



Independent  
Monitoring  
Boards

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

**For reporting year  
1 July 2024 to 30 June 2025**

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# 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 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 (this has minimal security and allows eligible prisoners to spend most of their day away from the prison working or in education) and young offender institution 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 the charity, 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.

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<sup>1</sup> Figures included in this report are local management information. They reflect the prison's/YOI'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**

- It is the view of the Board HMP/YOI Askham Grange generally remains a safe place for prisoners and staff, with no reported incidents of serious violence or self-harm.
- There was one death in custody during the reporting year, but, following investigations, this was confirmed to have been due to natural causes and there were no recommendations as to what the prison may have been done differently.
- Staff/prisoner relationships remain excellent in the Board's view, with the depth of knowledge that staff have regarding each prisoner being seen as the most effective attribute in preventing potential difficulties, ensuring that they are seen early and positive actions taken accordingly.
- The Board has seen no evidence to suggest that either drug or alcohol use is an issue of concern.

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

- Askham Grange strives to treat both prisoners and staff with dignity and respect. Due to the relatively small numbers of prisoners, staff have every opportunity to get to know individuals well, meaning that they can build good, effective working relationships which can be both supportive and challenging as circumstances dictate. For those prisoners who need extra support in managing their behaviour, a challenge, support, intervention plan (CSIP) may be put in place. This allows the prisoner the opportunity to look at their behaviour with the aim of reducing the risk of violence whilst offering targeted support. It is not a punishment for poor behaviours but rather, a mechanism to improve outcomes.
- Once again, there have been no incidents in the reporting period where use of force has been required.
- Key worker targets are met, and staff continue to engage prisoners in meaningful conversations aimed at reducing reoffending and offering support where required.
- Access to telephones, visits and the opportunity for release on temporary licence (ROTL) are essential to ensure family ties are maintained. Family days are held throughout the year.

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

- Together with both mental and physical health initiatives, prisoners have access to a healthy, balanced diet, spiritual guidance, exercise and social activities, all of which contribute to a healthy lifestyle which, it is hoped, will continue after release.

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

- Prisoners coming to HMP/YOI Askham Grange are generally in the latter stages of their sentence and working towards release. All prisoners must work

within the prison initially prior to undertaking community work outside the establishment. If they have sufficient time left to serve, prisoners can move into paid employment outside the prison as part of their resettlement plan.

- A continuing concern is that some prisoners are coming to open conditions with very little time left on their sentence and consequently, they are unable to take advantage of work/educational opportunities on offer. As prisoners can access release on temporary licence (ROTL) from closed conditions, the appeal of open conditions in a place, however lovely, far away from homes and families is limited and many do not wish to take the opportunity on offer.

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

#### **TO THE MINISTER**

- Short sentences of imprisonment can have a significant and often negative effect on women in terms of accommodation, family ties, employment and mental health, so any initiative to divert women from custody where appropriate is welcomed. Is there evidence to show that the recommendations of the Independent Review of Sentencing have reduced the number of women being sentenced to short periods of imprisonment?

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

- Responding to concerns raised in our last annual report regarding sexual and domestic violence support services, it was suggested that additional funding was being sought to enhance access to local providers of this service. The IMB are unaware of any change to this situation so would HMPPS be able to say if there has been any progress on this matter?

#### **TO THE GOVERNOR**

- As we await the arrival of a new governing Governor, the Board would like to express our appreciation for the work undertaken by the outgoing Governor and deputy Governor to maintain the high standards which have been synonymous with HMP/YOI Askham Grange for many years.
- The Board looks forward to seeing what new developments there may be to ensure that prisoners get the best experience whilst at HMP/YOI Askham Grange to reduce re-offending and have a successful resettlement in the community on release.

### **3.3 Response to the 2022-2023 report**

- The Board was heartened to note that the Minister recognises the need to reduce the number of women being sentenced to periods of imprisonment and especially those who are sentenced to what are relatively short sentences who possibly could be managed in the community.

## **Evidence sections 4 – 7**

### **4. Safety**

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

4.1.1 Askham Grange receives prisoners from other prisons rather than from the courts. This usually enables Askham Grange to ensure that receptions are carefully planned. Reception arrangements are detailed, thorough and take full account of the particular needs of the individual. Newly arrived prisoners are given detailed information about how the prison operates, including expected standards of behaviour and the opportunities which exist to promote healthy living, such as exercise classes, food choices and the services available via health professionals.

4.1.2 Newly arrived prisoners are made aware of the zero-tolerance policy in respect of illicit substances such as drugs and alcohol and that any breach of this policy may result in a return to closed conditions, subject to the findings of a risk escalation board. Although the use of cigarettes is forbidden on site, vaping is permitted in designated areas.

4.1.3 During the previous reporting year, the prison commissioned external experts to undertake a comprehensive review of the whole reception and induction process, with a focus on the extent to which the prison fully considers the individual needs of prisoners. As a result of that work, the induction material has been condensed to ensure that newly arrived prisoners are not overwhelmed with information.

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

4.2.1 There was one recorded death in custody in 2024, deemed to be from natural causes. The IMB were notified in a timely manner and were able to confirm that support was available for those staff or prisoners who were adversely affected by this distressing event. In June 2025, the Prisons and Probation Ombudsman (PPO) reported that there were no clinical or non-clinical issues of concern in relation to the death and consequently, no recommendations for change were made to the prison.

4.2.2 A total of seven assessment, care in custody and teamwork (ACCT) procedures were implemented during the reporting period (a reduction of three on the previous reporting period). ACCT documents are opened to ensure that those prisoners deemed to be particularly at risk of self-harm are monitored closely and provided with the support they need. Being the subject of an ACCT document does not preclude transfer to Askham Grange from another establishment.

4.2.3 During the reporting period there were two incidents of low-level self-harm, which were addressed through existing key worker and peer support mechanisms, one of which has been described in the previous paragraph.

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

4.3.1 There were a total of six incidents of violence reported during the reporting year. Information received by the IMB as to the outcome for the alleged perpetrators of the incidents indicates that further action was not proceeded with in three cases, while three were dismissed after adjudication. Prisoners accused of acts of violence (which may range from relatively minor physical contact to a serious assault) are generally returned to closed conditions pending investigation and adjudication. The

results of adjudications are not necessarily notified to HMP/YOI Askham Grange (if found guilty, prisoners would normally be considered unsuitable for immediate return to open conditions and records would remain at the closed establishment). Although the figures represent an increase in incidents of violence over the previous year (when only two incidents were recorded but these seem not to have proceeded to adjudication), it remains indicative of a relatively settled and stable environment within which acts of violence are rare.

4.3.2 Prisoners can be made the subject of a challenge, support and intervention plan (CSIP), the primary aim of which is to offer additional support to identified prisoners, to assist them to make the most of their time at Askham Grange. During the reporting year, a total of 44 CSIPs were opened which represents a slight increase on the previous year, when 37 CSIPs were opened. It must, however, be noted that CSIPs are not necessarily a reaction to negative behaviour but may also be used in a purely supportive capacity.

4.3.3 The potential consequences of negative behaviours are known to prisoners. For those deemed to be in breach of prison rules, disciplinary hearings, known as adjudications, are held and chaired by a Governor. There are a range of sanctions available including loss of privileges, limitations placed on release on temporary licence (ROTL) and, in some cases, a return to a more secure (closed) prison environment.

4.3.4 There were 114 adjudications (against 103 the previous year) in the reporting year. It should be noted that a significant number of adjudications do not lead to a sanction. For example, a positive mandatory drugs test result may be the result of legitimately prescribed medication and therefore no sanction would be imposed.

4.3.5 A total of 25 prisoners were returned to closed conditions during this reporting year, a decrease of one on the previous year. Reasons for returning prisoners to secure conditions may include the need for additional medical or psychological support, risk management or significant breaches of prison rules.

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

4.4.1 There were no incidents of the use of force during the reporting period.

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

4.5.1 All prisoners are screened on arrival for illicit substances. Mandatory drug and alcohol testing is routinely carried out. This is a particularly complex area for prisons such as Askham Grange, whose ethos is built around promoting rehabilitation and a return to the community. Many of the prisoners go out to work or have other periods where they are released on temporary licence (ROTL) as part of an overall managed plan whose aim is to ultimately enable the prisoner to become a productive member of the community. These arrangements place significant responsibility on prisoners to behave maturely and maintain the prison discipline to which they are subject. Random drug testing, and the robust investigation of potential lapses in behaviour, ensure that prisoners remain aware of the consequences of using or possessing illicit items, which may result in a return to closed conditions.

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

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

5.1.1 Built in 1886 as a private family home, the house has been adapted to accommodate female prisoners in open conditions since 1947. As well as the main house, there is an annex with single occupancy rooms and a mother and baby unit. The accommodation is generally well maintained throughout. Prisoners who are not otherwise employed, may be allocated to work as cleaners throughout the establishment and are an integral part of maintaining decent living conditions for everyone. There are relatively few concerns raised either through the complaints system or by application to the IMB, regarding accommodation. Of the 10 IMB applications regarding accommodation in the reporting year, eight were to do with problems with the television reception and one concerned a problem with heating, all of which were resolved.

5.1.2 HMP/YOI Askham Grange can accommodate prisoners with specific requirements (for example, those who require to be located 'flat' - that is, they are unable to manage stairs due to health/disability problems). There is also a 'bed-sit' where prisoners who may need some time to themselves because of illness, risk of self-harm, etc, may be placed for short periods of time and be monitored.

5.1.3 AMEY is responsible for general maintenance throughout the prison. Staffing has been an issue but, although there have been some delays, work has generally been completed within a reasonable time.

5.1.4 Catering is done 'in house' with food being prepared and cooked on the premises and overall, prisoner feedback is positive. Comments are read and acted on where appropriate. Food is varied, well balanced and caters for all dietary and religious requirements. Special diets for medical conditions must be confirmed by healthcare staff due to the cost implications of purchasing and preparing specific menus.

5.1.5 Prisoners generally wear their own clothes (although kitchen, gardens and hospitality workers are all issued with appropriate clothing) and have access to domestic washing machines for smaller items, while the prison laundry is used for larger articles on a rota basis. The main laundry was under some pressure for significant parts of the reporting year, due to broken machines (this has also been an issue in previous years). However, towards the end of the reporting year, this problem had mostly been resolved.

### **5.2 Segregation**

5.2.1 HMP/YOI Askham Grange is an 'open' prison so does not have a segregation unit. Those few who require to be segregated because of poor behaviour are returned to closed conditions following adjudication and risk assessment.

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

5.3.1 Overall, HMP/YOI Askham Grange is a prison where positivity is encouraged. Because of the relatively small number of prisoners and the dedication of staff, relations have been observed to be good. When observing meetings and daily interaction between staff and prisoners, the IMB has been impressed by just how much is known about each prisoner and how information is shared between

departments resulting in potential problems being 'nipped in the bud' before matters can escalate.

5.3.2 A new deputy Governor was appointed in 2024 but unfortunately was unable to continue in post and an acting deputy Governor was subsequently appointed. The governing (number one) Governor retired from the service in 2025 and the deputy from HMP/YOI New Hall became the acting Governor for both New Hall and Askham. HMP/YOI Askham Grange welcomed a new deputy Governor at the end of the reporting period, with a newly appointed number one Governor to take up post after the end of the reporting period. Throughout this 'unsettled' time, disruption was minimal in respect of the running of the prison.

5.3.3 There have been fewer concerns raised with the IMB during this reporting year in respect of prisoners being worried that any complaints made will result in a return to closed conditions. The IMB investigated this perception thoroughly during the previous reporting year and found that there was no basis in fact for this concern. We continue to keep a watching brief on the matter.

5.3.4 Although not all prisoners meet the criteria for being allocated a key worker, those that are can expect 90 minute sessions every two weeks. The overall aim is to reduce reoffending by encouraging and facilitating positive change. Of the 1368 key worker sessions allocated, 1310 were completed, giving a compliance rate of 96%, well above the recommended target of 80%.

#### **5.4 Equality and diversity**

5.4.1 The prisoner population at HMP/YOI Askham Grange comprises of approximately 90% white British (W1). There have been no foreign nationals at the prison in the reporting year, and no prisoners designated Gypsy, Roma and Traveller.

5.4.2 There are several forums held throughout the year for each of the protected characteristics (age; disability; gender re-assignment; marriage and civil partnership; sexual orientation; religion or belief; race; sex; pregnancy and maternity). Attendance at these forums varies, with some not being well attended whilst others (age and disability forums) attracted a good number of prisoners. The forums provide an opportunity for prisoners to raise issues and generate discussion.

5.4.3 Throughout the reporting year, prisoners are encouraged to learn more about and participate in activities relating to wider issues such as Pride month, transgender awareness, neurodiversity matters, and various faith-based activities and celebrations. Prisoners are also encouraged to participate in a number of meetings which may directly impact life in prison (e.g. prisoner council meetings, safer custody sessions, etc). Minutes of meetings are circulated by a notice to prisoners and should also be filed in the library.

5.4.4 There were no applications to the IMB regarding equality and diversity during this reporting period. A total of 25 discrimination incident reporting forms (DIRFs) were submitted and investigated. Of these, eight were upheld, 11 were not upheld, and six were not proceeded with. A DIRF scrutiny panel made up of both prison staff and independent panel members (i.e. not employed by the Prison Service) meet periodically to review both the investigation process and outcomes to ensure that the

system is fair and without prejudice. The IMB monitors the outcomes of DIRF submissions.

## **5.5 Faith and pastoral support**

5.5.1 HMP/YOI Askham Grange offers relatively comprehensive access to most faiths, and the Sanctuary serves as both a place for religious observance, quiet reflection and pastoral support. For those prisoners who are out of the prison due to release on temporary licence (ROTL), pastoral support can be arranged through community links if required.

5.5.2 A weekly timetable of chaplaincy activities is published so that prisoners are aware of what is on offer and which faith leader is at the prison on any given day. For example, there is a weekly Christian bible group, morning service, a discussion group and a Muslim-led coffee and reflection period. Catholic Mass is held fortnightly as are Jehovah's Witness faith-based talks, Pagan worship, songs of praise and café Church are held monthly, and baby church is held for mothers and babies subject to demand.

5.5.3 A faith awareness event was held in May 2025. It was poorly attended by prisoners (who had requested such an event) but well attended by staff.

## **5.6 Incentives**

5.6.1 The majority of individuals at HMP/YOI Askham Grange are 'enhanced' prisoners (the highest level of privileges in the incentives scheme, a system of earned privileges to encourage positive behaviour), with only a small minority classed as 'standard' (the middle level). Open conditions are not conducive to prisoners who are on the 'basic' (lowest) level of incentives and, therefore, they remain in closed conditions.

## **5.7 Complaints**

5.7.1 There has been an increase of approximately 45% in the number of complaints received by the prison in this reporting year. Last year (2023-24) 78 complaints were submitted, in the current reporting year, that figure rose to 113. It is fair to say that a very small number of prisoners (less than five) were responsible for a significant number of these complaints. All complaints are investigated and responded to, generally within the time frame allowed. Those responses which are late are generally those from other establishments. As last year, the most common complaints were about property missing when transferred to/from another prison, residential concerns and staff.

5.7.2 This year, the Board has heard far fewer concerns regarding any correlation between submitting complaints and being returned to closed conditions. We have maintained a watchful eye on this matter and have not seen any evidence to support the claims previously made.

## **6. Health and wellbeing**

### **6.1 Healthcare general**

6.1.1 Feedback forms and complaint forms were more visible this year. Concerns were dealt with in three to five days and, if the prisoner was not satisfied with the outcome, their concern could be progressed to a stage 1 complaint. During the reporting year, there were nine written complaints from prisoners, the majority being about medication issues. Two were about staff attitudes. The clinical lead met with prisoners face to face to discuss the issues raised and they were resolved without progressing to formal complaints. The issues about staff were deemed to be the result of personality clashes.

6.1.2 IMB received no complaints about healthcare, although informally we heard grumbles about queuing and being kept waiting for appointments out in the cold. Healthcare state that prisoners often arrive early before the centre is open, hence why they must wait. If for any reason, healthcare is going to be late opening (for example, because of an emergency) those waiting are instructed to return to their accommodation/work and an announcement will be made via the Tannoy system when the centre is open again.

### **6.2 Physical healthcare**

6.2.1 A new clinical lead was appointed from the existing team at the end of the last reporting year. The clinical lead post is a senior nurse manager Band 7, covering 28.5 hours per week. There were two Band 5 nurse posts. In the business plan, staffing was deemed to be 55 hours short, so it was proposed that the clinical lead and one Band 5 post become full time. However, this was not approved, and the clinical lead now does one extra day as overtime and the Band 5 post is now 30 hours per week. Two new posts in this reporting period were a prescriber (who also worked with inclusion, helping prisoners with drugs related issues) and a pharmacy technician from HMP New Hall, who was able to order all prescriptions. However, the pharmacy technician left just after the end of this reporting period. Additionally, it was planned that an administrator from HMP New Hall would work at Askham once a fortnight, but staff shortages at HMP New Hall meant that this is an irregular arrangement. This is an issue when staff are shared between establishments. The administrator has been trained up as a second checker for medication. A further post to assist with medication is covered by 'bank' staff, providing 90 hours per week.

Following the clinical lead/Band 5 nurse and prescriber staffing changes, comments from staff included: '*It feels that the right people are in the right place more of the time... and staff know where they stand*'; '*There is more clarity and consistency in applying the rules.*'

6.2.2 National standard operating procedures have all been either replaced or updated and local operating procedures, which had expired, have been renewed, updated and signed. National templates were being used correctly.

6.2.3 Clinical supervision was regularly carried out every eight weeks and logged. Staff appraisals were held every 12 weeks and the clinical lead delivered monthly scenario training in team meetings which were rotated so that bank staff could attend.

6.2.4 During the reporting year, prison staff could no longer just send prisoners to healthcare; they had to call first and reach an agreement as to when the prisoner could attend. Communication between prison staff and healthcare improved and there was a more consistent approach. Emergencies were dealt with appropriately. Appointments are scheduled around prisoners' work commitments.

6.2.5 Prescriptions for medication are processed daily and delivered twice a week. Prisoners are required to submit their requests for medication two weeks in advance. The Traka medication distribution lockers (which were installed at least two years ago for those who work outside of the prison to collect their medication outside of healthcare opening hours) have been deemed by the clinical lead to be both impractical and unnecessary and she has asked for them to be removed.

6.2.6 In addition to regular vaccination clinics, five 'mop up' clinics were held to ensure that those who arrived at Askham unvaccinated (some who had had no vaccinations for over a decade) were able to get their vaccinations updated.

6.2.7 Nursing staff carry out assessments of new prisoners and review medications on arrival to ensure that prisoners healthcare needs are met. The clinical lead will manage those with long term conditions. Individualised care plans are created and reviewed six monthly. Those with care plans include prisoners with epilepsy, diabetes, asthma and hypertension.

6.2.8 During the reporting year, a decision was made that any statements made by prisoners regarding an inability to perform work related activities, need for single or ground floor rooms, need for special equipment (such as special mattresses) or specific dietary requirements, should not be actioned until such time as these requests have been assessed and approved by healthcare professionals. This arose because of an increase in the numbers of prisoners not following the correct procedures of reporting sick in order for accurate assessment to take place.

6.2.9 The criteria for PEEPs (personal emergency evacuation plans) have been reviewed and subsequent checks have been carried out to confirm that prisoners met the criteria for a PEEP, resulting in a reduction in numbers of prisoners requiring such a plan.

### **6.3 Mental health**

6.3.1 There were 73 routine referrals to the mental health team and 11 urgent referrals during the reporting year.

6.3.2 Due to the increasing numbers of prisoners on transfer from closed prisons, early releases and shorter times left to serve for some, there has been less opportunity to undertake therapeutic work. This has been a particular challenge regarding those with complex needs who have only a short period of time remaining on their sentence when they come to HMP/YOI Askham Grange.

6.3.3 In August 2024, a trainee nurse associate (mental health) was appointed. This post will be shared between HMP/YOI Askham Grange and HMP/YOI New Hall when their training is complete.

6.3.4 In June 2025, the post of social prescriber (one day per week) was introduced to focus on prisoners taking ownership of their own wellbeing. The post holder will carry out six monthly health and wellbeing reviews, starting with an initial

review on arrival at, HMP/YOI Askham Grange. Life skills, living well, becoming more active, improving mental health, managing loss, forming healthy relationships, debt and money management and support with long term conditions are all available for prisoners. A pain clinic is planned and a newsletter for prisoners will be produced.

6.3.5 The mental health nurses have been supporting the chaplaincy in the delivery of Living with Loss sessions. There had previously been limited access to bereavement counselling, and this had been identified as an area to be developed, particularly as loss/bereavement are likely to have a substantial impact on the mental health of those prisoners affected by it.

6.3.6 There was a return to one day per week input from a counselling psychologist. At times, there was a challenge in maintaining the desired psychology input sessions undertaken by the assistant psychologist and the trainee psychologist, who were supervised by the counselling psychologist. Sometimes, there were fewer than the desired number of appointments available and, on occasion, the permanent mental health team said they felt that the trainees did not yet have the skills required for more the complex presentations.

6.3.7 Psychiatric input was provided by locums offering one session per month, whereas the permanent mental health team said they felt that two sessions per month may have been more helpful given the more rapid turnover of prisoners.

6.3.8 There were limited resources for meeting the need for trauma work.

6.3.9 The neurodiversity support manager (NSM) works closely with healthcare, safer custody and other departments, to ensure a good level of health and wellbeing was maintained for those with neurodiverse (ND) needs. The ND population sat at around 30 – 40% of prisoners declaring needs, with a combination of suspected and formally diagnosed conditions. The most reported condition was attention deficit hyperactivity disorder (ADHD). There were good links with healthcare and psychiatry, with the NSM completing ADHD assessments and the psychiatrist exploring the option of medication appropriately.

6.3.10 The NSM was involved in all the wellbeing events organised by the prison, both for staff and for prisoners. There were good links made through the hidden disabilities forums with other departments, with planned activities for future delivery as an on-going target.

6.3.11 The biggest challenge was, and continues to be, securing external support for neurodiversity as it seems to be something of a 'postcode lottery' as to what may be available. Good links have been made for follow-on support in the Yorkshire and Humber region but, in other release areas there were fewer agencies available to carry on appropriate support such as specific ADHD clinics or ND support workers.

#### **6.4 Social care**

6.4.1 A Memorandum of Understanding was negotiated with York Social Services to set up a pathway for social care referrals. Within the reporting year, no prisoners required social care.

## **6.5 Exercise, regime**

6.5.1 Health and wellbeing drop-ins were run monthly in conjunction with the physical education instructor (PEI) – offering body composition, blood pressure and healthy balanced diet information.

6.5.2 Chair-based exercise classes were well received by those who did not feel comfortable attending the gym and participants found the classes beneficial.

6.5.3 There is a very experienced and passionate gym orderly and she, and another prisoner have completed a level 2 gym instructor qualification. Both are aiming to pursue further level 3 qualifications. Offering these qualifications was a new development for Askham Grange.

6.5.4 Prisoners have been taken to HMP/YOI New Hall on occasion to participate in shared activities, which provides a good opportunity to promote Askham for those who may be ready for transfer to open conditions.

6.5.5 External walking clubs were more frequent and approximately 12-14 prisoners attended each session.

## **6.6 Drug and alcohol rehabilitation**

6.6.1 Prisoners were offered weekly mutual aid meetings at Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and SMART Recovery within the community, where transport was provided by the prison, but it gave prisoners a level of autonomy when attending these meetings. Whilst Inclusion is available within the prison, it is not a pre-requisite for attending these groups.

## **6.7 Soft skills**

6.7.1 There was a health promotion calendar on the board in healthcare, with a list of suggested associated activities alongside. Healthcare staff engage in family days (these bring together prisoners and their families outside of their statutory entitlement to social visits, usually in more informal settings).

## 7. Progression and resettlement

### 7.1 Education, library

7.1.1 There is a strong focus on education and improving literacy at HMP/YOI Askham Grange and the library is part of this strategy. The library continues to encourage reading, starting at induction, where new prisoners are given a book in their room. They are then encouraged to attend the library and swap the book for one of their own choosing.

7.1.2 The well-stocked library is staffed by a part-time librarian supported by two prisoners who work as library assistants. Opening hours are long and prisoners tend to go in on their breaks or in the evenings after work has finished. In addition to borrowing books, jigsaws, and DVDs, prisoners can read newspapers, spend quiet time, access minutes of meetings, read community notices issued by the prison and, should they wish to read them, there are copies of the IMB annual reports (both local and national). The library is a positive place to work and creating an inclusive culture where prisoners want to spend their time is key to it being well used. Small numbers of library books are also located throughout the prison for when access to the library is not available.

7.1.3 The library has a selection of large print books. There are also audiobooks and a stock of foreign language books. There are various initiatives to encourage prisoners to read, including a monthly book club, 'blind date with a book', 'drop everything and read' (this is a monthly activity where prisoners in education or vocational work are encouraged to stop whatever they are doing and read for 15 minutes). Storybook mums allows for mothers to make a recording of a story to send out to their child/children, which helps to maintain family ties as well as enhancing reading and speaking aloud skills.

7.1.4 It is the intention of the education skills and work (ESW) department at HMP/YOI Askham Grange to (a) **inspire** prisoners to work towards their goals; (b) **inform** prisoners of what is available to them to achieve their goals and (c) **empower** them to realise their full potential. Having acquired an HMIP 'good' grading in 2023, the highest possible score for purposeful activity, with an 'outstanding' judgement for behaviour and attitudes from Ofsted, it is the aim of the education department to maintain those same high standards going forward.

7.1.5 The curriculum at HMP/YOI Askham Grange aims to be fully inclusive and is tailored to meet individual needs; special arrangements can also be made, where appropriate for those with learning disabilities, difficulties (LLD) and those with special educational needs and disabilities (SEND).

7.1.6 In the reporting year, it is noted that 17 distance learning courses have been completed, including Open University courses such as Diploma of Higher Education in Law; BSc (HONS) Sport, Fitness and Coaching: and a degree in Criminology and Psychology.

7.1.7 ESW courses have a consistently high success rate (96% 2023/4 and 95% 2024/5), which reflects both the quality of the teaching and the determination of prisoners to make positive changes in their lives.

## **7.2 Vocational training**

7.2.1 Following a two-week induction programme, all prisoners are offered work within the prison before they can access working outside of the establishment. In-house employment could be in the kitchens, cleaning detail, café, gardens, library or front of house staff for the conference facility.

7.2.2 Other vocational courses offered during the year include:

- barista
- food safety and hygiene
- customer service, hospitality
- horticulture
- information technology
- financial capability
- employability and professional development
- hair and beauty (at York College)

7.2.3 Prisoners with babies in the prison can access education classes and vocational training whilst their babies are looked after in the on-site nursery. This is an opportunity for them to develop new skills and consequently improve their employability prospects on release.

7.2.4 For those who wish to do so, prisoners can access the Open University and other distance learning courses.

7.2.5 The employment hub at HMP/YOI Askham Grange is actively engaged in seeking out new employment opportunities in the community in order to offer a variety of jobs to prisoners. These include employment opportunities with AMEY, GXO, CIDON, GMI and LNER, which cover various roles including construction and office-based roles. However, it appears that the usual preference of the prisoners is for work placements in the hospitality sector (hotels, restaurants or fast-food outlets) or retail, which are sectors historically characterised by a higher representation of women in the workforce.

## **7.3 Offender management, progression**

7.3.1 The offender management unit (OMU) is responsible for ensuring that risk assessments are completed in a timely manner so that ROTL and release plans can be progressed. When there are delays to the process, it is often because information requested has not been received from outside agencies such as community offender managers (COMs) who play an important role in assessing risk.

7.3.2 Another difficulty sometimes encountered occurs when prisoners are transferred into HMP/YOI Askham Grange with very short periods left to serve. This leaves OMU staff with little time to complete their pre-release work and reduces the opportunities for prisoners to take full advantage of the resettlement and work possibilities that they could otherwise have.

7.3.3 OMU staff are available for prisoners via drop-in sessions and specific appointments.

## **7.4 Family contact**

7.4.1 The importance of maintaining contact with family and friends is recognised, with visits, letters and phone calls all being utilised to enable continued support and wellbeing. The charity, Prison Advice and Care Trust (PACT), is contracted to work with the prison by liaising with families to promote positive contact between prisoners and their families. Additionally, based on their work, they contribute to release planning for prisoners.

7.4.2 The prison holds family days several times a year, and, despite the geographical problems for those who live in other parts of the country, these are generally well attended. These days give prisoners and their families/friends the opportunity to spend time with one another in a more relaxed atmosphere than on normal visits and are much appreciated.

7.4.3 For prisoners who are in the latter stages of pregnancy or who have babies under 18 months old, there is a dedicated mother and baby unit (with a staffed nursery run by Action for Children) which is separate from the main prisoner accommodation. Prison and nursery staff work together to prepare prisoners for 'handing out' their children (to relatives or social services) when they reach 18 months, although, in exceptional circumstances prisoners may apply to an external body for an extension.

## **7.5 Resettlement planning**

7.5.1 Planning for resettlement begins very early on in any determinate sentence, often before the prisoner reaches open conditions. Inevitably, plans must be realistic and achievable and will require input from both internal and external agencies, in terms of finding suitable accommodation, employment, drug and alcohol services, healthcare and/or mental health support, etc. Most prisoners will have accommodation to go to on release but, for those who don't, temporary accommodation (e.g. approved premises) will be required.

7.5.2 For those prisoners in paid employment prior to release, many will be offered the chance to continue that work in the local area or it may be possible to transfer to their home area. In the reporting period, of the 127 prisoners released, 31 (42.47%) were in paid employment after six weeks, 42 were not and 54 were women with responsibilities for children under five years or they were classed as carers for others. The delivery requirement is 48.71% and so there is some work to do here.

7.5.3 The figures for those in employment six months post release is 36 (54.55%) exceeding the delivery requirement, which is 50%.

## 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	6
Number of Board members at the end of the reporting period	7
Total number of visits to the establishment	141

One member of the Board continues to dual Board at another prison. Two members resigned from the Board during the reporting period, whilst three new members were appointed, all of whom are progressing well although not yet at the stage where they can work unsupervised. Monitoring visits are conducted at least weekly, and members of the Board observe meetings, check that complaints are dealt with in a timely manner and respond to prisoners' applications.

### Applications to the IMB

Code	Subject	Previous reporting year 23/24	Current reporting year 24/25
A	Accommodation, including laundry, clothing, ablutions	0	10*
B	Discipline, including adjudications, incentives scheme, sanctions	1	1
C	Equality	2	0
D	Purposeful activity, including education, work, training, time out of cell	1	1
E1	Letters, visits, telephones, public protection, restrictions	3	0
E2	Finance, including pay, private monies, spends	0	0
F	Food and kitchens	0	1
G	Health, including physical, mental, social care	0	0
H1	Property within the establishment	0	0
H2	Property during transfer or in another facility	1	0
H3	Canteen, facility list, catalogues	0	0
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	3	6
J	Staff/prisoner concerns including bullying	2	8
K	Transfers	1	0
L	Miscellaneous	0	1
<b>Total number of applications</b>		<b>14</b>	<b>28</b>

\*Of the 10 applications concerning accommodation, eight concerned the prisoners experiencing a loss of TV, a matter which required outside intervention. Prisoners were kept informed of the progress in restoring signal and the matter was resolved after a short period of time.

## **Annex A**

### **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



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