to open conditions. Few had long journeys, but many said that the vans were uncomfortable and they had not been offered enough toilet breaks. Whenever possible, officers from Askham Grange collected women from their sending establishment and used the prison's own transport.
- 1.3 Some women had been given advance information about Askham Grange and those who had attended a presentation about the prison were particularly well informed. Most had been given 24-hours notice of their transfer, but a minority had been told only that morning and had not had time to inform family and friends. Many women arrived with much less than three months left to serve, despite this being one of the criteria for allocation to Askham Grange.
- 1.4 Few women had to attend court to deal with outstanding offences. Women attending hearings at family courts were usually released on temporary licence or, when necessary, accompanied by an officer.

Recommendation

- 1.5 Women transferring to Askham Grange should not travel in cellular vans.

First days in custody

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.

- 1.6 The reception area was small, but clean and bright. Reception officers completed a written checklist for each new arrival and opened an electronic history sheet. Buddies provided good

peer support and most women felt safe on their first night. Induction began the day after arrival and included a private interview. Women were generally positive about the induction process.

Reception and first night

- 1.7 In our survey, significantly more women than the comparator said that they had been well treated in reception. The reception area was small, but clean and bright. There was seating for only three women, although the nearby induction room could be used if more than three arrived at the same time. Officers were friendly and efficient, but women had to stand at the reception desk throughout the booking in process.
- 1.8 Reception officers used a written initial checklist to record each woman's personal details and filled in the first section of an initial assessment form noting the length of her sentence, whether she was new to custody, any outstanding legal issues and her first language. An electronic history sheet was opened, recording any special needs, whether the woman was a primary carer and whether she had been given an information pack, a reception pack, £2 of telephone credit, a free telephone call and any free toiletries or clothing. In our survey, significantly more women than the comparator said that they had been offered a free telephone call.
- 1.9 The reception pack included booklets on a range of areas, general information about Askham Grange, a letter and envelope, the canteen list, a compact and details for the Samaritans scheme. Copies of the information booklet were also available in the dormitories and the induction room. Information was only in English.
- 1.10 Prisoner buddies offered peer support and their names and photographs were displayed in reception. Their job description covered meeting and greeting, showing new arrivals around the prison, escorting them to their dormitory and the dining room and acting as a point of contact. Many women appreciated this information and support.
- 1.11 One dormitory was allocated to women on their first night. This was clean and properly prepared. Nearly all women in our survey, and many more than the comparator, said that they had felt safe on their first night.

Induction

- 1.12 Induction began in a clean and comfortable dedicated room the day after arrival. The presentation was informal and relaxed and women were encouraged to ask questions, but were not given materials to take notes. They were given a tour of Askham Grange and introduced to staff.
- 1.13 The induction officer interviewed each woman in private to complete the initial assessment form started in reception. This recorded information about her family, housing, finance and debt needs, any alcohol and drug history, health or disability issues and whether she had made a telephone call and received information about visits. She was asked how she felt about being at Askham Grange and whether she had any concerns. Any action taken on her behalf was noted and signed by the officer and the woman. The completed form was kept in wing history sheets.
- 1.14 Women were given a copy of their induction timetable listing their appointments with staff, including the family support worker, housing advice, education, drugs workers and probation. Each staff member signed the timetable once they had given the woman information about

their area of work. The name of the woman's allocated personal officer was also included on the timetable. In our survey, 84% of women said that the induction programme had covered all they needed to know.

Housekeeping points

- 1.15 Women should be able to sit down during the reception interview.
- 1.16 Women should be able to make notes during the induction presentation.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 All rooms and communal areas were clean and reasonably well maintained. Dormitories were cramped and there was no appropriate accommodation for women with physical disabilities. There were not enough telephones and they could not be used in private. Women had good access to laundry facilities.

Residential units

- 2.2 Most women were in the main house, which had one single room and a range of dormitories (see fact page). All rooms and communal areas were clean and reasonably well maintained, but dormitories were cramped with little privacy. All women had a lockable cupboard and a wardrobe, but not a table, chair or bedside light. Several women complained that they could not read when the main light was switched off. There was no appropriate accommodation for women with disabilities (see section on diversity). There was also a large comfortable lounge and a smoking room that was open at night. During the day, smokers had to use an outdoor shelter. There was a separate annex of 17 single and three shared rooms for women on stage two of the resettlement scheme. Rooms were a good size, well decorated and maintained. The annex had an upstairs and a downstairs lounge, although the latter had no natural light.
- 2.3 Many women complained about sharing a room with no private space. Almost all comments about living conditions in the measuring the quality of prison life (MQPL) survey were negative, with half mentioning sharing a room and a third cleanliness. Some women complained about a lack of study space and this had been raised at the August meeting of the pathways and interventions delivery group. Women were not locked in their rooms and had free access to hot and cold drinking water, toilets, baths and showers. All women had a key to their room.
- 2.4 The main house had three telephones for outgoing calls and two for incoming calls. There was another telephone for outgoing calls in the annex and the mother and baby unit. The telephones had ineffective hoods and could not be used in private. This had been raised at recent prisoner consultation meetings, but nothing had changed. There were not enough telephones for the population. Women working outside the prison or on a town visit could have a mobile telephone.

Hygiene, clothing and possessions

- 2.5 Women were expected to keep their rooms clean and there was a plentiful supply of cleaning materials. Cleaning cupboards contained colour-coded equipment, and cleaning schedules were displayed. Cleaning was allocated daily by a named cleaning officer who quality-checked the standard of work.

- 2.6 Women could have plenty of personal toiletries in their possession and bring them back from town visits. Toilets, showers and baths were accessible, clean and could be used in private. Two showers on the second floor had mildew growing on the tile grouting and the ceiling of one had water damage, peeling paint and damp stains. One shower/bathroom area had what women described as an unpleasant 'drain smell'.
- 2.7 Women we spoke to said that they could wash their bedding weekly. Mattresses were clean, but many were too narrow and some felt hard. Not all beds and mattresses were suitable for some larger women.
- 2.8 Women wore their own clothes and a store of clean donated clothing was available in reception. Laundry orderlies washed clothes three times a week and women could use the laundry themselves at other times. There were another two washing machines in the house and one in the annex. Women appeared to be wearing clean and appropriate clothing, so it was surprising that only 45% in our survey said that they had enough clean suitable clothing for the week.
- 2.9 Women were not allowed scissors, picture frames with glass or vases other than plastic ones, which was illogical given that they could buy razors, drawing pins and products in tins and glass jars.

Recommendations

- 2.10 The number of beds in dormitories should be reduced to allow women sufficient privacy.
- 2.11 Suitable beds and mattresses should be supplied, including those to meet individual special needs.
- 2.12 Appropriate study space should be provided.
- 2.13 Women should be able to use the telephones in private.
- 2.14 The mildew should be removed from showers and the water-damaged ceiling repaired. The unpleasant smell from the shower areas on the second floor should be investigated and remedied.

Housekeeping points

- 2.15 Women should have a bedside light.
- 2.16 The facilities list should be extended to allow women access to appropriate items.

Mother and baby unit

- 2.17 The mother and baby unit policy was not specific to local arrangements. Suitable women were encouraged to apply for admission and emergency referrals were possible. The unit provided a safe and stimulating environment with excellent facilities, including a supportive nursery that was also a community facility. Mothers were given parenting support and advice, but could not

cook for their babies. Care planning for mothers and babies was good and babies were taken on regular community visits. No childcare professionals were involved in the daily running of the unit and discipline staff wore uniforms.

- 2.18 The mother and baby unit (MBU) policy was up to date, but was not tailored to the specific arrangements at Askham Grange.
- 2.19 The family worker assessed new arrivals' suitability for the unit. Pregnant women moved to the unit about a month before their baby was due, although this could be earlier if the woman was particularly vulnerable. Emergency admissions were also possible and a temporary admissions board had been convened urgently for one woman on the unit to minimise time separated from her baby.
- 2.20 The MBU was a safe and stimulating environment for babies up to 18 months old. The unit was full, with 10 mothers and 11 babies, although numbers fluctuated and there were often spaces. The unit was purpose built and its excellent facilities included a good outside play area, laundry and ironing room, kitchen, communal areas and recreation room. It was clean and welcoming with good-size rooms and the equipment, including mattresses and bedding, was in good condition. There was only a limited range of culturally diverse toys, books and posters, although the nursery had a few more. Babies' health needs were met by healthcare during the day and the out-of-hours doctor at other times.
- 2.21 The unit was staffed by one senior officer and four officers. All wore prison uniforms, which was at odds with the overall ethos of creating as natural an environment as possible for babies. All staff received MBU training, except the operational support grades who covered night shifts. The senior officer was responsible for the daily management of the unit supported by four officers, none of whom were childcare professionals. Although the advice of qualified personnel such as the nursery nurses and social workers was taken into account, they had no formal responsibility for its daily running, which was entirely the responsibility of Prison Service operational staff, with the risk that prison priorities might take precedence over best childcare and child development practice.
- 2.22 Care planning for babies and mothers was good. Mothers attended care planning as soon as they knew that they were pregnant. A multidisciplinary team met weekly and discussed each mother and baby at least every eight weeks. The team included the full-time social worker for the whole prison, the family support worker, the healthcare family liaison nurse, the nursery manager, the MBU senior officer, the head of learning interventions/head of children and families, a family learning teacher, a health visitor and a probation officer. Discussions covered any mother and child issues and were not restricted to those on the MBU. Sentence planning targets for mothers routinely involved those relating to their babies, such as to attend family learning sessions.
- 2.23 The unit policy was that all babies should be in bed by 8pm, but doors were not locked and women could access all areas of the building day or night. Women were required to return to work or education and use the nursery when their baby was eight weeks old.
- 2.24 The nursery provided good support for mothers. All six nursery staff were fully qualified in childcare and employed by Leeds City Council. Depending on a mother's needs, she was encouraged to join 'play and stay' sessions in the nursery, where she could learn about parenting and role modelling. All mothers and babies had a key worker in the nursery. The nursery could take up to 22 babies up to the age of three. There were eight babies from the unit and four from the community. Each child had a 'learning journey' file, consistent with the Early Years Foundation guidelines. Some women continued to contact nursery staff for advice

after they had left the prison and this was supported. Co-parents could telephone to speak to the key worker about their child.

- 2.25 In addition to normal nursery activities, the range of activities for babies included Storybook Mums and baby massage. On Saturdays, mothers were encouraged take their babies out locally, usually to the supermarket, and prison transport was provided. The only stipulation was that the activity aimed to meet the baby's needs. There were also routine outside visits for babies to the swimming pool, local play gym and the park.
- 2.26 Mothers could not cook meals for their babies, ostensibly for health and safety reasons, and food was instead brought over on trolleys. This did not allow women to exercise normal parental responsibility. At weekends, mothers and babies had to go to the main kitchen for meals.
- 2.27 Foreign national women in the MBU who were not eligible for child benefit and women with few resources could get items donated by charities such as Babies in Prison and from the nursery. There were also some funds available to meet specific needs.
- 2.28 Visiting arrangements were good. Visitors could bring anything they wanted for the babies and there were no restrictions on a baby's possessions. Where there was a need, such as to allow siblings to bond with a baby before release, mothers and babies could stay overnight with visitors in Acorn House (see section on resettlement pathways). Normal visits took place in the dining room, but mothers could have extended day visits in the Acorn Centre whenever they wanted.
- 2.29 Co-parents could collect women to take them to antenatal appointments and breastfeeding clinics, visit the unit or take part in regular extended day visits.
- 2.30 Child protection arrangements were closely managed by the family team, and the head of learning and interventions/head of children and families sat on the City of York safeguarding children board.

Recommendations

- 2.31 The mother and baby unit policy should reflect the specific arrangements and facilities at Askham Grange.
- 2.32 More culturally diverse toys and books should be provided on the mother and baby unit.
- 2.33 Discipline staff should not wear prison uniforms on the mother and baby unit.
- 2.34 Night staff working on the mother and baby unit should have specific training.
- 2.35 Childcare professionals should be involved in the daily management of the mother and baby unit.
- 2.36 Mothers should be able to exercise normal parental responsibility for their babies and, in particular, should be able to cook their meals.

Good practice

- 2.37 *Co-parents could be involved in preparation for birth with mothers and have as many extended day visits as the mothers wished. This provided support for the mothers and helped bonding with babies.*

Staff-prisoner relationships

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.

- 2.38 Relationships were mostly very positive, both in practical and emotional support. In our survey, significantly more women than the comparator said that most staff treated them with respect and that they had a member of staff who would help them if they had a problem. Women were regularly consulted through monthly forums.
- 2.39 The very positive and mutually respectful relationships between staff and prisoners helped to underpin the ethos of Askham Grange, which was based on trust. In our survey, 89% of women, significantly better than the comparator, said that most staff treated them with respect.
- 2.40 In groups, women were mostly very positive about relationships with staff. Some said that the way they were treated made them feel human again and helped them to regain their personal dignity after their experience of closed prisons. While these views were not entirely universal, any issues raised about treatment by staff were relatively minor. A few women said that one or two officers imposed petty rules inconsistently, but this was not a general concern and was better than we usually find in open prisons. A measuring the quality of prison life survey carried out in April 2008 also found that relationships were a strength, with the highest scores of any women's prison and almost at the top of the whole prison estate.
- 2.41 Women were equally positive about the help and support they received from staff and said that many were prepared to listen to their concerns. In our survey, 97%, significantly better than the comparator, said that they had a member of staff they could turn to for help if they had a problem. Interactions were informal but respectful and staff usually addressed women by their first names.
- 2.42 Women were consulted regularly through a monthly residents' forum. About 20 women usually attended and the meeting was chaired by the head of offender management, which gave it an appropriate level of authority. Meetings were well minuted and ongoing items were carried forward to report progress, although some minor matters took a surprisingly long time to resolve.

Personal officers

Expected outcomes:

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

- 2.43 Personal officer work was generally good and personal officers invariably introduced themselves to women. Although there were occasional gaps in entries, most files examined contained monthly personal officer reports that covered sentence plan targets and other relevant factors, but not family issues. An electronic history sheet meant that personal officers and other staff could add entries easily.
- 2.44 The details of the personal officer scheme were set out in a formal local policy document dated June 2007 and reviewed in June 2008. The written guidance set out the objectives of the scheme and the role and duties of personal officers. These required personal officers to, among other things, introduce themselves to women within 48 hours of arrival, complete a monthly personal officer report, identify and resolve problems and complete other reports as necessary.
- 2.45 In our survey, 95% of women, significantly better than the comparator, said that they had a personal officer and 81%, also significantly better than the comparator, said that they found their personal officer helpful. In the context of Askham Grange, monthly personal officer reports appeared appropriate and there was generally frequent contact at other times on a range of issues. An effective electronic history sheet had been introduced that allowed personal officers and any other staff to add entries wherever they had access to a computer terminal.
- 2.46 Most records examined showed that personal officers had introduced themselves to women and contained monthly personal officer reports, although there were gaps in one or two cases. Personal officer reports were usually comprehensive, guided by a useful document that required personal officers to report on a range of issues, including behaviour and progress against sentence plan targets. Where there had been little change, some entries appeared to be 'cut and pasted' from previous reports, but the reports clearly showed that the officers knew the women well and were based on positive interaction rather than just observation. Some contained good entries about family issues and showed that the personal officer had provided appropriate support, although the pro forma did not specifically require entries about family. This appeared an omission, particularly as some very good family support work to support this resettlement pathway was taking place.
- 2.47 There were no examples in the files sampled of care plans for women with special needs.

Recommendations

- 2.48 The personal officer scheme should include guidance on family issues and the pro forma report should require personal officers to report specifically on contact with children and families.
- 2.49 Wing files should contain care plans for prisoners with identified special needs.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). 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 Askham Grange was a safe environment for most women. Women related well to each other and there were few incidents of bullying or violence. Problems and tensions that arose were mostly associated with the difficulties of communal living.
- 3.2 Safer custody, including suicide and self-harm, was led by the healthcare manager supported by the head of custody in the role of suicide prevention coordinator. A single policy that included violence reduction, anti-bullying and cell-sharing risk assessments had last been reviewed in January 2008 and predated changes to the governance of safer custody. Problems associated with communal living in dormitories were an occasional source of tension between some women, but dealing with these was not mentioned in the policy. Information about getting help if bullied was displayed around the prison.
- 3.3 From February 2008, a quarterly single safer custody meeting had replaced separate violence reduction and suicide and self-harm meetings. This was appropriate given the low level of bullying, violence and self-harm. Additional meetings could be called as required to discuss individual cases and this had happened twice. Safer custody meetings were not always well attended; less than half the members attended regularly, but Listeners and Samaritans were always represented. The meeting considered potential indicators of violence, but there were often few incidents to discuss. There were links with the security department, where potential bullying incidents had been referred for investigation. Training was regularly discussed and an action plan was developed from each meeting.
- 3.4 A log was kept of investigations into unexplained injuries, but it had not been kept consistently since the end of 2006. Efforts were made to establish whether bullying was a factor for women who absconded or failed to return, but there was insufficient data following their return to custody on which to base a conclusion.
- 3.5 Nine incidents of suspected bullying had been logged for investigation in the first nine months of 2008. Most concerned relatively minor matters associated with the problems of living in dormitories. Incidents were generally well investigated and included written statements. Some were appropriately resolved through group meetings, mediation or by short periods of monitoring. Others had resulted appropriately in no further action.
- 3.6 There was little evidence of written records for the few women placed on a period of monitoring. Contributions were not received from different departments, which should have been easier to achieve through the current use of electronic case records.
- 3.7 Indicators from several sources suggested that most women felt very safe. In the last internal survey of all residents in December 2007, 70% of women said that bullying instances were

dealt with effectively and 83% that they received support from staff when needed. This was supported by findings from a more recent measuring the quality of prison life survey. Our survey results were also very positive and only 3% of women said that they felt unsafe.

Recommendations

- 3.8 The violence reduction policy should be updated to reflect the current arrangements for governance and include specific reference to strategies to resolve problems of communal living.
- 3.9 Members of the safer custody team should attend meetings regularly.
- 3.10 Better records should be kept of women placed on anti-bullying monitoring.

Housekeeping point

- 3.11 The log of non-accidental injuries should be kept accurately and suspicious incidents reported for investigation.

Self-harm and suicide

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.

- 3.12 There were very few incidents of self-harm. The environment, the small number of women and the positive staff-prisoner relationships created a supportive culture that protected against self-harm and promoted self-esteem.
- 3.13 Governance of suicide and self-harm was led by the healthcare manager, with daily management overseen by the suicide prevention coordinator (see section on anti-bullying). The policy had last been reviewed in September 2008 and reflected efforts to make national policies applicable to the open prison setting.
- 3.14 There had been only two incidents of self-harm in the previous year. The size of the prison, the relaxed environment, the good levels of activity, the supportive peer relationships and the care of the majority of staff protected against self-harm among some women who had previously self-harmed regularly in closed conditions. For many, the supportive culture promoted self-esteem.
- 3.15 Only 11 assessment, care in custody and teamwork (ACCT) documents involving seven women had been opened in 2008. All staff were notified by email when an ACCT document was opened and most were opened for only a short time. Assessments and daily entries demonstrated a good level of care and the suicide prevention coordinator checked the quality of entries. Documents were kept in the centre office and were available to all staff. ACCT

reviews were satisfactory. Case managers chairing reviews usually knew the circumstances of women subject to these procedures. A representative from healthcare usually attended. Most staff had received training in the ACCT procedures.

- 3.16 There were appropriate resources to manage personal anxieties and distress, including a counselling service with a short waiting list and some complementary therapies. Women who felt distressed at night could leave their rooms to talk to staff. The four Listeners felt well supported. There were few formal requests for Listeners and most support was provided informally. Buddies provided good individual support for new arrivals. A direct dial portable telephone connected to the Samaritans was rarely used.
- 3.17 A room known as the bedsit was available for women to take time out or speak to a Listener. A notice to staff (109/07) explained the range of potential uses. The room was stark with bare walls and the records indicated that it had been used only once since October 2007, although some staff thought that it had been used more frequently.

Housekeeping point

- 3.18 The bedsit should be decorated and an accurate record kept of the frequency of, and reasons for, use.

Diversity

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.

- 3.19 There was an up-to-date diversity and race policy and a good range of diversity events, but some minority needs were not identified and addressed. There was no care planning for women with disabilities, the policy for older women was incomplete and there was insufficient data monitoring and analysis.
- 3.20 There was an up-to-date diversity and race policy, but it did not fully address the needs of groups such as older women or issues of sexuality. There was no needs analysis for minority groups, including foreign national women. Diversity was discussed at the monthly race equality action team meeting. The diversity manager was also the disability liaison officer (DLO). He was a principal officer and a member of the senior management team. Two officer assistants were given about three hours a week for this role.
- 3.21 While there was a good approach to dealing with women individually, there were no support forums for any minority groups. The DLO's evaluation of diversity and race management was that it was reactive to women's needs rather than proactive. There was insufficient systematic collection of disability information to enable the DLO to respond strategically to emerging needs.
- 3.22 A good range of diversity events took place regularly and covered all aspects of diversity. There had been 10 events to date in 2008 and a number of outings, such as to the York Wilberforce Museum and to mosques. Women were generally supported in observing Ramadan, although one said that some staff did not understand the need for them to get their

meals from the kitchen quickly when they finished fasting each day. Festivals such as Eid were celebrated by all women and staff, who ate a specially prepared meal together.

- 3.23 The needs of women with disabilities were not adequately met and there was no disability equality scheme. Five rooms in the annex were on the ground floor, but none had been adapted for women with disabilities. There was too much reliance on healthcare to sanction adaptations such as headboards and handrails that would not involve health professionals in the community. Some facilities, such as the gym and the incoming telephones, were inaccessible to women who could not climb stairs. They could receive incoming calls on an office telephone, but an officer had to be present throughout. There was one hearing loop for staff meetings and a portable one for women's use. A stair lift had recently been installed to allow women with disabilities to get to education.
- 3.24 Disability needs were identified through a self-report questionnaire on arrival. Six women had disclosed a disability, but none had a formal support plan. It was up to the women themselves to identify any needs or changes in needs, which they were reluctant to do in case they were moved back to a closed prison, which one said she had been told would happen. Evacuation plans were clearly communicated to staff.
- 3.25 One woman had recently had an operation and had a six-week sick note from her doctor, but was continuing to work her normal hours to buy basic supplies and take part in remedial activities that should have been supplied. There had been no assessment of her room or the bathroom she used, which were not adequately equipped. Her case indicated a lack of clear responsibility for managing disability and a lack of communication between departments about individual needs.
- 3.26 A nurse had been given special responsibility for disabilities the previous week and she was already developing measures to improve the identification of needs and provision of services. At the time of our inspection, however, the initial healthcare assessment did not include physical disabilities.
- 3.27 The policy for older women did not cover key issues such as retirement pay or how social support needs could be met. There was confusion over what age group was covered. One woman in her mid-60s found her job too physically demanding, but was not aware that she could speak to someone about reducing her hours.
- 3.28 Diversity training covered all relevant issues and almost 70% of staff had been trained. Forty-five women prisoners had been trained in 'diversity, equality of opportunities, social inclusion and prejudice' in the previous six months.

Recommendations

- 3.29 **The diversity policy should be revised to take into account all minority groups and based on an assessment of their needs. The policy should include regular monitoring of data and appropriate forums to consult minority groups.**
- 3.30 **The older prisoner policy should clarify the age group covered and work, pay and retirement issues, and set out how the particular needs of older women are met. All older women should have a copy of the policy.**

- 3.31 A disability equality scheme should be in place to ensure that women with disabilities have appropriate access to facilities, such as showers, incoming telephone calls and relevant regime activities.
- 3.32 All staff should be trained in diversity.

Good practice

- 3.33 *All women and staff were invited to join in celebrations of festivals such as Eid, which promoted cultural awareness.*

Race equality

Expected outcomes:

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.

- 3.34 The number of black and minority ethnic women was low, but there was no general support group for them. Monthly race equality action team meetings were chaired by the deputy governor, but key staff did not always attend. Monthly updates were discussed by the senior management team, but it was not clear that the race equality action plan was reviewed regularly. Staff and women knew who the race equality officer was and how to make a race-related complaint, but there were few reported incidents. Investigations were conducted appropriately. There were no black and minority ethnic staff and staff awareness of race issues was mixed.
- 3.35 There were only eight (8%) black and minority ethnic women, which was unusually low and did not reflect the population of feeder prisons. The proportion had averaged 14% in 2007.
- 3.36 The race and diversity policy was up to date, but was not based on a survey or needs analysis. The monthly race equality action team (REAT) meeting also covered diversity and foreign national issues and was usually chaired by the deputy governor. Four prisoners were on the diversity team and usually one or two attended. On average, 10 people attended the REAT each month out of 23 listed on the terms of reference (including prisoners). The head of foreign nationals/offender management had not attended and healthcare had attended only a third of meetings. Most members had received REAT training and three of the prisoner representatives had completed diversity training. Meeting minutes and SMART monitoring data were not displayed on notice boards.
- 3.37 Monthly updates on race and diversity were given to the senior management team (SMT). We were told that the SMT and the REAT discussed the race equality action plan every quarter, but this was not reflected in the minutes.
- 3.38 The disability liaison officer was also the race equality officer (REO) and was assisted by the same two staff (see section on diversity). All three had job specifications, had completed the REO course and were trained to undertake race-related investigations. The REO was able to spend up to a day a week on this work. The assistants were given up to half a day a week each, but did not know when they were going to be detailed and so found it difficult to plan their work. Most staff and prisoners knew who the REO was.

- 3.39 There was no general forum for black and minority ethnic women. Staff said some had been tried in the past, but attendance had been poor. Black and minority ethnic women said that they felt a support group would be helpful.

Managing racist incidents

- 3.40 Staff and prisoners were told when and how to use the racist incident report forms (RIRFs) during induction. The forms, post box and details of how to complete RIRFs were in the main corridor and the box was emptied daily by the complaints clerk.
- 3.41 There had been only eight reported racist incidents in 2007 and only one, between two staff, to date in 2008. Other mechanisms such as observation books, adjudications, complaints, violence reduction strategy investigations and staff briefings were monitored for issues with a racial element and, if necessary, investigated. Incidents were appropriately investigated and responded to in reasonable timeframes and the complainant was given the outcome in writing. Investigations were read by the Independent Monitoring Board and area diversity lead and were also subject to independent scrutiny by a representative of York Race Equality Network.

Race equality duty

- 3.42 Despite positive recruitment efforts, there were no black and minority ethnic staff and over 30% of staff had yet to be trained in diversity. Some showed little awareness of the different experiences of black and minority ethnic women. Black and minority ethnic women said that staff sometimes used inappropriate language when referring to them. They also said that there was a lack of culturally diverse food (see section on catering), no Afro hairdresser and no relevant hair and skin products in the shop, although most women could buy these when out on licence or have them sent in.
- 3.43 SMART monitoring did not raise any specific concerns, but some problems with new ways of measuring data meant that statistics relating to the gym, education, the counselling, assessment, referral, advice and throughcare service and offending behaviour programmes were not being analysed.
- 3.44 Impact assessments had been completed on incentives and earned privileges, adjudications, canteen, catering, good order or discipline, complaints and use of force. Most were awaiting quality checks from the Prison Service area.
- 3.45 Culturally varied posters were displayed across the establishment.

Recommendations

- 3.46 Attendance at the race equality action team meeting should better reflect the terms of reference.
- 3.47 Race equality action team meeting minutes and SMART monitoring data should be displayed on a notice board.
- 3.48 Black and minority ethnic women should have access to necessary hair and skin products through the canteen and to appropriate hairdressing services.
- 3.49 SMART monitoring data should be analysed for all relevant areas.

Foreign national prisoners

Expected outcomes:

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.

- 3.50 There was a good foreign nationals policy, which outlined how the needs of foreign national women would be met. In practice, few foreign national women were allocated to Askham Grange, especially those with language problems or immigration issues. Specific needs were mostly dealt with individually.
- 3.51 There was a good foreign nationals policy, tailored to the provision at Askham Grange and covering all key issues. A senior manager acted as the foreign nationals coordinator and was assisted by two staff as necessary. Foreign national issues were included as part of the race equality action team meeting, but there was no specific agenda item and the foreign nationals coordinator had not attended any of the meetings in the previous six months. In practice, few issues arose and these were mainly dealt with individually.
- 3.52 Few foreign national women were received at Askham Grange and there were only two Irish nationals during the inspection. Few of those received had any immigration issues and all to date had been able to speak fluent English. There was a welcome notice in many languages in reception and a mechanism for getting material in languages other than English and accessing interpreting services if necessary. Staff said that the UK Border Agency would visit when an individual need arose. Staff were assisting Irish women with issues related to the operation of the early removal scheme for Irish nationals, but there was limited expertise and a need to seek further advice.
- 3.53 The foreign national policy stated that women who had not had a domestic visit the previous month would get a free five-minute call home, but this was applied flexibly as otherwise it would penalise women with close family abroad. The two Irish women were given the free call despite having domestic visits and one woman whose father was in Jamaica was given five minutes a month. Since July 2008, the cost of calls to most countries had reduced following a national contract negotiation. Calls to many countries were still expensive at around £1 a minute, but this was a significant reduction.

Recommendations

- 3.54 Foreign national issues should be a specific agenda item at the race equality action team meetings, with attendance by the foreign nationals coordinator should any issues need to be discussed.
- 3.55 The foreign nationals policy should be amended to allow a free five-minute call home, irrespective of whether or not a woman has had a visit in the previous month.

Applications and complaints

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.

- 3.56 Women were very positive about the help they received from staff. All applications and responses to them were logged. Complaints were answered on time and were generally respectful and to the point. Quality assurance arrangements were very good and all were checked by a senior manager.
- 3.57 Women were told about applications and complaints during induction and details were included in the information booklet. In our survey, 61% of women, significantly better than the comparator of 34%, said that they had received information about how to make requests. Application forms were freely available and completed applications were logged daily by staff. The date each was received and where it had been sent for a response was easily tracked. Replies were logged, but undated. However, the application log indicated that all applications received on the Monday of the inspection had received a response within the 24-hour timescale. In our survey, 90% of women said that applications were dealt with fairly and 89% promptly.
- 3.58 Women were shown where to find complaint forms during induction and forms were easily available. They were encouraged to raise the issue with staff before submitting a formal complaint and were positive about the help they received. The complaint box was emptied daily, except at weekends, by the complaints clerk, who recorded each one and sent an acknowledgment slip to the complainant. Each complaint form contained a slip with the return date and the complaints clerk gave each one personally to the individual expected to respond. Replies were timely, generally respectful and answered the complaint, but most were handwritten and not all were easy to read. Any complaints about staff were appropriately dealt with by a senior manager or the governor.
- 3.59 Eighty-one percent, significantly better than the comparator, said that it was easy to see a member of the Independent Monitoring Board.
- 3.60 Each month, the clerk produced a report on complaints received, their status and subject, including the ethnicity of the complainant and any alleging bullying or racial aspects. Forty-five complaints had been received in the year to date and all had been answered on time. Completed complaints were quality checked by a senior manager, who made written comments on each including, where necessary, how the response could have been improved. Very good responses were also praised. The manager gave verbal feedback to senior managers monthly. Apologies were made and one woman had received written details of action taken after her complaint about a staff member had been upheld.
- 3.61 A scheme had recently been introduced to monitor prisoner satisfaction with responses. The complaints clerk sent out a slip asking women if they were satisfied, but few women replied.

Housekeeping point

- 3.62 Replies to complaints should be legible.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

- 3.63 There were no trained legal services officers. Women had restricted access to telephones to make official calls.
- 3.64 There were two legal service advisers, but they had not completed legal services officer training. Their role was principally to signpost to other services, such as probation, the foreign nationals coordinator and the custody clerk (for matters relating to early release or confiscation orders). Legal materials were available in the library.
- 3.65 Access to solicitors was facilitated when necessary using official telephones. The house telephones were not on throughout the working day (see section on resettlement pathways), which had the potential to hamper quick access to solicitors.

Recommendations

- 3.66 Legal service advisers should complete the legal services officer training.
- 3.67 Women should be able to use telephones during working hours to contact solicitors and make other official calls.

Substance use

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.

- 3.68 Substance use was low, but women could continue methadone maintenance. There was a good level of joint work between health and counselling, assessment, referral, advice and throughcare services. More drug and alcohol awareness training for nurses and mental health input were required to increase post-detoxification support.

Clinical management

- 3.69 Women had completed detoxification regimes before arrival, but those maintained on methadone could continue their programme. This had happened only three times in the previous 12 months, although this was likely to increase as the main local feeder prison rolled out methadone treatment. Appropriate clinical management protocols were in place and treatment was flexible and based on individual need.

- 3.70 The GP and two nurses had completed part one of the RCGP training. Another GP was the surgery's substance misuse lead and could offer clinical advice. Nurses had little experience of supporting women with a history of alcohol or drug abuse and there was no mental health nurse input. Women commented on the lack of post-detoxification support from health services staff.
- 3.71 The joint working protocol between health and counselling, assessment, referral, advice and throughcare (CARAT) services had recently been revised and regular meetings ensured good care coordination as well as policy development. A new naltrexone protocol was due to be implemented and would allow women to start this treatment before release.

Drug testing

- 3.72 Illicit drug use was low. Women said that they had 'worked hard to get here' and that drug use was generally frowned on. The year-to-date random mandatory drug testing (MDT) rate stood at 3% against a target of 3%. Appropriate security measures were in place and suspicion tests resulted in a 42% positive rate.
- 3.73 The MDT scheme was well managed and the practice was not routinely to conduct full searches. A positive MDT led to a referral to the CARAT service and discussion at the risk assessment board rather than an automatic transfer to closed conditions.
- 3.74 The prison had also introduced random and suspicion alcohol testing, which had resulted in two positive results to date in 2008.
- 3.75 All women signed up to compliance testing. While this took place in the same premises as MDT, the difference was clearly explained and understood by women. The required number of tests was conducted each month.

Recommendation

- 3.76 **Nurses should undertake further substance use awareness training, and health service providers' skill mix should include mental health and dual diagnosis expertise.**

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 Health services were commissioned and provided by North Yorkshire and York Primary Care Trust in a bright and welcoming healthcare building. Out-of-hours medical care was provided by the community service. Nursing staff offered a broad skill mix and provided some good nurse-led clinics on site. Women could also attend clinics and dental treatment in the community. Although women were mostly positive about the quality of health services, the poor attitude of some nursing staff had been identified as an issue. Communication between healthcare and the rest of the prison was not well developed. There was a good visiting psychiatrist service, but a vacancy for a registered mental health nurse to provide primary mental health services. Health promotion was good.
- 4.2 Since the reorganisation of the local primary care trust (PCT) in October 2006, healthcare had been commissioned and provided by North Yorkshire and York PCT. There were strong links and collaboration between healthcare and the PCT. A prison PCT partnership board met every two months and was well attended. The healthcare manager was a member of the senior management team (SMT) and attended the monthly SMT meetings.
- 4.3 A health needs assessment had been completed in 2008, but did not contain a full mental needs assessment. A mental health needs analysis had been completed in January 2007, but was still in draft. Both were comprehensive documents that clearly identified gaps in service provision that were being addressed.
- 4.4 The healthcare department was in a separate small building close to the main living accommodation and had recently been extended. It comprised the healthcare manager's office, a treatment room, a consulting room, an administrator's office, a reception area, a GP surgery, a small room with a gated door where medicines were stored and from which medicines were administered, and a patient toilet with wheelchair access and a wall-mounted baby changing unit. The whole area was bright and clean and provided a pleasant atmosphere for patients and staff. There was a ramp for wheelchair access. Resident cleaners were responsible for cleaning all non-clinical areas, as well as clinical areas under supervision.
- 4.5 Clinical rooms were appropriately furnished. The waiting area was bright and welcoming, with numerous health promotion displays and leaflets on various topics.
- 4.6 Access to healthcare services was generally satisfactory and equity of access for outworkers had improved with the introduction of a drop-in facility. One of the doctors also said that they would attend earlier to see women before work if necessary. Women were seen at reception and given information about the various health services.
- 4.7 A number of women said that some nurses were dismissive, condescending and patronising. These views had also been expressed in a patient satisfaction survey conducted by the PCT in their recent health needs assessment, where 35% of women said that the level of dignity and respect when they saw nurses was fair or poor. In our survey, only 71% of women, significantly

lower than the comparator, said that the quality of health services from nurses was good or very good.

Clinical governance

- 4.8 A clinical governance plan had been updated in July 2008, but clinical governance meetings had not taken place since the reorganisation of the PCT in October 2006. All healthcare staff had annual appraisals and attended a minuted monthly staff meeting.
- 4.9 Although there appeared to be some good relationships and cooperation between healthcare and discipline staff, healthcare was not sufficiently integrated in the establishment to ensure that important and relevant information was shared and women received the best possible care. In some cases, this needed to involve healthcare, the personal officer and the disability coordinator.
- 4.10 Staffing levels were satisfactory in physical health. Following the recent departure of the only registered mental health nurse (RMN), there was no RMN so this was a gap in provision. The head of healthcare was a full-time experienced registered general nurse (RGN) who had worked in the prison for many years. She was a member of the senior management team (SMT) and represented healthcare on major prison committees. She was supported by a full-time RGN deputy healthcare manager, three part-time RGNs (1.8 full-time equivalents) and an administrative officer who worked 25 hours a week.
- 4.11 Professional training was provided by the PCT and included mandatory PCT training. Staff could access a wide range of professional training relevant to the needs of the prison population. All healthcare staff received annual cardiopulmonary resuscitation (CPR), anaphylaxis and defibrillator training. Healthcare was closed in the evenings and at night and there were times when discipline staff on duty had not been trained in the use of the defibrillator. Further training was needed to improve skills in areas such as family planning, sexual health, nurse prescribing and nurse triaging. A nursing staff skills mix review to inform service development, especially in the area of training, had not been commissioned for several years. Nursing staff appraisals (knowledge skills framework) were completed every six months on line. Individual clinical supervision sessions took place on an ad hoc basis.
- 4.12 Medical cover was provided by a local NHS practice. Two doctors, one male and one female, held clinics two mornings and one afternoon a week. Annual leave and sickness cover was provided by GPs from the same practice, ensuring continuity of care. There was a range of visiting allied health professionals.
- 4.13 There were formal arrangements with the PCT for the loan of occupational therapy equipment such as walking frames, sticks and commodes. Specialist nurses from the PCT were available for consultation and advice.
- 4.14 Most emergency equipment was held in the GP surgery. It consisted of oxygen and a grab bag containing all the necessary equipment. There was a separate basic childbirth pack containing essential items such as a baby blanket, towels and dressings. The automatic defibrillator was kept in the main central office. All equipment was checked weekly and records were kept.
- 4.15 Clinical records were kept in the administrator's office in lockable metal cabinets accessible only to healthcare staff. They were generally of a good standard. The recently introduced electronic medical records system in place was SystemOne. Healthcare staff had received basic training, but needed more to make full use of its capabilities. Clinical records were sent with women who were transferred from the establishment. When prisoners were released, their

clinical records were stored in the basement along with core prison records. Although records were in sealed 'medical in confidence' envelopes, they were not locked securely and did not comply with the Caldicott guidelines.

- 4.16 A minuted healthcare patient user group forum was held quarterly in healthcare between 6pm and 7pm to allow women who worked outside the prison to be represented. These meetings were attended by a senior healthcare representative, a member of the patient advisory liaison service (PALS) from the PCT and several prisoners.
- 4.17 Complaints were dealt with initially by the head of healthcare, who investigated and answered them personally, usually within 48 hours. Unresolved complaints were forwarded to the PCT. Advice on how to access the PALS and the independent complaints advisory services were well advertised. There had been only two healthcare complaints in the year to date.
- 4.18 There was an up-to-date PCT communicable disease policy with a list of current contact names and telephone numbers. Healthcare had a health information-sharing protocol, but this was used on a needs basis rather than signed routinely by prisoners.

Primary care

- 4.19 Nurses saw all new receptions on arrival. The reception screening process took place in healthcare and was generally good. All women over the age of 50 underwent a further health assessment, which had successfully highlighted a number of women with age-related problems. All women on medication signed a medication compact and were given an appointment to see the GP to review their medication needs. They were given a health check to ensure they were fit to attend work and the gym. Referrals were made if any needs were identified as requiring more specialist care. We identified one woman with significant mobility problems who had not been referred for an occupational therapy assessment leading to long-standing and unnecessary difficulties and inconvenience. This was resolved during the inspection. There was no direct cross-referral to the drug misuse service, although we understood that drugs workers saw all new arrivals.
- 4.20 Women were given verbal and written information about health services. All new arrivals were invited to a special 'wellbeing' welcome session on their first weekend. This was an opportunity to learn more about the health services and to meet healthcare staff.
- 4.21 Access to health services was usually by coming to healthcare and speaking directly to a nurse during morning treatments. An informal triage system was used and, if necessary, a referral was made to the doctor or another specialist. Formal nurse triage algorithms were not used. Women who worked out and left the prison before healthcare opened in the morning could put a healthcare application in a locked box in the main building that was emptied daily.
- 4.22 Access to the GP was very good, with women usually getting appointments within 24 hours. GP clinics were run every Monday and Friday morning and Wednesday afternoon. The GP saw about 10 patients during a clinic and each appointment was for 10 minutes. Out-of-hours cover was provided by the local out-of-hours service.
- 4.23 Visiting specialists included an optician who visited when there were four women on the waiting list. Women who needed to be seen urgently could attend the local opticians. A trained general counsellor visited one morning a week. Women requiring the services of a physiotherapist or sexual health specialist visited the appropriate community clinic.

- 4.24 There was no register of women with life-long conditions. They were identified at reception screening and allocated to the appropriate nurse-led clinic for regular follow-up, or given an appointment to see the GP. The proper recording of data on SystmOne was not yet operational, so follow up and recall were not guaranteed. The range of primary care services reflected the needs of the population. Nurse-led clinics included asthma, cervical cytology, smoking cessation, weight management and a drop-in/advice/information clinic open to all, but catering particularly for women who worked out. There was no family planning clinic. Hepatitis B vaccinations were given and women could complete a course begun at a previous establishment. Meningitis C vaccinations were offered to eligible women and the flu vaccination was offered in line with national campaigns. There was easy access to all clinics and minimal waiting times.
- 4.25 Pregnant women received high quality care from the community midwife, GP and out-patient ante-natal clinic. After delivery, care was managed by the GP, a nurse lead for the mother and baby unit and the health visitor, who visited the unit weekly to check on the babies. Women we spoke to were very happy with the care that they received.

Pharmacy

- 4.26 Pharmacy services were commissioned by North Yorkshire and York PCT and provided through a service level agreement with a private pharmaceutical company.
- 4.27 The medicines and therapeutics committee had representatives from healthcare, the PCT and the private pharmacy provider. There were policies and operating procedures in place produced by the PCT.
- 4.28 Prescriptions were faxed to the private pharmacy after the GP clinics and deliveries were received later that afternoon directly to healthcare.
- 4.29 Daily administration was efficiently handled and most medication was held in possession for 28 days. All controlled drugs were administered directly from the room where medicines were stored. A controlled drug register was maintained and included running balances that were regularly verified by nursing staff. The register did not comply with the new format of the February 2008 controlled drug register requirements.
- 4.30 There was an in possession policy. An agreement was signed by the woman and a member of the healthcare team. Women transferred to Askham Grange were not allowed medication in possession for the first two weeks, apart from items such as oral contraceptives, HRT and antibiotics. There was no written risk assessment, including a list of items precluded from in possession. Women were required to store their medicines in locked drawers or cupboards in their rooms.
- 4.31 There was no out-of-hours cupboard and little stock to dispense against any prescription written out of hours. These were taken by a member of staff to the local pharmacy, although this was rare. Women needing a repeat prescription would complete a form available in the waiting area in healthcare. Applications were processed within three working days.
- 4.32 Weekly visits were undertaken by the pharmacist and pharmacy technician from the local private pharmacy. The pharmacist audited the faxed prescriptions and made relevant clinical checks while the technician checked stock levels and organised the removal of obsolete and returned medicines. The pharmacy was not involved in medicine administration or health promotion activities.

- 4.33 All medicines were stored in the small room off the healthcare waiting area in lockable metal cupboards. Controlled drugs were kept in a separate small locked cabinet within one of the main cabinets. The medicine cabinets were well ordered and contained clearly labelled named patient medication. A minimal level of stock was stored in a separate cabinet. Most stock medicines such as paracetamol, ibuprofen and Gaviscon were generally for issue under patient group directions (PGDs). Not all stock pre-packs issued against a doctor's prescription were dual-labelled and a second label was therefore not attached to the prescription chart to enable the pharmacist to make the necessary checks.
- 4.34 The fridge located in the main consultation room for the storage of thermolabile products was not locked. It was tidy and the maximum and minimum temperature records were maintained, with temperatures within the permitted range.

Dentistry

- 4.35 There was no dental surgery. Women requiring dental care attended the local NHS dental practice on a dedicated Wednesday afternoon. All new patients were seen within six weeks of arrival for dental health assessments. The waiting time for routine care was up to six weeks and there were seven women on the waiting list.
- 4.36 Women requiring urgent dental treatment at other times were seen at the local dental access centre, which was open from 9am to 5pm on weekdays. Three emergency appointments were kept weekly for women at Askham Grange. NHS Direct ran a dental practice surgery on weekend mornings. Out-of-hours cover was through NHS Direct and the local accident and emergency department.

Secondary care

- 4.37 The healthcare administrator organised hospital and other external appointments. Women were usually taken to appointments by a resident driver and attended unescorted. None of the 183 out-patient appointments at the local hospital from April to September 2008 had been cancelled due to transport reasons or lack of escorting staff.

Mental health

- 4.38 There was a vacancy for a RMN so there were no primary mental health-trained staff and little specialist provision for women with low level mental illness or substance misuse problems requiring additional therapeutic support. The previous RMN had delivered mental health awareness training to healthcare staff, but few discipline or other staff (education and gym) had received this training.
- 4.39 A trained counsellor attended one morning a week and offered support for issues such as loss and separation, bereavement and physical and sexual abuse. Sessions were held in a pleasant room some distance from healthcare. Access to the counsellor was by referral from healthcare, but it was a concern that some women said that they would not go to healthcare because they resented the attitude of some of the nurses. The counsellor had a caseload of three women and there were only two women on her waiting list.
- 4.40 In-reach mental health services were provided by North Yorkshire and York PCT and consisted of a female consultant forensic psychiatrist who provided one half-day session a fortnight. The need for a secondary mental health service was low and only four women in the

previous year had required the safeguards of a care programme approach (CPA). There were no women requiring CPA at the time of the inspection.

- 4.41 Staff said two or three women in the previous three years had been transferred to prisons with a 24-hour healthcare facility, but there had been no women with severe mental illness requiring a Mental Health Act transfer to a psychiatric hospital in several years.

Recommendations

- 4.42 The prison partnership board should investigate why some women believe they are not always treated professionally and with care when they visit healthcare.
- 4.43 Clinical governance meetings should be reintroduced.
- 4.44 A skill mix review should be undertaken to ensure that healthcare staff have the relevant skills, competencies and knowledge to meet the full needs of the prison population, including mental health needs.
- 4.45 First aiders/discipline staff on duty when healthcare is closed should be trained in the use of the automatic defibrillator.
- 4.46 The childbirth pack should be re-sited centrally so that all staff have access to it when healthcare is closed.
- 4.47 The clinical records for women who have been released should be kept securely in accordance with data protection and the Caldicott guidance.
- 4.48 Women with disabilities should receive an occupational therapy assessment and equipment and adaptations provided without delay.
- 4.49 Triage algorithms should be available and used to ensure consistency of advice and treatment.
- 4.50 Additional SystemOne training should be given to staff to ensure the proper management of life-long conditions.
- 4.51 The pharmacist should take a more active role in health initiatives at the prison, including direct contact with patients and pharmacy-led clinics.
- 4.52 The development of additional patient group directions should be encouraged to enable the supply of more potent medication by nursing staff to avoid unnecessary consultations with the doctor.
- 4.53 The controlled drug register should comply with the new format of the February 2008 regulations.
- 4.54 The written in possession policy should be reviewed to include a risk assessment.
- 4.55 Any pre-packs to be issued against a doctor's prescription should be dual-labelled. The second label should be attached to the prescription chart so the pharmacist can check that the prescription is appropriate and correctly supplied.

- 4.56 All staff should have mental health awareness training.
- 4.57 Women should have access to the counsellor without having to make an application through healthcare.

Housekeeping point

- 4.58 The drug fridge should be kept locked when not in use.

Good practice

- 4.59 *All women over the age of 50 received a comprehensive secondary health screen that had successfully highlighted several health issues in a number of women.*
- 4.60 *All new receptions were invited to a special 'wellbeing' welcome session on their first weekend, which was an opportunity to learn more about the health services and to meet healthcare staff.*

Section 5: Activities

Learning and skills and work activities

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 Learning and skills provision was outstandingly good. There were sufficient activities for all women and achievement of qualifications and development of personal and employability skills were very good. Teaching and learning were good. Learning programmes were closely tailored to meet individual needs with high quality information, advice and guidance. All women could participate in education, most of which was provided part-time, and the curriculum was sufficient to meet women's needs. Attendance was good and learners worked well. The range of training in and outside the prison was good and release on temporary licence was well used to access work, training and education. Most work areas in the prison had meaningful accreditation. Effective links had been made with employers and external organisations. Library facilities were good.
- 5.2 The education contract was held by Manchester College, who subcontracted some provision to Craven College and SOVA. Learning and skills had a strong and clear strategic direction and learning was purposeful and applied. The head of offender management and the head of learning and interventions worked closely with each other to ensure that departments worked together and that women took ownership of activities on their sentence plan. Action to improve quality was very good and significant improvements had been made in recent years.
- 5.3 There were sufficient activities for all women to be able to participate in work, training or education. Women had a thorough induction within two days of arrival. This focused clearly and immediately on individual resettlement needs and included a good initial assessment that provided an effective analysis of women's literacy and numeracy needs. An in-house assessment for characteristics of dyslexia had been introduced. Women received outstanding careers guidance from York Guidance Services and SOVA at an early stage of their stay and plans were monitored and reviewed throughout their time at Askham Grange. Women received a personalised timetable of activities, often involving a mix of internal and external education, vocational training and real work inside and outside the prison. Qualifications offered were industry standard and there was no pay disincentive for attending education.
- 5.4 Jobs in the prison included running the conference centre and visitors' reception, work in the library and the gym, in the kitchens and gardens, and driving. All work, apart from laundry and cleaning, was accredited and there were plans to accredit the latter. Twenty women were in paid employment and 22 were on voluntary placements outside the prison. Most education and training provision was part-time. Nineteen women were in full-time work. A further 76 were in part-time vocational training. Fourteen women attended further or higher education courses in the community.

- 5.5 Qualifications offered in education included family learning, literacy, numeracy, information technology, customer service, business administration and hairdressing. Craven College provided a motivational and personal development programme. Information, advice and guidance (IAG) was provided by all three agencies. In addition, qualifications were possible in first aid, food preparation, food hygiene, health and fitness and horticulture. The education department was fully staffed, classroom attendance and punctuality was good and women worked hard. Women who did not comply with their sentence plan were encouraged to talk to tutors, IAG workers and the offender management board to resolve the issue.
- 5.6 The provision was responsive to the needs of women, including those who stayed only a short time for whom there was some identification of strengths and skills and the opportunity to participate in taster courses to build confidence. Evening sessions were offered so that those who had been out of the prison during the day could attend. A stair lift had been installed to ensure that women with mobility difficulties could access education. Start and success rates of those with physical disabilities and from minority ethnic groups were very good and matched those of other groups.
- 5.7 Development of the women's skills and confidence was excellent on all programmes and women produced work of high commercial standards. For example, women in catering regularly worked extremely well under considerable pressure to produce high quality food for conferences and the prison dining room shared by women and staff. Women managed the prison's conference facility and visitors' reception, dealing with the public and developing their customer service, ICT and business administration skills to high professional standards.
- 5.8 Many women arrived lacking confidence in their use and application of literacy and numeracy, but made outstanding progress in the development of these essential skills. They also made excellent progress in developing their personal, social and employability skills to help them lead successful lives out of prison, through a range of activities such as the Catalyst programme, voluntary community placements and family learning programmes. They also developed discipline, confidence, team work and self-reliance through participation in activities such as the Three Peaks Challenge and the Dance United project.
- 5.9 Teaching, coaching and learning were good on all programmes. Tutors knew their learners well and had high expectations of them. Women worked consistently hard to achieve their goals. Their levels of concentration and their desire to produce their best work were impressive. They often continued working during breaks. Tutors provided coaching that enabled the women to make good progress, relative to their abilities and prior attainment. Assessment was used well to motivate the women and to ensure that they were aware of their progress. Staff were well qualified and experienced. The women could not access the internet so opportunities were sometimes missed on personal development and social integration programmes to make full use of information technology.
- 5.10 Success rates were very good. For example, in 2006/07 and 2007/08, success rates on NVQ level 2 and level 3 business administration courses and on the NVQ level 2 gym instructor courses were outstanding at 100%. In 2007/08 on personal development and social integration programmes, all 150 women who began externally accredited programmes and all 200 who began non-accredited programmes with the opportunity to complete succeeded.
- 5.11 Women benefited from excellent opportunities to apply and further develop their knowledge and vocational skills in a wide range of external organisations such as hotels, hairdressing and beauty therapy salons, housing agencies and commercial organisations. Women also gained valuable experience of work in community-based organisations such as housing and advice

centres. Transport arrangements for women returning from outside work were sometimes inadequate and women had to walk some way along dark lanes from the bus stop.

- 5.12 Transition planning was very effective and reflected Askham Grange's ethos on preparing women for resettlement. Sentence plans clearly showed how education and training programmes would be continued on release. The establishment's data showed that at least 50% entered education, training or employment on release. Some women were not eligible as they were past retirement age, post-natal or had a disability that prevented them from working. Good use was made of release on temporary licence for women to attend external projects, courses and interviews.
- 5.13 Employer engagement and the use of community and paid work placements were good. Good external work placements allowed women to continue to develop their skills, be assessed in the workplace and work towards higher level qualifications. Some employers provided very clear objectives and job requirements, but not all did. A small number of women were not sufficiently clear about the purpose of their community placements and were not sufficiently involved in deciding which placement best met their needs.

Library

- 5.14 A qualified librarian and a customer service manager each worked 12 hours a week. Prisoners worked as library assistants, which ensured that the library was open seven days a week including six evenings, with a total weekly opening of 22.25 hours. Library assistants were trained in house and further NVQ accreditation was available. A library steering committee met three times a year with representation from across the prison and including a prisoner representative.
- 5.15 Library provision and access were good and it was a welcoming and comfortable environment. Over 80% of women in our survey, significantly more than the comparator of 47%, said that they went to the library once a week. Initiatives to encourage reading and writing were good and included a book group and use of poetry. Residents could undertake Storybook Mums and facilities to produce CDs of books in house were available.
- 5.16 The library was well stocked with books for general reading, CDs of books and music, DVDs and games. Some work-related books were available, but there were few links with women's work-related activities. The library was part of York City Libraries and made good use of book loans and requests to meet women's needs. When required, additional audio books and books in languages other than English could be ordered through the city inter-loan service. Other materials included legal texts and all non-restricted Prison Service Orders (PSOs) were available in hard copy. Some PSOs were also available on library computers, but there was no internet access.

Recommendations

- 5.17 Transport arrangements for women returning from outside work should be improved.
- 5.18 Staff should ensure that all women are clear about the purpose of community placements and involved in deciding which placement best meets their needs.
- 5.19 Links between the library and work activities should be strengthened to ensure relevance of library stock and to encourage residents at work to use it.

5.20 Access to the internet should be available in the library.

Physical education and health promotion

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.

- 5.21 Physical education (PE) provision was good. There was a range of cardiovascular equipment and arrangements were made for less mobile women and mothers and babies to go swimming. Good use was made of women who were qualified instructors to teach classes and run the gym. Access was good and women had opportunities to gain recognised accredited qualifications. Success rates on accredited courses were good and women could practise their skills by teaching staff and other prisoners.
- 5.22 The PE department operated from a gym with a good range of cardiovascular equipment and a hall for aerobic and toning classes. Some women with mobility problems could not manage the steps to the gym, but arrangements were made for them and for mothers and babies to go swimming. An outdoor volleyball area had poor ground conditions and was not much used. The department was staffed by a seconded PE instructor who had just begun to cover the maternity leave of the PE senior officer. A team of women who were qualified gym instructors or exercise to music teachers was well used to support him, teach classes and run the gym.
- 5.23 Access to PE was good. A recreational programme offered some sessions throughout the working day, on five evenings and on Saturday. The prison tried to replicate a community facility and to avoid prisoners attending PE during the core day, but some did. For example, exercise referral and weight management ran during the core education day.
- 5.24 Women had good opportunities to gain industry-recognised accredited qualifications. The Focus level 1 assistant instructor, Focus level 2 gym instructor, level 1 healthy lifestyle management, manual handling and first aid courses were offered. Some women progressed to personal trainer qualifications run by local colleges of further education. Success rates were good and all who stayed achieved their planned qualification. Literacy, numeracy and IT support was offered to women taking accredited courses. The PE senior officer was taking a qualification to help her teach adults.
- 5.25 Women could practise and maintain their skills by teaching staff and other prisoners in one-to-one or group sessions. Staff and prisoners participated in sessions together. Good use was made of qualified prisoners as learning mentors. Women received realistic careers advice on the qualifications they needed to gain to earn enough money to support their families.
- 5.26 Women were encouraged to participate in challenging external activities such as Race for Life and the Three Peaks Challenge and raised considerable sums for charity. Community links were developed through women attending and supporting school events and doing voluntary work for sports clubs. One woman was about to start a paid work placement in a gym.
- 5.27 Approximately 30% of women, not including recreational walkers, accessed PE at least twice a week. This was a considerable improvement on an estimated 8% at the previous inspection.

- 5.28 There were good links with other departments to support the drug and health strategies.

Recommendation

- 5.29 Suitable outdoor physical education facilities should be provided.

Faith and religious activity

Expected outcomes:

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

- 5.30 Chaplains were employed part-time, but women said that it was easy to see one. Women attended services in the local community. The chaplains were involved in a number of evening activities. The chapel was attractive and easily accessed, but the multi-faith room was extremely small.
- 5.31 All chaplains were employed part-time. The team included the Church of England coordinating chaplain and Roman Catholic, Methodist, Muslim and Quaker faith leaders. Sessional chaplains attended as required, but there was no Hindu leader. A Buddhist leader had just been appointed. The team met monthly and shared generic duties. Although a chaplain was not always present in the prison, there was an on-call system to contact one when necessary. This was rarely used. Eight prison visitors were actively involved in supporting women and met quarterly with the coordinating chaplain and principal officer. They were free to visit the prison at any time.
- 5.32 Women said that it was easy to see a chaplain and in our survey, 73%, against a comparator of 62%, said that they could speak to a religious leader of their faith in private. Women could celebrate all major religious festivals and good support for Ramadan had included a display of information. A multi-faith day held in July 2008 had included guests from other prisons in the area and the area office.
- 5.33 New arrivals were seen by a chaplain, but only on a Tuesday or Wednesday. Each woman was given published information about the support available.
- 5.34 Women attended services in the local community. An informal non-denominational Christian service was held on Sunday evenings, but there was no demand for this. Regular chaplaincy activities included a weekly storytelling group, a Quaker awareness group and a craft group. There were links with local community groups and a local Pentecostal church had recently approached the coordinating chaplain with a view to organising visits. The chaplains facilitated retreats for six women three or four times a year in Whitby and a group of women attended a local convent each month with one of the Catholic faith leaders.
- 5.35 The chapel was attractive and easily accessed for contemplation and prayer. It was used by all visiting faith leaders. A multi-faith room on the second floor of the house was used by the Muslim faith leader. It was extremely small and too cramped to accommodate comfortably the three Muslim women and their faith leader.
- 5.36 Chaplains were involved in one-to-one pastoral care and there were established procedures for informing women about bereavement or serious illness through the chaplaincy. Chaplains

could refer women for counselling support through healthcare. One of the chaplains undertook home visits when necessary to support women prisoners and their families.

- 5.37 Chaplains did not usually attend policy group meetings such as race equality or self-harm monitoring due to lack of time, but received minutes of all such meetings.

Recommendation

- 5.38 A more appropriate multi-faith room should be provided.

Time out of cell

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.

- 5.39 Women had free movement around the house and grounds and all were encouraged to engage in out of cell activities. There was good staff engagement with women during association periods.

- 5.40 Women had free movement around the house and grounds, apart from the mother and baby unit. Doors to rooms were never locked, but the external doors to the house were locked at night. Each woman had an individual timetable of morning and afternoon activities developed around her sentence plan. There were appropriate designated association areas and leisure equipment was provided. There was good staff engagement with women during association and significantly more women than the comparator said that staff normally spoke to them during these periods.

Section 6: Good order

Security and rules

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 The level of security and application of rules were appropriate and dynamic security was good. There had been few significant finds of contraband or positive drug tests. Women had a good understanding of the rules. The level of absconds had recently dropped.

6.2 The level of security and application of rules were appropriate and good relationships supported dynamic security. There had been 382 security information reports submitted in the year to September 2008. These were usually about minor matters and were well collated, discussed and evaluated for trends at the monthly security meeting. The meeting was well attended.

6.3 The searching policy had last been reviewed in April 2008 and was reasonable. Targeted strip searching, based on suspicion and intelligence-led, had found little. There had been 18 strip searches since 2007, but only one find of money. The area search team and police liaison visited regularly.

6.4 Three contingency plans were tested each year. Two had been tested to date in 2008.

6.5 Women's access to the grounds was restricted during visiting times. This was unnecessary in the general open environment (see section on resettlement pathways).

6.6 Prisoners were told the rules of the establishment at induction, when they signed several compacts that were explained by an officer. They understood what was expected of them and there was no evidence that rules were inconsistently or unfairly applied. Most rules were generally reasonable, but were included in various notices, compacts and induction information rather than consolidated in a single document. Women were given a copy of the induction booklet, which contained most of the rules, and said that these were also reinforced informally through the buddy scheme.

Categorisation and allocation

6.7 Only about four or five women had been re-categorised and returned to closed conditions in the previous year, mostly associated with drug or alcohol misuse.

6.8 Most allocations to the prison were appropriate, but there was an under-representation of black and minority ethnic women (see section on race equality). The acceptance criteria excluded most women with a history of setting fires or posing risks to children. There was good liaison with sending establishments. Staff and, on occasions, prisoners visited other prisons to promote what Askham Grange had to offer and identify suitable women. Only one woman from

HMP Peterborough had needed to return to closed conditions, as Askham Grange was unable to provide for her mental health needs.

- 6.9 The number of women absconding had increased from six (April 2006 to March 2007) to 10 (April 2007 to March 2008). However, these were often small numbers of women absconding together. During the previous six months, only two women had absconded. Good efforts to ensure women understood what to expect before arriving and better support for women who tested positive for drugs were possible contributing factors. Efforts were made to establish the reasons for absconding once women were returned to closed conditions, but questionnaires were not always returned. Information was available from only four abscondee, two of whom had cited the availability of drugs as a reason for absconding.
- 6.10 A clear distinction was made between women who were reallocated to other prisons and those re-categorised for security reasons. Some women transferred elsewhere to complete courses, but their places remained open at Askham Grange. A number of women said that they appreciated the efforts made by staff to ensure that they were returned promptly once the course had been completed.

Housekeeping point

- 6.11 The local rules of the prison should be consolidated in a single document.

Discipline

Expected outcomes:

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

- 6.12 Women were largely well behaved, well motivated and valued their place at the prison. There were few adjudications, but they were monitored for trends and punishments were reasonable. There was no segregation of women and no recent use of force.

Adjudications

- 6.13 Askham Grange had a largely well-behaved and well-motivated population. There had been 75 adjudications to date in 2008, an average of around two a week. Minor breaches of rules were appropriately dealt with through informal warnings or the IEP scheme. Women demoted from the enhanced level risked losing the opportunity to work outside the prison, which was a significant motivator.
- 6.14 Most adjudications related to women testing positive on mandatory drug tests. The other main reasons were disobeying orders and failure to adhere to conditions of temporary release. Adjudications were carried out by four governor grades. A standardisation meeting was held quarterly and adjudications and punishments were monitored for trends. In a small number of the cases examined, guilty verdicts were a little dubious based on the written record, but most hearings were fair and punishments reasonable and appropriate.

Use of force

- 6.15 Force had not been used in the last two years. Despite this, 95% of uniformed staff had received the required control and restraint refresher training.

Segregation

- 6.16 There was no designated segregation unit or special accommodation.

Incentives and earned privileges

Expected outcomes:

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

- 6.17 The incentives and earned privileges policy was up to date and the scheme was managed fairly and consistently.
- 6.18 There was an up-to-date incentives and earned privileges (IEP) policy. Women who had been on enhanced level at their previous establishment remained on that level on arrival at Askham Grange. Seventy-six women were on enhanced level and 20 on standard. No one had been on basic level since April 2008, when a woman had been demoted following a pattern of poor behaviour. She had been given a behavioural compact and returned to standard level after 10 days.
- 6.19 There was no designated enhanced accommodation and the main differences between standard and enhanced levels related to access to private cash, extra visits and earned community visits. Women we spoke to said that these were meaningful differences. Women had to apply for enhanced level, although part of the personal officers' monthly report considered whether a woman's IEP level was appropriate and they would initiate a review if necessary. Women were invited to attend a review only if it was for a demotion, but they could submit comments in writing.
- 6.20 Behaviour warnings could be issued for patterns of behaviour, such as lateness to work. When these were issued, women were spoken to and an entry was made on their history file. Women who had been issued three behaviour warnings could be considered for an IEP review.

Section 7: Services

Catering

Expected outcomes:

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

- 7.1 The kitchen was clean and well ordered and food was stored, cooked and served appropriately. Most women said that the food was good. Menus were healthy and varied, although black and minority ethnic women were less satisfied with meal choice. There was no opportunity to self-cater.
- 7.2 The kitchen and servery were clean and well maintained. Food was stored, cooked and served appropriately. Up to six women worked in the kitchen, although this sometimes fell to as few as one or two. They were able to obtain NVQs.
- 7.3 All diets were catered for and 79% of women in our survey, more than twice as high as the comparator, said that the food was good or very good. However, black and minority ethnic women believed that there was a lack of diversity (see section on race equality). Surveys were undertaken twice a year and a food forum was held quarterly, but there was no separate direct consultation with black and minority ethnic women. Changes to the menu were introduced in response to survey results. A food comments book was available at the servery and comments were responded to by the catering manager.
- 7.4 The pre-select menu ran on a three-week cycle and women chose their meals a day in advance. The selection appeared well balanced with a wide range of choices, including hot and cold selections for lunch and tea. There were no breakfast packs and women had a choice of cereals, porridge, fruit and toast and preserves served in the dining room each morning. Women ate together in the dining room and meals were chilled and stored for outworkers to warm up on their return.
- 7.5 Women living on the annex had a toaster, microwave and fridge, but those in the house did not (see section on the shop). Women, including those on the mother and baby unit, could not self-cater.

Recommendations

- 7.6 There should be specific consultation with black and minority ethnic women about menu choices.
- 7.7 Women should have some opportunities to cook their own meals.

Prison shop

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.

- 7.8 Women were dissatisfied with product choice and cost of goods in the prison shop. No make-up or hobby products were available and most women did not have access to a fridge to store perishable goods.
- 7.9 The prison shop was run by Aramark, which operated an off-site bagging service. A new provider was due to take over the contract in the near future.
- 7.10 Women completed order forms on Tuesdays and received their orders in clear sealed bags on Thursday evenings. The product range consisted of 300 items excluding cards. Vegetarian, vegan and halal items were indicated. Women could buy perishable goods including fresh fruit, milk, jam, yoghurt, butter and cheese, but there were no fridges in the main house in which to store them.
- 7.11 No make-up or hobby products were available. Visitors could bring or send in toiletries and make-up and these items could be brought back from town visits, but not all women had town visits and not all family and friends were willing or able to buy these items. There were no catalogues from which women could buy make-up and toiletries. Minutes of forum meetings recorded that Avon catalogue shopping had been discussed for well over a year, but had never come to fruition. We were not made aware of any surveys carried out by the prison or shop provider.
- 7.12 An Aramark forum meeting met intermittently attended by a principal officer, an Aramark manager and women prisoners. Minutes of meetings in March and July 2007 and June 2008 showed that women had raised their dissatisfaction with the cost of items in the shop. Prices were based on recommended retail prices and most products were branded items rather than cheaper non-branded alternatives.
- 7.13 New arrivals were offered a smoker's or non-smoker's pack, but might then have had to wait several days, depending on their day of arrival, before receiving their first shop order.
- 7.14 Women could order newspapers and magazines, but many were unaware of this and said family and friends had to order these on their behalf.

Recommendations

- 7.15 Women should be consulted at least every three months about the product choice and black and minority ethnic women should be specifically consulted.
- 7.16 New arrivals should be able to access the shop within 24 hours.
- 7.17 Women should be able to buy hobby materials and make-up products.
- 7.18 Women should have easy access to a fridge to store perishable goods.

Housekeeping point

- 7.19 All women should be told how to order newspapers and magazines.

Section 8: Resettlement

Strategic management of resettlement

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 A policy had been developed with a clear focus on the resettlement pathways, but the needs of specific groups were not separately identified. The prison had an appropriately strong focus on resettlement issues, overseen by a monthly strategic meeting. There were effective links with a wide range of voluntary and community sector groups and women were able to benefit from them through working outside the prison in a voluntary or paid position. Women believed that they were well supported and encouraged to achieve their potential.
- 8.2 The prison had recently developed a resettlement and reducing re-offending strategy. This included a basic needs analysis and contained sections on each of the reducing re-offending pathways, including references to the recently adopted pathways specifically for women. Each pathway contained a broad description of the specific area and an outline strategy to achieve this. The strategy would have benefited from an action plan that tasked pathway leads with a timetable for developments and improvements. Some of the newer pathways were in the early stages of development. The strategy did not detail how the prison intended to respond to the specific needs of minority groups, including young adults, lifers and black and minority ethnic women.
- 8.3 A pathways and interventions meeting took place monthly and was well attended. Most functions were represented and written reports were provided if participants could not attend. Pathway owners provided a standard report that paid attention to quality issues and ongoing learning issues. There was evidence of a significant amount of activity. The prison had strong links with a range of voluntary and community sector organisations and also had good links with the local village, but this work was not fully reflected in the strategy.
- 8.4 As an open establishment, the prison had a strong focus on resettlement and there was a commitment to provide a range of high quality voluntary and paid work experiences for women able to benefit. We heard many positive unsolicited commendations from women regarding their personal development and praise for staff who had supported and motivated them to achieve in education and training to help prepare them for release. In our survey, 55% of women, against a comparator of 30%, said that staff had helped them to prepare for release.

Recommendation

- 8.5 The reducing re-offending strategy should be updated to reflect the broad range of engagement with voluntary and community groups and to include an action plan with SMART objectives.

Offender management and planning

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.

8.6 Offender management and planning were embedded in the prison and extended to all women, not just those in scope for offender management. All activities were determined through offender management boards, including training or work allocation or public protection issues. Women serving short sentences could access support through the pathways centre, although those serving longer sentences benefited most from the regime offered. Lifer arrangements were satisfactory. Release on temporary licence was well used for resettlement purposes and almost all applications for home detention curfew were approved.

Offender management and planning

- 8.7 There was a whole prison approach to offender management and planning and all women were allocated an offender supervisor on arrival. An initial offender management board determined provisional sentence planning arrangements, including work allocation and access to local facilities such as dental, medical and facilities for worship. More detailed assessments were carried out, including offender assessment system (OASys) updates, vocational and skills assessments and identifying sentence planning needs. A further board took place after eight weeks and at six-monthly intervals after that. The large number of staff attending offender management boards risked women finding them daunting, although efforts were made to make women feel at ease and able to participate. Some initial discussions took place before the woman entered the room, which appeared unnecessary as the same information was then repeated and led some women to feel that they were excluded. However, there was a strong sense that women were treated as individuals.
- 8.8 Probation staff fulfilled the role of offender supervisors and cases were allocated according to risk levels. HM Inspection of Probation joined the inspection to undertake a joint inspection of offender management. Only seven women were in scope for offender management, including one woman sentenced to an indeterminate sentence for public protection (IPP). There were good links with offender managers in the community for those in scope for offender management, but it was difficult to secure their attendance for the rest of the population and telephone and video conferencing facilities were not available. A service level agreement between North Yorkshire Probation Area and Askham Grange did not take into account the services provided under the offender management model. Probation staff provided two open surgeries a week when women could drop in and discuss sentence planning arrangements. This was a good initiative with a reasonable take-up rate.
- 8.9 Short-stay prisoners were also issued with a sentence plan with the expectation that any practical needs could be met by working with staff from the pathways centre.
- 8.10 Six uniformed staff had completed the national training for offender supervisors, but were not deployed in this role. They were also trained as OASys assessors and completed one or two reviews each month. There were no reported backlogs in OASys reviews. The arrangements for quality assurance had recently changed and there did not appear to be a sufficient

understanding of OASys within the quality assurance process. Further training was planned for OASys assessors to increase their understanding of risk of harm issues.

- 8.11 In our survey, 96% of women, against a comparator of 64%, said that they had a sentence plan and 99%, against a comparator of 88%, said that they could fulfil some or all of their sentence plan targets at Askham Grange.

Public protection

- 8.12 The public protection policy outlined staff responsibilities and clarified processes to manage public protection issues. The prison incorporated any public protection issues into the offender management boards and cases that raised more immediate concerns were dealt with at a case conference. Twenty-nine women were subject to multi-agency public protection arrangements (MAPPA) and most were managed at level 2. The Prison Service Order on MAPPA that requires MAPPA classifications to be determined six months before the first parole hearing was rigidly applied to women at Askham Grange, even though this did not fit with release on temporary licence (ROTL) processes and some women went on ROTL before their MAPPA level had been determined. Four staff had been trained on ViSOR, a secure system developed to support MAPPA, and there were two terminals in the prison.
- 8.13 The child protection policy was limited in range. Its core focus was on children and young people in the prison and it did not reflect broader responsibilities linked to safeguarding children. A prison representative attended the local safeguarding children board and had sought its advice and approval on the local protocol for overnight stays with children at Acorn House. Not all staff had received training in safeguarding children.

Indeterminate-sentenced prisoners

- 8.14 There was a policy for indeterminate sentenced prisoners. There were nine lifers, including one woman subject to recall and one woman sentenced to indeterminate detention for public protection (IPP). The most recent lifers' forum in March 2008 had focused on planning a lifer day held in May 2008. This had been designed for lifers and their families, prospective lifer residents and staff from other female establishments. Another event had included a question and answer session with staff responsible for lifers at NOMS headquarters.
- 8.15 There was a lifer manager and trained lifer staff, four of whom had attended the new training course on managing indeterminate sentences and risk. We welcomed the multidisciplinary approach to managing lifers, but some women said that they found the number involved in boards daunting and this inhibited them from participating fully. Independent Monitoring Board members were linked to individual lifers and attended lifer boards where possible to offer support.
- 8.16 A part-time psychologist worked only with lifers and IPPs. The main focus of work was on producing reports for the Parole Board. It was surprising that such in-depth psychology reports were required by the Parole Board at this stage of sentence, but the prison was obliged to provide them. At least one report was behind schedule and this was likely to delay the parole process.
- 8.17 The prison had developed a comprehensive database that recorded all ROTL applications and outcomes each month. Almost all applications were approved, apart from one or two applications for special leave. The head of offender management interviewed all women applying for home detention curfew (HDC) to assess their suitability. Virtually all applications

were formally approved by the governor, although a few women preferred to wait for end of custody licence. Several women withdrew applications for HDC in order to complete programmes or qualifications, which reflected the level of commitment to learning or training.

Recommendations

- 8.18 The service level agreement with North Yorkshire Probation Area should be updated to reflect the work being undertaken on offender management.
- 8.19 Video or telephone conferencing facilities should be introduced to increase the participation of offender managers in sentence planning arrangements.
- 8.20 Women should be involved in all discussions at offender management boards.
- 8.21 Quality assurance processes for OASys should be reviewed at regular intervals.
- 8.22 The child protection policy should be revised to reflect the broader safeguarding children agenda backed up by regular staff training.
- 8.23 Lifers should be consulted on the structure and format of lifer boards in order to ensure maximum participation.
- 8.24 Reports prepared for the Parole Board should be on time so that women are not disadvantaged by having parole hearings delayed.
- 8.25 Discussions should take place with the Parole Board to determine the need for such detailed reports for all women lifers at this stage of their sentence.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

- 6.21 There was an effective accommodation service and virtually all women were released to stable accommodation. Finance, benefit and debt services were satisfactory. There were good links with employers and women received very helpful careers guidance. Women being released were helped to register with a GP and given up to a month's supply of medication and a comprehensive discharge letter. Women with drug issues could access a wide range of support services and dedicated alcohol services were due to start. The family support worker and family support team provided encouragement and help to allow women to maintain contact with children and families. Women were able to attend accredited offending behaviour programmes and other useful interventions in the community.

Reintegration planning

Accommodation

- 8.26 All women's accommodation needs were assessed at induction and anyone needing assistance was referred to either the peer adviser or the probation service officer according to need. The peer adviser had received training in housing advice, but was due to undertake a community placement in the near future and there was a possibility that the service would be reduced. Virtually all women were released to known addresses and only one had been released to no fixed address in the previous 12 months through personal choice. Good links had been made with the ClearSprings service for accommodation for women seeking home detention curfew. This had included finding accommodation for mothers and babies.

Recommendation

- 8.27 Succession planning arrangements should be in place for peer accommodation advisers.

Education, training and employment

For further details, see Learning and skills and work activities in Section 5

- 8.28 The prison had a coherent, comprehensive and holistic resettlement strategy for the support of women on their release and the detailed diagnostic work carried out meant that it was aware of each woman's education, training and employment needs. Links with a wide range of employers were well developed.
- 8.29 Information, advice and guidance (IAG) focused clearly and immediately on individual resettlement needs. Women received excellent careers guidance at an early stage of their stay. This involved an in-depth discussion with an external careers specialist and resulted in a detailed action plan based on their chosen vocational area. Women found that this boosted their confidence as they became aware that many of their goals were achievable. In addition, careers 'health checks' were carried out to monitor progress and make any necessary changes.
- 8.30 The prison had a very good track record of finding courses or placements, many external to the prison, to meet individual needs. Fourteen learners were following courses at external institutions, including four following higher education courses. A further three were taking open learning courses. Women benefited from excellent opportunities to apply and further develop their knowledge and vocational skills in a wide range of external organisations such as hotels, health clubs, hairdressing and beauty therapy salons, care homes, housing agencies and commercial organisations. In addition, women gained valuable experience of work in community-based charitable organisations such as housing and advice centres. Twenty women were in paid employment and 22 were working as volunteers in community organisations.
- 8.31 All women took a return to work course before their release.

Mental and physical health

- 8.32 All women were seen by a nurse a week before release and underwent a brief health check. A comprehensive GP letter was given to each woman highlighting results, interventions and a summary of their care at Askham Grange. The discharge letters were good, concise and informative. Women without a GP were helped to register with one before release. Women on medication were given up to month's supply. All women were asked to complete a healthcare exit questionnaire before discharge. A review of these showed an overall satisfaction with the service.
- 8.33 There was a palliative end of life care policy. This had been used to good effect in the previous year with the early release of a terminally ill woman who was allowed home to die with the support and comfort of her family.
- 8.34 Women with severe and enduring mental health problems were able to be managed under the care programme approach (CPA). No current women required a CPA.

Finance, benefit and debt

- 8.35 Women with debt or credit issues were asked to attend an interview with an IAG worker. More complex debt management issues were referred to trained Citizens Advice workers. Services included lodging of court fines and arranging repayment of outstanding debts, including rent arrears and other credit agreements. Staff had successfully arranged for some debts to be written off. Women could open a current and savings account and staff reported that 50 accounts had been opened in the previous six months. In our survey, only 5% of women, against a comparator of 31%, said that they would have a problem opening a bank account on release. Women in external paid employment were encouraged to save a third of their earnings. JobCentre Plus had a representative based at the prison, but services were temporarily managed through IAG due to illness. This was not preventing women from making appointments for Fresh Start or applying for community care grants.
- 8.36 A money management course was offered through the Catalyst programme, which focused on financial literacy. Citizens Advice had also previously offered a course on budgeting. The level of provision appeared to meet the needs of the population.

Drugs and alcohol

- 8.37 The drug strategy group was chaired by the head of offender management in her role as establishment drug coordinator. Monthly meetings were well attended and included representation from the local drug and alcohol action team. Different strands of the strategy were effectively managed and coordinated.
- 8.38 The strategy document had recently been reviewed and there was a separate alcohol policy, but neither contained detailed annual action plans, targets and performance measures. A basic needs analysis had been conducted earlier in the year, with a more comprehensive one planned. Bi-annual prisoner focus groups provided a forum for service user consultation.
- 8.39 Women appreciated the accessibility and the level of support. The range of services included one-to-one and group work offered by the counselling, assessment, referral, advice and throughcare (CARAT) team, a peer support scheme provided by three women, a 'tackling

drugs through PE' course and auricular acupuncture. Women with a history of problem alcohol use could access a short alcohol awareness module, CARAT support and Alcoholics Anonymous groups. Dedicated alcohol services were shortly due to be provided for half a day a week.

- 8.40 The CARAT service consisted of two full-time equivalent workers and one day a week management input from Lifeline. Workers from a neighbouring prison provided some cover for long-term sick leave. Appropriate supervision arrangements and access to training were in place. The service was on target to meet the triage assessment key performance target of 24 and the comprehensive substance misuse assessment target of 12 a year. The team offered weekly induction input and attended the first sentence planning board meeting. An open door policy and wide advertising ensured accessibility to the service. The active caseload stood at 25, with another 15 files suspended. Support was flexible and provided according to need. Women requiring help with complex needs could be referred to a counselling service.
- 8.41 In addition to one-to-one work, women could undertake short integrated drug treatment system (IDTS) group work modules, which ran twice monthly in the evening. Topics were chosen according to need and included drug/alcohol awareness and relapse prevention.
- 8.42 The service was well integrated. Care plans were shared with health services and offender management and the team contributed to risk assessment and release on temporary licence (ROTL) boards. Very good links with drug intervention programmes facilitated throughcare, and ROTL was used so that women could attend community appointments.
- 8.43 In our survey, only 1% of women thought that they would have a drug problem on leaving and none thought that they would have a problem with alcohol.

Recommendation

- 8.44 The drug and alcohol strategy documents should contain detailed action plans, targets and performance measures.

Good practice

- 8.45 *Women could access a wide range of support services, which were flexible and delivered according to need. They included one-to-one and group work, a peer support scheme, dedicated PE sessions and auricular acupuncture, with dedicated alcohol services due to start shortly.*

Children and families of offenders

- 8.46 Incoming post was delivered and outgoing post sent on the day it was received. There were no limits on the number of letters women could send or receive. The provision of free letters, including children's letters, was covered at induction. The prison was considering introducing a scheme that allowed women to receive emails from family and friends.
- 8.47 In our survey, 23% of women, significantly worse than the comparator of 14%, said that they found it difficult to access the telephone. Women could use the telephone on weekdays only between 7.30am and 8.30am, 11.45am and 1.30pm, and 4.40pm and 10.30pm, which was unusual for an open prison. We were told that this was to prevent them from using the telephone when they were supposed to be working. This had been raised at the prisoner

consultation meeting in July 2008, but the minutes recorded that the times would not change. At weekends, women could use the telephones between 7.30am and 10.30pm.

- 8.48 Two telephones for incoming calls were available from 12.10pm to 1.30pm and 4.40pm to 10.30pm on weekdays, and 10am to 10.30pm at weekends. Calls were booked at 10-minute intervals and had to be pre-booked, but new arrivals could book a call in the week of their arrival. There was no facility for incoming calls on the mother and baby unit.
- 8.49 In our survey, 72% of women, against a comparator of 29%, said that they had received a visit in their first week. Information about visits was included in the information booklet and was given verbally to women at induction. All women were given a visits information leaflet to send to their visitors. Visits were available at weekends from 1.45pm to 3.45pm. Women booked them by completing an application in advance and were sent a confirmation slip. Women on the standard regime could have one visit a week and those on enhanced could have two.
- 8.50 There was no visitors' centre and a small waiting room by the main gate was rarely used as most visitors arrived by car. The prison was not signposted, public transport connections were poor and the taxi fare from York station was expensive. No prison transport was provided.
- 8.51 A drug dog was used occasionally. Anyone indicated was given a rub down search and the duty governor and the police were informed if contraband was found. There were no banned visitors and the last ban had been issued in February 2007.
- 8.52 Visits took place in the dining room. There was a play area where women could play with their children and refreshments were available. Women found the atmosphere relaxed. A prison visitor scheme was managed by chaplaincy (see section on faith and religious activity). Many women enjoyed home and town visits with family and friends.
- 8.53 A needs analysis had been carried out in April 2008. A manager was named to lead the children and families pathway, but the resettlement and reducing re-offending strategy did not include a specific action plan with targets for the delivery of agreed objectives. The pathways and interventions delivery group met monthly, but the family support worker (FSW) had not attended since February 2008.
- 8.54 Family members were not involved in sentence planning meetings, but did attend some lifer review meetings.
- 8.55 Women were encouraged to remain in contact with their children, partners and families, and in our survey, 85% said that they had been helped to maintain contact with family and friends while at the prison. Some women were able to visit partners and other family members at closed prisons under release on temporary licence.
- 8.56 A Storybook Mums scheme allowed women to record a story onto a CD and some women had written their own stories, which were printed, laminated and bound. The scheme was popular and there was a waiting list.
- 8.57 The visits waiting room advertised a number of local and national support groups, including the assisted prison visits scheme and prisoners' families helpline. There was little information displayed about the in-house support services for women prisoners.
- 8.58 Women could undertake general relationship counselling with partners or family members through the West Yorkshire family mediation service. A mediator assessed whether the service could assist and meetings were organised either in the prison or in the community.

- 8.59 During induction, every woman had a private meeting with the family support worker to assess her need for family support and a family needs assessment was written. The family support worker was employed by York city council children's services team and was based in the prison. She offered a wide range of support including parenting advice, planning children's visits and overnight stays, facilitating meetings with social workers and solicitors, producing childcare plan reports for women on the mother and baby unit (MBU) involved with her, attending the MBU admissions and separation board and pre-release planning.
- 8.60 Weekly children's visits were held in the bright and well-equipped Acorn Centre or in the nursery. Women were encouraged to plan the structure of the visits and there was a debrief afterwards. Visits were arranged to meet the needs of children and their carers, could take place in the evening, and their length could be varied.
- 8.61 Family days were organised three or four times a year during school holidays and were open to grandchildren and nephews and nieces. They took place in the Acorn Centre, garden or ballroom, depending on the time of year and activities planned. All activities were planned and managed by the women and many women who did not have children joined in the planning and running of activities.
- 8.62 A family learning programme 'Share' was run and was open to all women with or without children. The programme encouraged involvement in children's learning through an accredited programme of modules taught by a family learning tutor. These included making and using learning materials and developing numeracy and literacy skills. The programme could provide stand-alone sessions, such as healthy eating and responding to individual needs.
- 8.63 Women could have overnight and weekend visits in the recently refurbished self-contained Acorn House. These visits were not only for children to spend time with their mothers, but were also open to other family members, apart from partners or husbands, depending on identified need. Women planned the visits and personalised the house using their own photographs and ornaments to make it more familiar, particularly to children. The house had been used 18 times since April 2008.
- 8.64 Release on temporary licence (ROTL) was well used to enable women to maintain contact with their children and families.

Recommendations

- 8.65 The number of outgoing telephones should be increased and they should be available 24 hours a day.
- 8.66 Women living away from the main house should be provided with an incoming call facility.
- 8.67 There should be transport arrangements to help visitors to get to and from the prison.
- 8.68 The resettlement strategy should include an action plan and targets for the delivery of agreed objectives for the children and families pathway.
- 8.69 Families should be invited and encouraged to participate in key aspects of prisoners' sentences where appropriate.

Housekeeping points

- 8.70 The prison should be signposted.
- 8.71 The family support worker should attend the monthly pathways and interventions delivery group meetings.
- 8.72 Information about the in-house resettlement support services available to women should be displayed in the visits waiting room.

Good practice

- 8.73 *The family support team provided an excellent range of services to help and support women in maintaining family ties with their children and other family members.*

Attitudes, thinking and behaviour

- 8.74 The prison did not routinely offer accredited programmes and women who needed to complete these usually attended them in the community. A women-only think first course was made available at Askham Grange when there was sufficient demand. Attending community-based programmes meant that women had access to a wider range of programmes, including 'drink impaired drivers' and the low intensity alcohol programme.
- 8.75 The local learning and skills council funded an impressive Catalyst programme that focused on the development of soft skills, including self-esteem and self-confidence. A number of other courses and events were run to help broaden women's skills and build self-confidence.
- 8.76 The prison participated in the 'prison, me – no way' programme and an officer and a prisoner visited local schools as part of a multi-agency initiative to deter schoolchildren from offending. Women participants reported positively on the experience and believed that it helped to develop self-confidence.
- 8.77 Probation staff offered some one-to-one work on victim awareness where this was identified as part of the sentence planning process. In our survey, 67% of women, against a comparator of 50%, said that they would be less likely to offend in future because of things they had undertaken or experienced at Askham Grange.

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 the governor
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|-----|--|
| 9.1 | The needs of women with disabilities should be effectively identified on arrival and ongoing support should be put in place to cover all aspects of their lives with regularly reviewed care plans. (HP37) |
| 9.2 | Allocation arrangements to Askham Grange should be examined and monitored over time to ensure equality and an appropriate representation of black and minority ethnic women. (HP38) |
| 9.3 | More effective communication and interaction between healthcare and the other prison departments should be established to improve the integrated care of women. (HP39) |
| 9.4 | The reducing re-offending strategy should include how the needs of specific groups of women at Askham Grange, such as young adults, lifers and those staying a short time, will be met. (HP40) |

Recommendations	To NOMS
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Courts, escorts and transfers

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| 9.5 | Women transferring to Askham Grange should not travel in cellular vans. (1.5) |
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Recommendations	To the governor
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Residential units

- | | |
|------|--|
| 9.6 | The number of beds in dormitories should be reduced to allow women sufficient privacy. (2.10) |
| 9.7 | Suitable beds and mattresses should be supplied, including those to meet individual special needs. (2.11) |
| 9.8 | Appropriate study space should be provided. (2.12) |
| 9.9 | Women should be able to use the telephones in private. (2.13) |
| 9.10 | The mildew should be removed from showers and the water-damaged ceiling repaired. The unpleasant smell from the shower areas on the second floor should be investigated and remedied. (2.14) |

Mother and baby unit

- 9.11 The mother and baby unit policy should reflect the specific arrangements and facilities at Askham Grange. (2.31)
- 9.12 More culturally diverse toys and books should be provided on the mother and baby unit. (2.32)
- 9.13 Discipline staff should not wear prison uniforms on the mother and baby unit. (2.33)
- 9.14 Night staff working on the mother and baby unit should have specific training. (2.34)
- 9.15 Childcare professionals should be involved in the daily management of the mother and baby unit. (2.35)
- 9.16 Mothers should be able to exercise normal parental responsibility for their babies and, in particular, should be able to cook their meals. (2.36)

Personal officers

- 9.17 The personal officer scheme should include guidance on family issues and the pro forma report should require personal officers to report specifically on contact with children and families. (2.48)
- 9.18 Wing files should contain care plans for prisoners with identified special needs. (2.49)

Bullying and violence reduction

- 9.19 The violence reduction policy should be updated to reflect the current arrangements for governance and include specific reference to strategies to resolve problems of communal living. (3.8)
- 9.20 Members of the safer custody team should attend meetings regularly. (3.9)
- 9.21 Better records should be kept of women placed on anti-bullying monitoring. (3.10)

Diversity

- 9.22 The diversity policy should be revised to take into account all minority groups and based on an assessment of their needs. The policy should include regular monitoring of data and appropriate forums to consult minority groups. (3.29)
- 9.23 The older prisoner policy should clarify the age group covered and work, pay and retirement issues, and set out how the particular needs of older women are met. All older women should have a copy of the policy. (3.30)
- 9.24 A disability equality scheme should be in place to ensure that women with disabilities have appropriate access to facilities, such as showers, incoming telephone calls and relevant regime activities. (3.31)

- 9.25 All staff should be trained in diversity. (3.32)

Race equality

- 9.26 Attendance at the race equality action team meeting should better reflect the terms of reference. (3.46)
- 9.27 Race equality action team meeting minutes and SMART monitoring data should be displayed on a notice board. (3.47)
- 9.28 Black and minority ethnic women should have access to necessary hair and skin products through the canteen and to appropriate hairdressing services. (3.48)
- 9.29 SMART monitoring data should be analysed for all relevant areas. (3.49)

Foreign national prisoners

- 9.30 Foreign national issues should be a specific agenda item at the race equality action team meetings, with attendance by the foreign nationals coordinator should any issues need to be discussed. (3.54)
- 9.31 The foreign nationals policy should be amended to allow a free five-minute call home, irrespective of whether or not a woman has had a visit in the previous month. (3.55)

Legal rights

- 9.32 Legal service advisers should complete the legal services officer training. (3.66)
- 9.33 Women should be able to use telephones during working hours to contact solicitors and make other official calls. (3.67)

Substance use

- 9.34 Nurses should undertake further substance use awareness training, and health service providers' skill mix should include mental health and dual diagnosis expertise. (3.76)

Health services

- 9.35 The prison partnership board should investigate why some women believe they are not always treated professionally and with care when they visit healthcare. (4.42)
- 9.36 Clinical governance meetings should be reintroduced. (4.43)
- 9.37 A skill mix review should be undertaken to ensure that healthcare staff have the relevant skills, competencies and knowledge to meet the full needs of the prison population, including mental health needs. (4.44)
- 9.38 First aiders/discipline staff on duty when healthcare is closed should be trained in the use of the automatic defibrillator. (4.45)

- 9.39 The childbirth pack should be re-sited centrally so that all staff have access to it when healthcare is closed. (4.46)
- 9.40 The clinical records for women who have been released should be kept securely in accordance with data protection and the Caldicott guidance. (4.47)
- 9.41 Women with disabilities should receive an occupational therapy assessment and equipment and adaptations provided without delay. (4.48)
- 9.42 Triage algorithms should be available and used to ensure consistency of advice and treatment. (4.49)
- 9.43 Additional SystemOne training should be given to staff to ensure the proper management of life-long conditions. (4.50)
- 9.44 The pharmacist should take a more active role in health initiatives at the prison, including direct contact with patients and pharmacy-led clinics. (4.51)
- 9.45 The development of additional patient group directions should be encouraged to enable the supply of more potent medication by nursing staff to avoid unnecessary consultations with the doctor. (4.52)
- 9.46 The controlled drug register should comply with the new format of the February 2008 regulations. (4.53)
- 9.47 The written in possession policy should be reviewed to include a risk assessment. (4.54)
- 9.48 Any pre-packs to be issued against a doctor's prescription should be dual-labelled. The second label should be attached to the prescription chart so the pharmacist can check that the prescription is appropriate and correctly supplied. (4.55)
- 9.49 All staff should have mental health awareness training. (4.56)
- 9.50 Women should have access to the counsellor without having to make an application through healthcare. (4.57)

Learning and skills and work activities

- 9.51 Transport arrangements for women returning from outside work should be improved. (5.17)
- 9.52 Staff should ensure that all women are clear about the purpose of community placements and involved in deciding which placement best meets their needs. (5.18)
- 9.53 Links between the library and work activities should be strengthened to ensure relevance of library stock and to encourage residents at work to use it. (5.19)
- 9.54 Access to the internet should be available in the library. (5.20)

Physical education and health promotion

- 9.55 Suitable outdoor physical education facilities should be provided. (5.29)

Faith and religious activity

- 9.56 A more appropriate multi-faith room should be provided. (5.38)

Catering

- 9.57 There should be specific consultation with black and minority ethnic women about menu choices. (7.6)
- 9.58 Women should have some opportunities to cook their own meals. (7.7)

Prison shop

- 9.59 Women should be consulted at least every three months about the product choice and black and minority ethnic women should be specifically consulted. (7.15)
- 9.60 New arrivals should be able to access the shop within 24 hours. (7.16)
- 9.61 Women should be able to buy hobby materials and make-up products. (7.17)
- 9.62 Women should have easy access to a fridge to store perishable goods. (7.18)

Strategic management of resettlement

- 9.63 The reducing re-offending strategy should be updated to reflect the broad range of engagement with voluntary and community groups and to include an action plan with SMART objectives. (8.5)

Offender management and planning

- 9.64 The service level agreement with North Yorkshire Probation Area should be updated to reflect the work being undertaken on offender management. (8.18)
- 9.65 Video or telephone conferencing facilities should be introduced to increase the participation of offender managers in sentence planning arrangements. (8.19)
- 9.66 Women should be involved in all discussions at offender management boards. (8.20)
- 9.67 Quality assurance processes for OASys should be reviewed at regular intervals. (8.21)
- 9.68 The child protection policy should be revised to reflect the broader safeguarding children agenda backed up by regular staff training. (8.22)
- 9.69 Lifers should be consulted on the structure and format of lifer boards in order to ensure maximum participation. (8.23)

- 9.70 Reports prepared for the Parole Board should be on time so that women are not disadvantaged by having parole hearings delayed. (8.24)
- 9.71 Discussions should take place with the Parole Board to determine the need for such detailed reports for all women lifers at this stage of their sentence. (8.25)

Resettlement pathways

- 9.72 Succession planning arrangements should be in place for peer accommodation advisers. (8.27)
- 9.73 The drug and alcohol strategy documents should contain detailed action plans, targets and performance measures. (8.44)
- 9.74 The number of outgoing telephones should be increased and they should be available 24 hours a day. (8.65)
- 9.75 Women living away from the main house should be provided with an incoming call facility. (8.66)
- 9.76 There should be transport arrangements to help visitors to get to and from the prison. (8.67)
- 9.77 The resettlement strategy should include an action plan and targets for the delivery of agreed objectives for the children and families pathway. (8.68)
- 9.78 Families should be invited and encouraged to participate in key aspects of prisoners' sentences where appropriate. (8.69)

Housekeeping points

First days in custody

- 9.79 Women should be able to sit down during the reception interview. (1.15)
- 9.80 Women should be able to make notes during the induction presentation. (1.16)

Residential units

- 9.81 Women should have a bedside light. (2.15)
- 9.82 The facilities list should be extended to allow women access to appropriate items. (2.16)

Bullying and violence reduction

- 9.83 The log of non-accidental injuries should be kept accurately and suspicious incidents reported for investigation. (3.11)

Self-harm and suicide

- 9.84 The bedsit should be decorated and an accurate record kept of the frequency of, and reasons for, use. (3.18)

Applications and complaints

- 9.85 Replies to complaints should be legible. (3.62)

Health services

- 9.86 The drug fridge should be kept locked when not in use. (4.58)

Security and rules

- 9.87 The local rules of the prison should be consolidated in a single document. (6.11)

Prison shop

- 9.88 All women should be told how to order newspapers and magazines. (7.19)

Resettlement pathways

- 9.89 The prison should be signposted. (8.70)
- 9.90 The family support worker should attend the monthly pathways and interventions delivery group meetings. (8.71)
- 9.91 Information about the in-house resettlement support services available to women should be displayed in the visits waiting room. (8.72)

Good practice

Mother and baby unit

- 9.92 *Co-parents could be involved in preparation for birth with mothers and have as many extended day visits as the mothers wished. This provided support for the mothers and helped bonding with babies. (2.37)*

Diversity

- 9.93 *All women and staff were invited to join in celebrations of festivals such as Eid, which promoted cultural awareness. (3.33)*

Health services

- 9.94 *All women over the age of 50 received a comprehensive secondary health screen that had successfully highlighted several health issues in a number of women. (4.59)*
- 9.95 *All new receptions were invited to a special 'wellbeing' welcome session on their first weekend, which was an opportunity to learn more about the health services and to meet healthcare staff. (4.60)*

Resettlement pathways

- 9.96 *Women could access a wide range of support services, which were flexible and delivered according to need. They included one-to-one and group work, a peer support scheme, dedicated PE sessions and auricular acupuncture, with dedicated alcohol services due to start shortly. (8.45)*
- 9.97 *The family support team provided an excellent range of services to help and support women in maintaining family ties with their children and other family members. (8.73)*

Appendix I: Inspection team

Michael Loughlin	Team leader
Joss Crosbie	Inspector
Susan Fenwick	Inspector
Marie Orrell	Inspector
Hayley Folland	Inspector
Paul Fenning	Inspector
Lisa McDowell	OMI
Marina Gaze	Ofsted
Margot Nelson Owen	Healthcare inspector
Sigrid Engelen	Drugs inspector
Michael Skidmore	Researcher
Catherine Nichols	Researcher

Appendix II: Prison population profile

Population breakdown by:

(i) Status	N° of Women	N° of YO's	%
Sentenced	90	3	93
Convicted but unsentenced			
Remand			
Civil prisoners			
Detainees (single power status)			
Detainees (dual power status)			
Total	90	3	100

(ii) Sentence	N° of Sentenced Women	N° of Sentenced YO's	%
Less than 6 months	1		1
6 months to less than 12 months	6	1	7
12 months to less than 2 years	5		5
2 years to less than 4 years	28	1	31
4 years to less than 6 years	23		24
6 years to less than 8 years	9	1	10
8 years to less than 10 years	6		7
10 years and over (less than life)	4		4
Life			8
Total	90	3	100

(iii) Length of stay	N° of Women	N° of YO's	%
Less than 1 month	13		13
1 month to 3 months	23		24
3 months to 6 months	10	1	11
6 months to 1 year	24	1	26
1 year to 2 years	14		15
2 years to 4 years	6	1	7
4 years or more			
Total	90	3	100

(iv) Main Offence	N° of Women	N° of YO's	%
Violence against the person	18		
Sexual offences			
Burglary	2		
Robbery	3	1	
Theft & handling	7		
Fraud and forgery	15		
Drugs offences	30	2	
Other offences	14		
Civil offences			
Offence not recorded/ Holding warrant	1		
Total	90	3	100

(v) Age	N° of Women	N° of YOs	%
18 years to 20 years		3	3
21 years to 29 years	23		24
30 years to 39 years	27		29
40 years to 49 years	27		29
50 years to 59 years	11		2
60 years to 69 years	2		2
70 plus years			
Maximum age	64		
Total	90		100

(vi) Home address	N° of Women	N° of YOs	%
Within 50 miles of the prison	24	1	
Between 50 and 100 miles of the prison	31		
Over 100 miles from the prison	26	2	
Overseas	5		
NFA	4		
Total	90	3	100

(vii) Nationality	N° of Women	N° of YOs	%
British	87	3	
Foreign national	3		
Total	90	3	100

(viii) Ethnic Group	N° of Women	N° of YOs	%
White			
British	81	3	90
Irish			
Other White	1		1
Mixed			
White and Black Caribbean	1		1
White and Black African			
White and Asian	1		1
Other mixed	1		1
Asian or Asian British			
Indian			
Pakistani	2		2
Bangladeshi			
Other Asian			
Black or Black British			
Caribbean	2		2
African			
Other Black	1		1
Chinese or other ethnic group			
Chinese			
Other ethnic group			
Total	90	3	100

(ix) Religion	N° of Women	N° of YOs	%
Church of England	39	1	43
Roman Catholic	20	2	22
Other Christina denominations			
Muslim	3		3
Sikh			
Hindu			
Buddhist	1		1
Jewish			
Other	4		4
No religion	23		24
Total	90	3	100

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 26 August 2007, the prisoner population at HMPYOI Askham Grange was 100. The sample size was 95. Overall, this represented 95% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a LIDS prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a LIDS list, which is printed in location order, if 50% of the population is to be sampled.

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

Interviews were carried out with any respondents with literacy difficulties. No respondents were interviewed.

Methodology

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

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

- have their questionnaire ready to hand back to a member of the research team at a specified time
- 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

In total, 76 respondents completed and returned their questionnaires. This represented 76% of the prison population. The response rate was 80%. In addition to the one respondent who refused to complete a questionnaire, seven questionnaires were not returned and 11 were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- The current survey responses in 2008 against comparator figures for all prisoners surveyed in women's prisons. This comparator is based on all responses from prisoner surveys carried out in 13 women's prisons since April 2003.
- The current Askham Grange survey responses in 2008, against the responses of prisoners surveyed at other open and semi-open women's prisons since April 2003.

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

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

Summary

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

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

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



Prisoner Survey Responses HMP/YOI Askham Grange 2008

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/YOI Askham Grange	Womens prisons comparator
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		76	1135
SECTION 1: General Information			
2	Are you under 21 years of age?	3%	10%
3a	Are you sentenced?	100%	80%
3b	Are you on recall?	1%	4%
4a	Is your sentence less than 12 months?	10%	22%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	2%
5	Do you have six months or less to serve?	63%	41%
6	Have you been in this prison less than a month?	7%	26%
7	Are you a foreign national?	1%	18%
8	Is English your first language?	97%	88%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	9%	28%
10	Are you Muslim?	3%	8%
11	Are you homosexual/gay or bisexual?	8%	22%
12	Do you consider yourself to have a disability?	5%	15%
13	Is this your first time in prison?	78%	53%
14	Have you been in more than 5 prisons this time?	7%	2%
15	Do you have any children under the age of 18?	45%	57%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	48%	47%
1b	Was your personal safety during the journey good/very good?	58%	59%
1c	Was the comfort of the van good/very good?	13%	15%
1d	Was the attention paid to your health needs good/very good?	33%	35%
1e	Was the frequency of toilet breaks good/very good?	8%	13%
2	Did you spend more than four hours in the van?	9%	8%
3	Were you treated well/very well by the escort staff?	74%	73%
4a	Did you know where you were going when you left court or when transferred from another prison?	90%	82%
4b	Before you arrived here did you receive any written information about what would happen to you?	17%	16%
4c	When you first arrived here did your property arrive at the same time as you?	95%	83%

Key to tables

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SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	20%	12%
1c	Housing problems?	27%	34%
1d	Problems contacting employers?	14%	9%
1e	Problems contacting family?	59%	59%
1f	Problems ensuring dependants were looked after?	23%	27%
1g	Money problems?	22%	19%
1h	Problems of feeling depressed/suicidal?	43%	67%
1i	Health problems?	47%	62%
1j	Problems in needing protection from other prisoners?	13%	18%
1k	Problems accessing phone numbers?	39%	53%
2	When you first arrived:		
2a	Did you have any problems?	46%	74%
2b	Did you have any problems with loss of property?	11%	10%
2c	Did you have any housing problems?	8%	22%
2d	Did you have any problems contacting employers?	5%	3%
2e	Did you have any problems contacting family?	19%	26%
2f	Did you have any problems ensuring dependants were being looked after?	5%	8%
2g	Did you have any money worries?	10%	23%
2h	Did you have any problems with feeling depressed or suicidal?	15%	30%
2i	Did you have any health problems?	16%	29%
2j	Did you have any problems with needing protection from other prisoners?	1%	5%
2k	Did you have problems accessing phone numbers?	12%	33%
3a	Were you seen by a member of health services in reception?	77%	87%
3b	When you were searched in reception, was this carried out in a respectful way?	89%	77%
4	Were you treated well/very well in reception?	84%	73%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	68%	46%
5b	Information about what support was available for people feeling depressed or suicidal?	57%	46%
5c	Information about how to make routine requests?	61%	34%
5d	Information about your entitlement to visits?	64%	39%
5e	Information about health services?	66%	45%
5f	Information about the chaplaincy?	61%	50%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	78%	80%
6b	The opportunity to have a shower?	62%	46%
6c	The opportunity to make a free telephone call?	75%	65%
6d	Something to eat?	87%	79%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	28%	48%
7b	Someone from health services?	81%	75%
7c	A listener/Samaritans?	18%	31%
8	Did you have access to the prison shop/canteen within the first 24 hours?	26%	22%
9	Did you feel safe on your first night here?	93%	75%
10	Have you been on an induction course?	92%	90%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	84%	63%
SECTION 4: Legal Rights and Respectful Custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	45%	44%
1b	Attend legal visits?	39%	57%
1c	Obtain bail information?	13%	22%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	30%	39%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	45%	58%
3b	Are you normally able to have a shower every day?	99%	90%
3c	Do you normally receive clean sheets every week?	52%	80%
3d	Do you normally get cell cleaning materials every week?	75%	73%
3e	Is your cell call bell normally answered within five minutes?	9%	41%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	73%	63%
3g	Can you normally get your stored property, if you need to?	48%	33%
4	Is the food in this prison good/very good?	79%	35%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	35%	44%
6a	Is it easy/very easy to get a complaints form?	93%	82%
6b	Is it easy/very easy to get an application form?	96%	86%
7	Have you made an application?	90%	83%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	90%	60%
8b	Do you feel applications are dealt with promptly? (within 7 days)	89%	51%
9	Have you made a complaint?	25%	57%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	61%	45%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	61%	43%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	33%	22%
10c	Were you given information about how to make an appeal?	22%	32%
12	Is it easy/very easy to see the Independent Monitoring Board?	81%	41%
13a	Do you feel your religious beliefs are respected?	73%	61%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	73%	62%
14	Are you able to speak to a Listener at any time, if you want to?	65%	68%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	97%	79%
15b	Do most staff, in this prison, treat you with respect?	89%	74%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	13%	35%
2	Do you feel unsafe in this prison at the moment?	3%	15%
4	Have you been victimised by another prisoner?	18%	27%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	13%	17%
5b	Hit, kicked or assaulted you?	1%	6%
5c	Sexually abused you?	1%	1%
5d	Victimised you because of your race or ethnic origin?	0%	4%
5e	Victimised you because of drugs?	1%	2%
5f	Taken your canteen/property?	0%	5%
5g	Victimised you because you were new here?	3%	7%
5h	Victimised you because of your sexuality?	1%	2%
5i	Victimised you because you have a disability?	3%	3%
5j	Victimised you because of your religion/religious beliefs?	3%	2%
5k	Victimised you because you were from a different part of the country?	0%	4%
5l	Victimised you because of your offence/crime?	5%	6%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	14%	19%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	7%	9%
7b	Hit, kicked or assaulted you?	0%	3%
7c	Sexually abused you?	0%	1%
7d	Victimised you because of your race or ethnic origin?	1%	2%
7e	Victimised you because of drugs?	1%	2%
7f	Victimised you because you were new here?	4%	4%
7g	Victimised you because of your sexuality?	0%	2%
7h	Victimised you because you have a disability?	1%	2%
7i	Victimised you because of your religion/religious beliefs?	1%	2%
7j	Victimised you because you were from a different part of the country?	0%	3%
7k	Victimised you because of your offence/crime?	1%	2%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	46%	52%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	25%	32%
10	Have you ever felt threatened or intimidated by a member of staff in here?	11%	22%
11	Is it easy/very easy to get illegal drugs in this prison?	21%	22%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	73%	18%
1b	Is it easy/very easy to see the nurse?	93%	45%
1c	Is it easy/very easy to see the dentist?	50%	16%
1d	Is it easy/very easy to see the optician?	28%	22%
2	Are you able to see a pharmacist?	28%	47%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	76%	50%
3b	The nurse?	71%	61%
3c	The dentist?	78%	40%
3d	The optician?	46%	43%
4	The overall quality of health services?	72%	43%

Key to tables

	Any percent highlighted in green is significantly better	HMP/YOI Askham Grange	Womens prisons comparator
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Healthcare continued			
5	Are you currently taking medication?	63%	65%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	100%	53%
7	Do you feel you have any emotional well being/mental health issues?	19%	59%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	33%	
8b	A doctor?	44%	51%
8c	A nurse?	19%	39%
8d	A psychiatrist?	7%	24%
8e	The Mental Health In-Reach Team?	19%	53%
8f	A counsellor?	33%	45%
9a	Did you have a drug problem when you came into this prison?	8%	31%
9b	Did you have an alcohol problem when you came into this prison?	10%	13%
10a	Have you developed a drug problem since you have been in this prison?	0%	23%
10b	Have you developed an alcohol problem since you have been in this prison?	0%	6%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	93%	90%
12	Have you received any help or intervention whilst in this prison?	81%	96%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	100%	82%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	1%	31%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	0%	21%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	100%	65%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	65%	55%
1b	Vocational or skills training?	37%	12%
1c	Education (including basic skills)?	82%	28%
1d	Offending Behaviour Programmes?	17%	26%

Key to tables

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Any percent highlighted in blue is significantly worse		
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Purposeful Activity continued		
2ai Have you had a job whilst in prison?	99%	80%
For those who have had a prison job whilst in prison:		
2aii Do you feel the job will help you on release?	65%	52%
2bi Have you been involved in vocational or skills training whilst in prison?	87%	67%
For those who have had vocational or skills training whilst in prison:		
2bii Do you feel the vocational or skills training will help you on release?	87%	58%
2ci Have you been involved in education whilst in prison?	96%	74%
For those who have been involved in education whilst in prison:		
2cii Do you feel the education will help you on release?	85%	67%
2di Have you been involved in offending behaviour programmes whilst in prison?	83%	57%
For those who have been involved in offending behaviour programmes whilst in prison:		
2dii Do you feel the offending behaviour programme(s) will help you on release?	70%	58%
3 Do you go to the library at least once a week?	81%	47%
4 On average, do you go to the gym at least twice a week?	30%	36%
5 On average, do you go outside for exercise three or more times a week?	66%	46%
6 On average, do you spend ten or more hours out of your cell on a weekday?	55%	24%
7 On average, do you go on association more than five times each week?	80%	57%
8 Do staff normally speak to you most of the time/all of the time during association?	64%	26%
SECTION 8: Resettlement		
1 Do you have a personal officer?	95%	66%
For those with a personal officer:		
2 Do you think your personal officer is helpful/very helpful?	81%	69%
For those who are sentenced:		
3 Do you have a sentence plan?	96%	54%
For those with a sentence plan?		
4 Were you involved/very involved in the development of your plan?	80%	70%
5 Can you achieve some/all of you sentence plan targets in this prison?	99%	84%
6 Are there plans for you to achieve some/all your targets in another prison?	14%	38%
For those who are sentenced:		
7 Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	50%	45%
8 Do you feel that any member of staff has helped you to prepare for release?	55%	27%
9 Have you had any problems with sending or receiving mail?	14%	35%
10 Have you had any problems getting access to the telephones?	23%	23%
11 Did you have a visit in the first week that you were here?	72%	33%
12 Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	97%	72%

Key to tables

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Resettlement continued			
13	Did you receive one or more visits in the last week?	49%	34%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	85%	57%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	36%	30%
15c	Avoiding bad relationships?	26%	25%
15d	Finding a job on release?	64%	48%
15e	Finding accommodation on release?	53%	58%
15f	With money/finances on release?	41%	40%
15g	Claiming benefits on release?	58%	54%
15h	Arranging a place at college/continuing education on release?	59%	43%
15i	Accessing health services on release?	35%	44%
15j	Opening a bank account on release?	38%	33%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	5%	18%
16c	Avoiding bad relationships?	1%	25%
16d	Finding a job?	28%	58%
16e	Finding accommodation?	25%	45%
16f	Money/finances?	10%	51%
16g	Claiming benefits?	15%	39%
16h	Arranging a place at college/continuing education?	6%	36%
16i	Accessing health services?	9%	25%
16j	Opening a bank account?	5%	41%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	67%	56%



Prisoner Survey Responses HMP/YOI Askham Grange 2008

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMP/YOI Askham Grange	East Surton Park, Drake Hall & Morton Hall
	Any percent highlighted in green is significantly better		
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	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		76	251
SECTION 1: General Information			
2	Are you under 21 years of age?	3%	3%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	1%	6%
4a	Is your sentence less than 12 months?	10%	13%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	3%
5	Do you have six months or less to serve?	63%	49%
6	Have you been in this prison less than a month?	7%	
7	Are you a foreign national?	1%	41%
8	Is English your first language?	97%	72%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	9%	46%
10	Are you Muslim?	3%	10%
11	Are you homosexual/gay or bisexual?	8%	15%
12	Do you consider yourself to have a disability?	5%	14%
13	Is this your first time in prison?	78%	77%
14	Have you been in more than 5 prisons this time?	7%	
15	Do you have any children under the age of 18?	45%	58%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	48%	46%
1b	Was your personal safety during the journey good/very good?	58%	54%
1c	Was the comfort of the van good/very good?	13%	17%
1d	Was the attention paid to your health needs good/very good?	33%	36%
1e	Was the frequency of toilet breaks good/very good?	8%	15%
2	Did you spend more than four hours in the van?	9%	8%
3	Were you treated well/very well by the escort staff?	74%	69%
4a	Did you know where you were going when you left court or when transferred from another prison?	90%	78%
4b	Before you arrived here did you receive any written information about what would happen to you?	17%	22%
4c	When you first arrived here did your property arrive at the same time as you?	95%	82%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	20%	
1c	Housing problems?	27%	
1d	Problems contacting employers?	14%	
1e	Problems contacting family?	59%	
1f	Problems ensuring dependants were looked after?	23%	
1g	Money problems?	22%	
1h	Problems of feeling depressed/suicidal?	43%	
1i	Health problems?	47%	
1j	Problems in needing protection from other prisoners?	13%	
1k	Problems accessing phone numbers?	39%	
2	When you first arrived:		
2a	Did you have any problems?	46%	61%
2b	Did you have any problems with loss of property?	11%	11%
2c	Did you have any housing problems?	8%	10%
2d	Did you have any problems contacting employers?	5%	2%
2e	Did you have any problems contacting family?	19%	26%
2f	Did you have any problems ensuring dependants were being looked after?	5%	5%
2g	Did you have any money worries?	10%	21%
2h	Did you have any problems with feeling depressed or suicidal?	15%	17%
2i	Did you have any health problems?	16%	16%
2j	Did you have any problems with needing protection from other prisoners?	1%	3%
2k	Did you have problems accessing phone numbers?	12%	
3a	Were you seen by a member of health services in reception?	77%	92%
3b	When you were searched in reception, was this carried out in a respectful way?	89%	78%
4	Were you treated well/very well in reception?	84%	75%
5	On your day of arrival, were offered any of the following information:		
5a	Information about what was going to happen to you?	68%	50%
5b	Information about what support was available for people feeling depressed or suicidal?	57%	43%
5c	Information about how to make routine requests?	61%	43%
5d	Information about your entitlement to visits?	64%	45%
5e	Information about health services?	66%	
5f	Information about the chaplaincy?	61%	

Key to tables

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SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	78%	70%
6b	The opportunity to have a shower?	62%	62%
6c	The opportunity to make a free telephone call?	75%	51%
6d	Something to eat?	87%	72%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	28%	65%
7b	Someone from health services?	81%	89%
7c	A listener/Samaritans?	18%	41%
8	Did you have access to the prison shop/canteen within the first 24 hours?	26%	31%
9	Did you feel safe on your first night here?	93%	83%
10	Have you been on an induction course?	92%	95%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	84%	71%
SECTION 4: Legal Rights and Respectful Custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	45%	49%
1b	Attend legal visits?	39%	47%
1c	Obtain bail information?	13%	19%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	30%	24%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	45%	48%
3b	Are you normally able to have a shower every day?	99%	96%
3c	Do you normally receive clean sheets every week?	52%	70%
3d	Do you normally get cell cleaning materials every week?	75%	73%
3e	Is your cell call bell normally answered within five minutes?	9%	7%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	73%	67%
3g	Can you normally get your stored property, if you need to?	48%	48%
4	Is the food in this prison good/very good?	79%	52%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	35%	48%
6a	Is it easy/very easy to get a complaints form?	93%	91%
6b	Is it easy/very easy to get an application form?	96%	93%
7	Have you made an application?	90%	83%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	90%	71%
8b	Do you feel applications are dealt with promptly? (within 7 days)	89%	75%
9	Have you made a complaint?	25%	53%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	61%	53%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	61%	67%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	33%	20%
10c	Were you given information about how to make an appeal?	22%	38%
12	Is it easy/very easy to see the Independent Monitoring Board?	81%	64%
13a	Do you feel your religious beliefs are respected?	73%	69%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	73%	65%
14	Are you able to speak to a Listener at any time, if you want to?	65%	70%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	97%	87%
15b	Do most staff, in this prison, treat you with respect?	89%	70%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	13%	26%
2	Do you feel unsafe in this prison at the moment?	3%	7%
4	Have you been victimised by another prisoner?	18%	23%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks made about you, your family or friends?	13%	14%
5b	Hit, kicked or assaulted you?	1%	3%
5c	Sexually abused you?	1%	1%
5d	Victimised you because of your race or ethnic origin?	0%	5%
5e	Victimised you because of drugs?	1%	2%
5f	Taken your canteen/property?	0%	2%
5g	Victimised you because you were new here?	3%	3%
5h	Victimised you because of your sexuality?	1%	3%
5i	Victimised you because you have a disability?	3%	1%
5j	Victimised you because of your religion/religious beliefs?	3%	0%
5k	Victimised you because you were from a different part of the country?	0%	5%
5l	Victimised you because of your offence/crime?	5%	

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	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	14%	19%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks made about you, your family or friends?	7%	6%
7b	Hit, kicked or assaulted you?	0%	1%
7c	Sexually abused you?	0%	1%
7d	Victimised you because of your race or ethnic origin?	1%	4%
7e	Victimised you because of drugs?	1%	2%
7f	Victimised you because you were new here?	4%	5%
7g	Victimised you because of your sexuality?	0%	2%
7h	Victimised you because you have a disability?	1%	1%
7i	Victimised you because of your religion/religious beliefs?	1%	1%
7j	Victimised you because you were from a different part of the country?	0%	6%
7k	Victimised you because of your offence/crime?	1%	
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	46%	60%
9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	25%	23%
10	Have you ever felt threatened or intimidated by a member of staff in here?	11%	23%
11	Is it easy/very easy to get illegal drugs in this prison?	21%	15%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	73%	
1b	Is it easy/very easy to see the nurse?	93%	
1c	Is it easy/very easy to see the dentist?	50%	
1d	Is it easy/very easy to see the optician?	28%	
2	Are you able to see a pharmacist?	28%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	76%	70%
3b	The nurse?	71%	83%
3c	The dentist?	78%	59%
3d	The optician?	46%	65%
4	The overall quality of health services?	72%	65%

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Healthcare continued			
5	Are you currently taking medication?	63%	63%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	100%	83%
7	Do you feel you have any emotional well being/mental health issues?	19%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	33%	
8b	A doctor?	44%	
8c	A nurse?	19%	
8d	A psychiatrist?	7%	
8e	The Mental Health In-Reach Team?	19%	
8f	A counsellor?	33%	
9a	Did you have a drug problem when you came into this prison?	8%	6%
9b	Did you have an alcohol problem when you came into this prison?	10%	4%
10a	Have you developed a drug problem since you have been in this prison?	0%	
10b	Have you developed an alcohol problem since you have been in this prison?	0%	
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	93%	
12	Have you received any help or intervention whilst in this prison?	81%	
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	100%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	1%	11%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	0%	9%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	100%	72%
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	65%	
1b	Vocational or skills training?	37%	
1c	Education (including basic skills)?	82%	
1d	Offending Behaviour Programmes?	17%	

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	Percentages which are not highlighted show there is no significant difference		
Purposeful Activity continued			
2ai	Have you had a job whilst in prison?	99%	92%
For those who have had a prison job whilst in prison:			
2aii	Do you feel the job will help you on release?	65%	54%
2bi	Have you been involved in vocational or skills training whilst in prison?	87%	78%
For those who have had vocational or skills training whilst in prison:			
2bii	Do you feel the vocational or skills training will help you on release?	87%	63%
2ci	Have you been involved in education whilst in prison?	96%	85%
For those who have been involved in education whilst in prison:			
2cii	Do you feel the education will help you on release?	85%	76%
2di	Have you been involved in offending behaviour programmes whilst in prison?	83%	66%
For those who have been involved in offending behaviour programmes whilst in prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	70%	61%
3	Do you go to the library at least once a week?	81%	63%
4	On average, do you go to the gym at least twice a week?	30%	52%
5	On average, do you go outside for exercise three or more times a week?	66%	53%
6	On average, do you spend ten or more hours out of your cell on a weekday?	55%	43%
7	On average, do you go on association more than five times each week?	80%	60%
8	Do staff normally speak to you most of the time/all of the time during association?	64%	23%
SECTION 8: Resettlement			
1	Do you have a personal officer?	95%	86%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	81%	76%
For those who are sentenced:			
3	Do you have a sentence plan?	96%	64%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	80%	77%
5	Can you achieve some/all of you sentence plan targets in this prison?	99%	88%
6	Are there plans for you to achieve some/all your targets in another prison?	14%	28%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	50%	48%
8	Do you feel that any member of staff has helped you to prepare for release?	55%	30%
9	Have you had any problems with sending or receiving mail?	14%	28%
10	Have you had any problems getting access to the telephones?	23%	14%
11	Did you have a visit in the first week that you were here?	72%	29%
12	Does this prison give you the opportunity to have the visits you are entitled to? (e.g. number and length of visit)	97%	74%

Key to tables

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Resettlement continued			
13	Did you receive one or more visits in the last week?	49%	25%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	85%	
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	36%	
15c	Avoiding bad relationships?	26%	
15d	Finding a job on release?	64%	53%
15e	Finding accommodation on release?	53%	61%
15f	With money/finances on release?	41%	40%
15g	Claiming benefits on release?	58%	49%
15h	Arranging a place at college/continuing education on release?	59%	50%
15i	Accessing health services on release?	35%	49%
15j	Opening a bank account on release?	38%	44%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	5%	
16c	Avoiding bad relationships?	1%	
16d	Finding a job?	28%	
16e	Finding accommodation?	25%	35%
16f	Money/finances?	10%	49%
16g	Claiming benefits?	15%	29%
16h	Arranging a place at college/continuing education?	6%	28%
16i	Accessing health services?	9%	13%
16j	Opening a bank account?	5%	31%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	67%	50%