



# **Annual Report of the Independent Monitoring Board at HMP/YOI Askham Grange**

**For reporting year  
1 July 2022 to 30 June 2023**

**Published May 2024**



# Contents

<b>Introductory sections 1 – 3</b>	<b>Page</b>
1. Statutory role of the IMB	3
2. Description of the establishment	4
3. Key points	5
 <b>Evidence sections 4 – 7</b>	
4. Safety	7
5. Fair and humane treatment	9
6. Health and wellbeing	12
7. Progression and resettlement	16
 <b>The work of the IMB</b>	
Board statistics	19
Applications to the IMB	19
 <b>Annex A</b>	
List of main service providers	20

All IMB annual reports are published on [www.imb.org.uk](http://www.imb.org.uk)

## Introductory sections 1 – 3

### 1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent board appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison and also to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMB is part of the United Kingdom's National Preventive Mechanism.

## **2. Description of the establishment**

2.1 HMP/YOI Askham Grange is a women's open prison (which has minimal security and allows eligible prisoners to spend most of their day away from the prison working or in education) in the rural village of Askham Richard, just south of York. The overriding ethos is of resettlement and preparation of the prisoners for their return to the community. The prison has provision for up to 10 mothers with their babies in its mother and baby unit (MBU), enabling them to maintain full-time care of their child up to 18 months whilst in prison, and it is complemented by a nursery that is run by Action for Children. A family team works with them and all other mothers in HMP/YOI Askham Grange to prepare them for life on release.

2.2 The certified normal accommodation (CNA; this is the number of prisoners a prison can hold without being crowded) threshold is 128<sup>1</sup>, and HMP/YOI Askham Grange has an operational capacity (the maximum number of prisoners that can be held without serious risk to safety, security, good order and the proper running of the prison) of 128. During the reporting year, the average roll was 95.

---

<sup>1</sup> Figures included in this report are local management information. They reflect the prison's position at the time of reporting, but may be subject to change following further validation and therefore may not always tally with Official Statistics later published by the Ministry of Justice.

### **3. Key points**

#### **3.1 Main findings**

##### **Safety**

- From the Board's observations, HMP/YOI Askham Grange appears to be a safe establishment for both prisoners and staff.
- Incidents of violence or self-harm appear to be very rare.
- Working relationships between staff and prisoners are, in general, very good.
- Illicit drug and alcohol use seems to be low.

##### **Fair and humane treatment**

- It is the view of the Board that prisoners are treated both fairly and humanely.
- The offer of full-time working for all prisoners is particularly good.
- Key worker session targets were met.
- Food is of a good standard and varied.
- Extra mental health support is offered readily when needed.
- Challenge, support and intervention plans (CSIP) are often used to facilitate extra support.

##### **Health and wellbeing**

- From the Board's observations, access to healthcare is good.
- There is a wide range of mental health and other support available.
- Prisoners benefit from a varied activity programme.

##### **Progression and resettlement**

- Most prisoners can benefit from the education, training and work opportunities.
- Where prisoners have short remaining sentences, they are unable to benefit from many opportunities at HMP/YOI Askham Grange, including release on temporary licence (ROTL).

#### **3.2 Main areas for development**

##### ***TO THE MINISTER***

- Can the Minister consider reducing the number of prisoners arriving at HMP/YOI Askham Grange with short sentences so that more prisoners can benefit from the full progression and resettlement planning on offer?

##### ***TO THE PRISON SERVICE***

- Can the Prison Service consider improving the provision of community offender managers to help speed up access to ROTLs and improve release planning?
- The prison is not at full capacity. Can closed prisons more readily identify women who would benefit from HMP/YOI Askham Grange?
- Will the Prison Service consider phasing out shared-cell accommodation?

## **TO THE GOVERNOR**

- Can anything be done to improve the availability of the prisoner driver to help alleviate the travel costs associated with ROTLs?

### **3.3 Response to the 2020-2021 report (as there was no report for 2021-2022)**

- We were pleased to hear that the future of the prison is now certain, with the threatened closure rescinded.
- The pods (separate, temporary units of single-cell accommodation) that were in place to help deal with the Covid-19 pandemic have now been removed and all prisoners are back in the pre-existing accommodation.
- However, prisoners are still arriving with short sentences left to serve, and this problem seems to have increased since the last report.

## **Evidence sections 4 – 7**

### **4. Safety**

#### **4.1 Reception and induction**

4.1.1 HMP/YOI Askham Grange has produced an induction video showing staff and prisoners talking about what they can expect on arrival and the differences between closed and open prisons. The intention is for it to be shown at the prison they are being transferred from to help ease the transition and inform expectations.

4.1.2 Arrival to the prison is dependent on transport, which is outside the prison's control. Prisoners mostly arrive early in the day, but there are occasions when this is not achieved. When they do arrive late, it can make settling in more difficult.

4.1.3 Prisoners stay in an induction dormitory on arrival. They are given a tour of the establishment and an induction PowerPoint presentation led by staff and peers. The prisoners the Board spoke to said this was useful, albeit a lot to take in. Some information is also given in leaflet form.

4.1.4 The information room has been refurbished and is now brighter and more welcoming.

4.1.5 There were a total of 111 receptions and 94 discharges during the reporting year, with an average roll of 95.

#### **4.2 Suicide and self-harm, deaths in custody**

4.2.1 There were no deaths in custody during the reporting period.

4.2.2 There were 14 assessment, care in custody and teamwork (ACCT) documents (used to support prisoners who are at risk of self-harm and suicide), which is only one more than in the previous reporting year and lower than during the height of the Covid-19 pandemic.

<b>Reporting year</b>	<b>Total number of ACCTs</b>
2020-2021	26
2021-2022	13
2022-2023	14

ACCT documentation was monitored by IMB members on weekly visits. The documentation we reviewed appeared to be kept up to date, with reviews done in a timely manner.

4.2.3 During the reporting year, there were two episodes of self-harm, affecting one individual.

#### **4.3 Violence and violence reduction, self-isolation**

There were no episodes of violence during the reporting year.

#### **4.4 Use of force**

There were no episodes of the use of force during the reporting year.

#### **4.5 Preventing illicit items**

Prisoners are screened on arrival for illicit drugs. Mandatory drug and alcohol testing is routinely carried out and all monthly targets were met. Positive results that are proven (rather than being due to a prescription medication) result in an adjudication (a disciplinary hearing when a prisoner is alleged to have broken prison rules). Four positive results were upheld in the reporting year.



## **5. Fair and humane treatment**

### **5.1 Accommodation, clothing, food**

5.1.1 Accommodation is spread across the main house and separate annex in the grounds. There is a mixture of single and multi-occupancy rooms, with most women accommodated in shared rooms. Additionally, a mother and baby unit can hold up to 10 women and 11 babies. This facility has been under capacity throughout the reporting year.

5.1.2 There are regular reviews regarding room shares, with friendships and requests being considered. Room shares can be a source of challenge, as most women have come from single-cell accommodation in closed prisons and most prefer single rooms. It is hoped that the innovation of the new induction video being shown to prisoners before transfer may alleviate this by managing expectations before arrival. Single rooms are prioritised for those with a special need or circumstances, such as night workers, for example.

5.1.3 There have been complaints about worn and thin mattresses, which needed to be replaced. However, there have been delays in procuring these.

5.1.4 The mother and baby unit is the most modern area and is bright and spacious, with a well-equipped nursery adjoining it. The nursery is run by Action for Children, which also works with families and external agencies as needed. Unfortunately, the nursery outdoor area needs repair and, therefore, will remain out of use until a grant can be secured to pay for the work.

5.1.5 The communal areas of the prison appear bright and welcoming. Accommodation appears of a good standard and cleanliness appears high around the prison.

5.1.6 There is an issue with some of the shared bathrooms, which are prone to damp. There is a rolling programme of redecoration to address this, but the cause of the problem is lack of ventilation. We understand that, due to the layout of the building, the cost to remedy this is prohibitive at present.

5.1.7 The grounds are well kept by the prisoners, with regular replanting of flowers and a wild meadow.

5.1.8 The general feedback the Board receives about prison food is positive. There have been some issues around reheating food for women returning from work outside the prison, but there are plans to try and improve this with the installation of a new fridge in a secure area.

5.1.9 Prisoners wear their own clothes and have access to domestic washing machines for small items, while the prison laundry is used for larger items on a rota basis. The main laundry was under pressure for most of the reporting year due to broken machines. These issues were mostly resolved towards the end of the reporting year, with a replacement programme in hand for the remainder.

### **5.2 Segregation**

The prison does not have a segregation unit (where a prisoner can be kept apart from the rest of the population), as such, but does have a bedsit where prisoners who are considered 'at risk' (of self-harm, because of illness or who just need some time away from others) can be accommodated and observed. Those who warrant segregation because of poor behaviour are sent back to closed prisons following adjudication.

### **5.3 Staff and prisoner relationships, key workers**

5.3.1 A total of 81.3% of key worker sessions were completed, meeting a target of 80%.

5.3.2 The Board regularly sees evidence of staff actively seeking contact with prisoners after they have received bad news or during important dates that may trigger an emotional response. Challenge, support and intervention plans (CSIP), which help manage prisoners who pose an increased risk of violence, are often used in a supportive manner to ensure extra awareness through these difficult times. A total of 46 CSIPs were implemented during the reporting year. Whenever we make enquiries, the thorough knowledge that staff have of individual prisoners is notable.

5.3.3 Despite the above, the Board has received unofficial comments from prisoners who are afraid they may be sent back to closed conditions if they make complaints. We have discussed this with the Deputy Governor and several staff and have been reassured this is not the case. The HM Inspectorate of Prisons inspection<sup>2</sup>, which took place at the end of the reporting period, highlighted that 28% of women reported having experienced verbal abuse from staff. This was an increase from the previous inspection. The Board notes that research discussed in the publication, *Inside Time* (a monthly national newspaper and website produced by a charity for prisoners and their families), shows women are fearful of the risk of being returned to closed conditions. The Board intends to look at this area in more detail during the next reporting period.

5.3.4 There were 72 completed adjudications in the last year. In addition, there were several positive drug screenings due to prescribed medication, which were dismissed on investigation. Some prisoners returned to HMP/YOI Askham Grange following a period in closed conditions.

5.3.5 A prisoners' council ran every month and any prisoner could attend to discuss matters.

### **5.4 Equality and diversity**

5.4.1 A new appointment of a full-time neurodiversity support manager (NSM) was made in September 2022. Prior to this appointment, the diagnosis (self and actual) of neurodiversity was 12%. Within months, this had risen to over 20% and continues to increase. The NSM works closely with all departments, sharing information to help improve communication with prisoners and understanding of their specific needs. Regular written communication is also sent to all departments, highlighting special considerations for individual prisoners.

5.4.2 A total of seven discrimination incident reporting forms (DIRFs) were received.

5.4.3 The percentage of prisoners from minority ethnic backgrounds fluctuated, but was generally around 9%.

5.4.4 There is a transgender policy and staff education to improve communication in this area.

5.4.5 The prison runs a buddy system (peer support) for those residents who have additional disability or mobility needs. Personal emergency and evacuation plans (PEEP;

---

<sup>2</sup> [HMP & YOI Askham Grange \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/hmp-yoi-askham-grange/)

escape plans for individuals who may have difficulties evacuating the prison to a place of safety without help from others) are regularly reviewed and lists shared.

## **5.5 Faith and pastoral support**

5.5.1 The multi-faith centre is a welcoming sanctuary, which is also used for many group meetings. Services are advertised and special religious festivals celebrated.

5.5.2 The prison participates in the Listener scheme, with training by the Samaritans. Across the reporting year, a total of nine Listeners were available to prisoners.

5.5.3 Prisoners can access additional support groups whilst on ROTL.

## **5.6 Incentives schemes**

5.6.1. Most prisoners are on the enhanced level of the incentives scheme. It is rare for prisoners to be on the standard level. (Based on their behaviour, prisoners are set a level, which they can improve on by keeping to the prison rules.) The open prison environment is inconsistent with the basic level, which would require a transfer back to closed conditions. The super-enhanced level, introduced in 2021, has been discontinued because, the Board was informed, it was unpopular with prisoners.

5.6.2 Prisoners are given positive or negative entries, which contribute to their incentive status. It is notable that the vast majority of these, around 85%, are positive entries.

## **5.7 Complaints**

There were 83 internal complaints received during the reporting year and 23 from external prisons before or after the stay at HMP/YOI Askham Grange. The nature of the complaints varied, with the most common reason relating to the loss of property during inter-prison transfers.

## **6. Health and wellbeing**

### **6.1 Healthcare general**

6.1.1 The healthcare service was inspected by the Care Quality Commission (CQC) at the very end of the reporting period. Their official report is still pending. However, in their preliminary feedback, they were very supportive and commented on the high standard of care being provided. The services being delivered are quicker and more effective than in the community<sup>3</sup>. They received positive feedback from prisoners especially from MBU. They were impressed by the openness of the staff. They had no specific recommendations. The IMB, in its monitoring of the service provided would agree with the findings of the CQC as outlined above.

6.1.2 From the Board's observations, the pharmacy appears to be well run and safe. The CQC commented on the cleanliness of the building. This was echoed in the receipt of a glowing report from the NHS audit for cleanliness.

6.1.3 CQC inspectors recognised that there had been improvements to the management of the healthcare centre. There had previously been a lack of visual presence of a manager but with the promotion of a member of staff to primary care clinical lead in January 2023, this had substantially improved. A more trusting relationship with the prison had also been built. However, the CQC acknowledged that the manager post is still stretched in terms of time and responsibility.

6.1.4 There is currently not a full complement of permanent staff and bank staff are bought in to issue medication and provide triage over the weekends and cover for absences. However, the permanent staff often have to provide cover out of hours and over the weekends, too. They do have a good set of bank nurses – and two more have recently been appointed – but they are expensive, so the budget limits their use to some extent. Staffing levels are undoubtedly stretched. Two staff are dropping some hours imminently and a new band 6 post (of 16 hours) will be created for a deputy manager role. The healthcare service is awaiting a health needs assessment, which may release more money for more staff.

6.1.5 There were two complaints during the reporting year. Neither progressed to stage two. The manager met with the prisoners' face to face, followed up with a letter and an apology if required. The CQC suggested that the complaints procedure should be more evidently promoted, so now there are visible posters in healthcare centre.

### **6.2 Primary healthcare**

6.2.1 GP sessions are two half days per week. There are no waiting lists and the Board has no concerns about waiting times.

6.2.2 Post-Covid, there was a longer than usual waiting list to see a dentist. The prison contracts the dentist but healthcare provides the triage and books appointments for prisoners. No one seems to have sight of the contract, so anomalies can occur. For example, it is written into the contract that the dentist cannot sedate for treatment, which is a problem for prisoners who have overwhelming fears. Also, prisoners tend to

---

<sup>3</sup> Prison healthcare should offer equivalent outcomes to the community and not just be a direct copy of what the community can access. Prisoners may need more services, or reduced waits, in order to achieve the same health outcome (as prisoners are likely to have considerable health inequalities compared to the community). Further, community healthcare varies across postcodes and services, so making an accurate comparison can be difficult.

ignore/forget appointments, because they have work or education. This can be frustrating for healthcare admin who arrange the appointments. If a prisoner gets three DNAs – ‘did not attend’ – they cannot attend at all. Prisoners can access emergency dental care.

6.2.3 Dispensing and delivery of medications is now supported by a pharmacy technician from New Hall Prison one day per week. This worked well for approximately six months, but due to illness the support has become patchy and ad hoc. An interim arrangement was in place using a member of staff for half a day. After a long wait of 18 months for staff to be trained, Traka Medication Distribution Lockers, which facilitate the collection of medications by prisoners who have been cleared to have ‘in possession’ medication, started to be used. The prisoners found it a very convenient way to collect their medication. However, after six months, due to a serious computer error, Traka malfunctioned and was opening the wrong locker doors, so potentially issuing the wrong medications to the prisoners. The problem was reported immediately. It has been out of action since and the prisoners have had to return to collecting their medications from healthcare.

6.2.4 The criteria for Buvidal injections (a medicine used to treat dependence on opioid drugs such as heroin and morphine) has changed. Prisoners must have less than six months left on their sentence. They also need to know that the area they are being released to can continue to give the injections. This has reduced the number of prisoners eligible which was, over the course of the reporting year, a total of five.

6.2.5 Prisoners are no longer routinely tested for Covid. Vaccinations for seasonal flu and Covid are given on two specific days and there is a drop-in session for outworkers. There is good uptake, but there is still the need to chase, and letters are sent out. Shingles vaccinations are now being given. Healthcare has to check that all prisoners have had both their MMR (mumps, measles and rubella) vaccinations. It is difficult to tell from medical records, so letters are sent out – and a disclaimer needs to be returned. This requires a lot of chasing up.

6.2.6 Prisoners take a BBV test (to check for hepatitis B and C and HIV) on transfer and every six months. Healthcare needs to achieve 98% testing. This is a challenge, as many of the prisoners resist turning up for the test and staff have to spend a lot of time tracking them down.

6.2.7 A practice nurse has one day per week to work with prisoners on their care plans for long-term conditions. The CQC said the care plans were good but they wanted to hear the patients’ voices a little more. Diabetes and asthma reviews and cervical screenings are all up to date.

6.2.8 A menopause drop-in is held monthly. This is a chance to discuss and share symptoms, help relieve anxiety by sharing and maybe gather thoughts before seeing the GP.

### **6.3 Mental health**

6.3.1 With the appointment of a neurodiversity support manager (NSM) within Education, provision for prisoners with a range of needs has substantially improved. There is a long list of prisoners identified and their individual disability and mental health needs specified and catered for. Healthcare staff work closely with the NSM, who liaises directly with the psychiatrist.

6.3.2 There is a HOPE group for prisoners who are struggling to settle. It runs for six weeks and is led by the forensic psychologist supported by a mental health nurse.

6.3.3 The Chaplain offers lots of pastoral care for bereavement and distress more generally.

6.3.4 A trainee psychologist, supervised by a qualified psychologist, was placed within healthcare. They are waiting to hear if there will be another placement.

6.3.5 Access to external services, such as CRUSE bereavement counselling, has been re-established.

6.3.6 Mental Health Awareness Week was held, with a range of different events on offer.

## **6.4 Social care**

One prisoner, who has a very serious neurological condition, has served as an example of the prison and the healthcare team genuinely having to re-consider and adapt the way they provide health and social care. The prison has been guided by healthcare. This is likely to be an increasing issue as the prison population ages and, potentially, presents care issues. When the prisoner transferred to Askham Grange, she was independent and support from buddies formed the basis of her care. But in two years, her condition has seriously deteriorated and she now cannot leave her room without a rollator (a wheeled walking frame) and, on occasion, a wheelchair. She has regular falls. Healthcare has advocated for her to stay at Askham Grange and has worked very effectively with the custodial manager for equality and diversity, her prison offender manager (POM) and key workers to arrange a social care assessment, put in place all the aids that are required, make her room accessible and establish methods for ensuring she takes all her medication, as well as guidelines for her movement around the prison. The prisoner is due for parole and much thought is being given to finding a safe place for her release. Approved Premises (probation hostels) will not be suitable. This seems an example of good practice that can be transferred to other prisoners when required.

## **6.5 Exercise, regime**

6.5.1 A new physical education instructor (PEI) was appointed who had many more hours to offer, so activity in the gym and outside, e.g. football, has increased. One prisoner is studying for a Sports Science degree and additional training, e.g. peri-natal exercise. She has also been supported to run sessions.

6.5.2 The healthcare department has created and run a calendar of healthcare events that reflect national healthcare priorities. They link with the PEI to deliver these. There have been health and wellbeing drop-ins, where the prisoners receive health promotion information and are able to have their weight measured and blood pressure taken, etc. However, healthcare and PEI are not allowed to deliver these events during the core day, as it would cut across work or education. Therefore, staff have to work out of hours to deliver them.

6.5.3 Healthcare has negotiated with a Governor that prisoners with a BMI (body mass index) of over 40 and who, therefore, are at a higher risk of developing health conditions, should have bespoke exercise sessions during the core day. It is thought that separate sessions are far less intimidating.

6.5.4 Mental health walks are held some lunchtimes.

## **6.6 Drug and alcohol rehabilitation**

Recovery-based programmes are provided by an Inclusion worker and Clinical Lead. The programmes are person-centred and, therefore, set realistic goals for each individual. The approach is holistic, so all factors that can support withdrawal are discussed and potential triggers identified. The prisoners are given control over the decisions and progress. As the Clinical Lead is a prescriber, they can be readily available and make changes relatively quickly to the medication to ensure ongoing success. The whole healthcare team acts as cheerleaders, praising and encouraging the individuals' progress.

## **6.7 Soft skills**

6.7.1 One of the events held in the reporting year was a successful Sleep event, which included a quiz and a bag of gifts including lavender goods, ear plugs, eye mask, etc. Forty prisoners attended.

6.7.2 A member of staff is qualified to set up and train a healthcare champion. It had been possible to recruit but after a while the prisoner got a job with pay so no longer had the time or the interest to continue. They are in the process of re-recruiting.

## **7. Progression and resettlement**

### **7.1 Education, library**

7.1.1 During induction, all prisoners are assessed for functional capability in English and are required to reach a minimum functional skills Level 1 in maths and English. The Board understand that literacy and numeracy rates are low but was unable to find summary statistics.

7.1.2 A new appointment of a reading specialist for one day a week was made in April 2023. They support prisoners one-to-one and helps raise the profile of reading across the prison. There is also a reading group and a book review club.

7.1.3 The vacancy for head of employment, learning and skills with recruitment was filled towards the end of the reporting year.

7.1.4 The library is open seven days a week, including weekday evenings. It is friendly and welcoming and provides initiatives such as 'blind date with a book' and Storybook Mums, where women can record stories on CD or DVD for their children at home. Bookcases are located in residential areas and stock a range of genres.

7.1.5 Education and skills training is provided by Novus, which also holds contracts with other prisons, many of which the prisoners are transferred in from. The staff have told us this has helped with continuity, as they are able to access previous records.

7.1.6 A homework club runs fortnightly, facilitated with a teacher.

7.1.7 Financial capability assessments are carried out and an essential digital skills qualification offered.

7.1.8 Attendance at education has been an issue. Sessions are missed due to competing priorities, such as a healthcare appointment or work, for example. There are plans to try and improve attendance. Some prisoners also appear reluctant to attend education.

### **7.2 Vocational training, work**

7.2.1 All prisoners follow a two-week induction programme on arrival and will be employed full time, initially in the prison. They have the opportunity for training in one or more of front of house, housekeeping and catering.

7.2.2 Other vocational courses offered during the year include:

- barista course (newly added)
- food safety and hygiene
- customer service
- horticulture
- essential digital skills
- financial capability
- employability and professional development.

Some prisoners also access Open University and other external courses.

7.2.3 Employment opportunities at HMP/YOI Askham Grange include:

- housekeeping
- groundskeeping



- kitchens
- garden centre
- hospitality in the adjacent garden centre café
- hospitality in the on-site café, Fairbairn
- customer service and front of house in the conferencing suite.

It is of merit to note that all prisoners employed in-house are offered full-time hours.

7.2.4 Over the reporting year, there were four prisoners past retirement age who were not working and some prisoners on maternity leave.

7.2.5 Following a period of in-house training and work, subject to risk assessment and clearance for ROTL, prisoners may carry out unpaid work in the community.

7.2.6 Following a successful unpaid work placement, prisoners can look for paid work placements. This is subject to the prisoners having enough remaining time on their sentences but is not achievable when prisoners are transferred with short sentences remaining. Where prisoners can look for paid work, they are supported with applications, such as help with writing their CV writing and interview preparation. External agencies, such as the charity Smart Works, are also utilised. Assistance with travel is given for interviews and meetings with external agencies.

7.2.7 The employment hub is proactive in seeking out new relationships with potential employers, raising awareness in the community and hosting career fairs. Regular case reviews take place to aid progress to paid work. Around one-third of women were employed externally during the reporting year.

7.2.8 Most prisoners travel to their workplace independently. The prisoner driver has been unavailable for some of the reporting year due to staff shortages. This has caused issues for some prisoners travelling to work and, on occasion, has limited options for where they can work.

7.2.9 Concerns were raised by prisoners regarding the level of pay received for in-house work. There was a local pay increase in January 2023, with a 25% increase for those on standard duties to a minimum of £15 per week for full-time hours. The Board understands that HMP/YOI Askham Grange is one of the highest paying prisons for prisoner pay. Despite this, we heard from prisoners who were struggling to afford the essentials, as well as issues with meeting costs associated with going on home or family leave. This seems to have been exacerbated by inflationary pressures. The rural location of the prison and the reliance on the bus timetable can mean taxis are required at times. The shortage of prisoner drivers has increased these issues for some women.

### **7.3 Offender management, progression**

7.3.1 The offender management unit (OMU) is proactive in trying to reduce the time taken to risk assess for ROTL approval. The target is six to eight weeks, and the process begins during induction. A traffic light warning system has been introduced to highlight delays. A total of 80% of prisoners during the reporting year were able to access ROTL. The majority were for work and many for staying at approved addresses.

7.3.2 Where ROTLs are delayed, the Board understands this is often due to delays with the community offender manager (COM) teams, which are under staffing pressures. This is outside the prison's control.

7.3.3 The OMU is readily accessible to prisoners through general applications and drop-in sessions.

7.3.4 There has been an increase in prisoners being transferred to HMP/YOI Askham Grange with only weeks or months left to serve of their sentences. Consequently, some prisoners with short remaining sentences are unable to benefit from the full range of resettlement and work opportunities on offer.

7.3.5 Since December 2022, the prison has collected information on how many ex-prisoners are employed six weeks after release. The average for the period December 2022 to June 2023 was 26.6%, which exceeds the national target of 20%.

## **7.4 Family contact**

7.4.1 Action for Children runs family days six times a year, where children and families can visit and participate in a programme of activities. The feedback from these days has been excellent and the Board has had opportunity to observe them.

7.4.2 A new initiative began in May 2023, where prisoners could arrange for members of their families to have a tour of the prison. In the first two months alone, nine tours were arranged, with many more planned.

7.4.3 Some prisoners who are mothers can stay in a special housing unit on site for an overnight visit with their children and a female adult.

7.4.4 The charity, Prison Advice and Care Trust (PACT), works at the prison liaising with families and contributing to helping to maintain contact and release planning.

7.4.5 There have, at times, been issues with the phones and reliability of the connection. The Board understands this is an issue outside the prison's control. The prison has provided extra access to mobile PIN phones, where possible.

## **7.5 Resettlement planning**

7.5.1 Resettlement planning begins early but can be challenging, with the involvement of many external services and a shortage of housing in the community.

7.5.2 The PACT team liaises with families throughout time in custody and planning for release. It has provided welfare discharge grants for over half the women released.

7.5.3 Contacts and signposting are made with many external organisations such as Alcoholics Anonymous (AA), Independent Domestic Abuse Services (IDAS) and drug and alcohol support services local to the area of resettlement. Contacts during ROTLs are encouraged before release.

7.5.4 Although most prisoners were released to permanent accommodation, a few were released into temporary accommodation and one was released to rough sleeping.

7.5.5 Support is given to prisoners to set up a bank account prior to release.

7.5.6 Some prisoners can continue their employment on release or transfer area with the same employer.

## 8. The work of the IMB

### Board statistics

Recommended complement of Board members	8
Number of Board members at the start of the reporting period	5
Number of Board members at the end of the reporting period	7
Total number of visits to the establishment	173

### Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	1	0
B	Discipline, including adjudications, incentives scheme, sanctions	0	4 (3 from 1 prisoner)
C	Equality	0	1
D	Purposeful activity, including education, work, training, time out of cell	2	0
E1	Letters, visits, telephones, public protection, restrictions	1	2
E2	Finance, including pay, private monies, spends	1	0
F	Food and kitchens	0	0
G	Health, including physical, mental, social care	1	0
H1	Property within the establishment	0	0
H2	Property during transfer or in another facility	0	1
H3	Canteen, facility list, catalogues	0	
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, re-categorisation	0	1
J	Staff/prisoner concerns, including bullying	3	3 (2 from 1 prisoner)
K	Transfers	0	0
L	Miscellaneous	1	2
	Total number of applications	10	14

## **ANNEX A**

### **List of main service providers**

- Practice Plus Group: health
- Inclusion: substance misuse
- Novus: education and skills
- Action for Children: nursery provision
- Prison Advice and Care Trust (PACT): family engagement
- Amey: facilities maintenance
- GeoAmey: inter-prison transfers



This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://nationalarchives.gov.uk/doc/open-government-licence/version/3)

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at <https://www.gov.uk/government/publications>

Any enquiries regarding this publication should be sent to us at [imb@justice.gov.uk](mailto:imb@justice.gov.uk)