

Northern Ireland Human Rights Commission
Temple Court, 39 North Street
Belfast BT1 1NA
Tel: (028) 9024 3987
Fax: (028) 9024 7844
Textphone: (028) 9024 9066
Email: information@nihrc.org
Website: www.nihrc.org

The prison within

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The imprisonment of women at Hydebank Wood 2004-06



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The imprisonment of women at
Hydebank Wood 2004-06

Professor Phil Scraton and Dr Linda Moore

July 2007
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Foreword

Due to the special vulnerability of women in detention, the Northern Ireland Human Rights Commission decided to make the human rights of female prisoners one of its strategic priorities. *The Prison Within* is our second report, following *The Hurt Inside* in 2005. Both investigations examine the extent to which the treatment of women and girls in custody in Northern Ireland is compliant with international human rights standards and, in particular, the European Convention on Human Rights, Article 2 (right to life) and Article 3 (right not to be subjected to inhuman and degrading treatment). At the time of the first study, women were in Mourne House in Maghaberry and were due to be transferred to the Young Offenders' site at Hydebank Wood, Belfast. The Commission expressed serious concerns about this move to a male prison site and argued that, rather than being a temporary position for women's imprisonment, it had the potential to become a permanent location. To ensure that its concerns were addressed, the Commission decided to undertake this second investigation. At that time, we were supported by the Council of Europe's Commissioner for Human Rights who also identified the following problems: the lack of appropriate psychological care available within the prison and the precarious mental health condition of some of the women suggesting they should not be in prison.

As we publish the findings of this second study, we call again for a discrete, separate and self-contained facility for women prisoners in Northern Ireland. Alongside this, we highlight the demand for appropriate mental health facilities to be made available in the community or a safe and secure environment to prevent women with serious mental health problems from entering prison in the first place. Continuing to commit such women to custody, rather than to the care that they so desperately need remains a serious human rights issue for the health service and the criminal justice system. The seriousness of this situation has also been recognised by the Senior Coroner for Northern Ireland who, following two recent inquests into women's deaths in custody, called on the Secretary of State to address these problems.

This Commission will shortly be making its shadow report to the Convention on the Elimination of Discrimination Against Women (CEDAW) and we will be seeking assurances from the UN that both the UK government and the future Northern Ireland Assembly meet their international obligations in this area. The Commission will also be addressing the equality issues, which the current position on prisons raises, with the Northern Ireland Affairs Committee in its current inquiry into the prison estate. In particular, the Commission will be asking the Inquiry to address the controversy over the recent announcement on the replacement of the male prison at Magilligan and the continuing lack of a separate women's facility in Northern Ireland.

The disturbing and distressing situations that arise when a gender-specific approach has not been adopted by those tasked with the care of particularly vulnerable women are also addressed in this report. The women's testimonies show the particular impact on them of strip/body searches on arrival, lengthy lock-ups and long periods of in-cell isolation, inadequate provision for children's visits, insufficient activities or constructive work and resettlement plans. The latter also fall short of what is provided for men in prison. What also concerns this Commission is the use of special supervision/punishment cells for women who are self-harming or feeling suicidal; the provision of medical care to females in a predominantly male health centre and the shortfall in specialist therapeutic care for women with personality disorders. Compared to male prisoners, at the time this research was undertaken, there was also excessive and inappropriate mixing of women on remand, women on immigration offences, girls/younger women and long-term, life sentenced women prisoners.

The report also documents examples of good practice from motivated and caring prison officers and it alerts the reader to the range of agencies, both inside and outside of the Prison Service tasked with taking forward these recommendations. What the report shows is that a comprehensive strategy is urgently needed on women's imprisonment. The strategy must be accompanied by an ethos of constructive interaction between

female prisoners and prison officers with the percentage of male staff in the women's prison being continually addressed.

The Commission's main objective in producing reports like this is to protect the human rights of those in detention and to prevent violations from re-occurring. The previous report, *The Hurt Inside*, outlined a number of serious human rights concerns that needed to be addressed and recommended that the powers of the Human Rights Commission be increased to enable it to undertake further effective investigations. Although new legislation, enshrined in the Justice and Security Bill, provides us with the power to compel evidence and take witness statements, it falls short of what the Commission recommended. In particular, concerns remain over whether the Commission can undertake unannounced visits to places of detention outside of an agreed investigation. It is in the spirit of being a strong and effective Human Rights Commission that we publish this research and impress upon those in authority the value of such powers. It is our intention to use these increased powers to embed a culture of human rights in places of detention throughout Northern Ireland.

In conclusion, I would like to thank all those who participated in this research, particularly the prison officers, professionals working in the prison, the chaplains, the Chairperson of the Independent Monitoring Board and the voluntary sector staff who agreed to be interviewed. I would also like to acknowledge Robin Masefield, the Director General of the Northern Ireland Prison Service; Governor Steve Davis, Governor Isobel Miller; the visiting governor from England; and the managers at Hydebank Wood for providing access to the prison as well as contributing responses to the many research questions. Their co-operation and facilitation was much appreciated. Most important, I am grateful to the women themselves who opened up to the researchers and shared their views, their concerns and their hopes for the future. Finally, thanks are due to Professor Phil Scraton, at Queen's University Belfast, who researched and managed this project with Dr Linda Moore, Investigations Worker at the Human Rights Commission. Both researchers give us the benefit of their extensive wealth of knowledge and many years of experience in this field. This publication is a testimony to their commitment to improving the conditions for women in custody.

Professor Monica McWilliams
Chief Commissioner

The Authors

Phil Scraton

Phil Scraton is Professor of Criminology in the Institute of Criminology and Criminal Justice, School of Law at Queen's University, Belfast. His doctorate focused on police powers and the politics of accountability and his main research interests are: the criminalisation of children and young people; deaths in custody and other controversial circumstances; public inquiries, inquests and the experiences of the bereaved; imprisonment. He has written widely in academic journals and in texts on critical criminology, social justice and human rights. His books include *In the Arms of the Law: Coroners' Inquests and Deaths in Custody* (Pluto Press, 1987), (with Kathryn Chadwick); *Law, Order and the Authoritarian State* (Open University Press, 1987), (ed); *Prisons Under Protest* (Open University Press, 1991), (with Joe Sim and Paula Skidmore); *'Childhood' in 'Crisis?'* (UCL Press, 1997), (ed); *Beyond September 11: An Anthology of Dissent* (Pluto, 2002), (ed); and *Hillsborough: The Truth*, (Mainstream Publishing, 1999, revised 2000). His forthcoming books are: *Power, Conflict and Criminalisation* (Routledge, 2007) and *The Violence of Incarceration* (Routledge, 2007), (co-edited with Jude McCulloch). He has also co-edited (with Jude McCulloch) a Special Issue of the journal, *Social Justice*, on deaths in custody and detention (2007).

He was a principal researcher within a team researching the welfare and rights of children for the Northern Ireland Commissioner for Children and Young People, *Children's Rights in Northern Ireland* (NICCY, 2005) and was recently awarded a visiting professorship to Monash University, Australia researching the deaths of women in custody. Phil is co-author (with Dr Linda Moore) of *The Hurt Inside* (NIHRC, 2005), the report of the Human Rights Commission's investigation into the imprisonment of women and girls in Northern Ireland. His current research is: *The Marginalisation and Criminalisation of Children and Young People in Northern Ireland: A Positive Rights Approach*.

Linda Moore

Dr Linda Moore has been investigations worker with the Northern Ireland Human Rights Commission since January 2000. Previously, she worked with NIACRO's youth justice unit and as lecturer in criminology at the Centre for Studies in Crime and Social Justice, Edge Hill University College. Linda co-authored (with Dr Ursula Kilkelly and Dr Una Convery) *In Our Care* (NIHRC, 2002), the report of the Commission's investigation into the care of children in juvenile justice centres in Northern Ireland, and with Dr Convery, co-authored *Still in Our Care* (2006), the follow-up report on Children in Custody. She has also published on policing issues including *Human Rights on Duty: Principles for Better Policing: International Lessons for Northern Ireland* (CAJ, 1997) (with Mary O'Rawe). She was a principal researcher on a team based at QUB researching the welfare and rights of children for the Northern Ireland Commissioner for Children and Young People, *Children's Rights in Northern Ireland* (NICCY, 2005). Linda is co-author (with Professor Phil Scraton) of *The Hurt Inside* (2005), the report of the Commission's investigation into the imprisonment of women and girls in Northern Ireland.

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Executive summary

1. *The Prison Within* is based on primary and documentary research into the rights of women in Hydebank Wood Prison and Young Offenders' Centre.
2. The research follows an earlier Commission investigation into conditions for women and girls at the Mourne House Unit, Maghaberry Prison published as *The Hurt Inside* (2005).
3. In June 2004, all women and girl prisoners were transferred to Hydebank Wood, a purpose-built, medium security, male young offenders' centre on the outskirts of Belfast.
4. Women were initially detained in Ash House, one of four residential units previously occupied by male 'young offenders'. In February 2006, they were moved temporarily to Beech House to facilitate the refurbishment of Ash House.
5. The research remit was to ensure that the treatment of women and girls in custody and the regime under which they were held complied with international human rights standards, and particularly Articles 2 (right to life) and 3 (right to be free from torture, inhuman and degrading treatment) of the European Convention on Human Rights.
6. The report also considers the Northern Ireland Prison Service's response to the recommendations made previously by the Commission.
7. Based on the research, recommendations are made to the Prison Service and other bodies with statutory responsibility for female prisoners. The Commission will monitor the response to, and implementation of, its recommendations and will report accordingly.
8. Significant reports have been published since the women's transfer to Hydebank Wood: the Commission's research, *The Hurt Inside* (2005); the report of an unannounced inspection by the Prisons Inspectorate and the Criminal Justice Inspectorate Northern Ireland (2005); a report commissioned by the Prison Service into the 'reintegration needs' of women in prison (2005); and the McClelland Report (2006), an 'independent review of non-natural deaths in prison'. The findings provide a context to the current research.
9. In *The Hurt Inside*, the Commission called for a public, independent inquiry into the deterioration in conditions for women in Mourne House from 2002 to 2004 and the deaths of three women.
10. In their highly critical report, the Inspectorates concluded that 'the move had succeeded in breaking up some of the negative culture that had infused Mourne House. But, it had also lost the principal advantage that the Northern Ireland Prison Service had – the existence of a purpose-built, separate women's facility – without tackling the underlying and fundamental issues that were identified in 2002. There was still no Northern Ireland Prison Service strategy, policies or procedures to deal with the specific needs of women and girls; and no separate, properly trained, management of the women's prison'. The Inspectorates recommended the creation of a separate prison for women in Northern Ireland.
11. The research in this report is contextualised within the recent history of women's imprisonment in Northern Ireland. Key events include the inquest into the death of Annie Kelly in September 2002 and of Roseanne Irvine in March 2004, and the publication of the McClelland report into recent deaths in prison custody in Northern Ireland. The inquest into Annie Kelly's death (November 2004) produced a jury finding highly critical of the Prison Service. The inquest into the death of Roseanne Irvine, held in Belfast Coroners' Court (February 2007) found that 'The prison system failed Roseanne'.

12. The research fieldwork for *The Prison Within* was carried out in Hydebank Wood Prison from December 2005 to March 2006. The Northern Ireland Prison Service provided excellent access for the fieldwork. Interviews were held with women prisoners, prison officers, professionals working in the prison including teachers, probation officers, healthcare staff, clergy, staff from non-governmental organisations, the Chair of the Independent Monitoring Board, and the Hydebank Wood representatives of the Prison Officers' Association. The researchers also observed the regime and routines within the unit. Further interviews with professionals were conducted from May to July 2006.
13. Using semi-structured interviews, the research focused on management and staffing, daily life for women in the prison including reception and induction, physical conditions and environment, healthcare including mental healthcare, education, work and activities, contact with children and families, resettlement, and management of self-harm and suicide prevention.
14. The fieldwork was completed by July 2006. The report also analyses all available relevant Prison Service policies and documents published up to March 2007.
15. The report provides a brief overview of the research literature, including international studies, on women's imprisonment.
16. Coverage of the aftermath of the transfer to Ash House includes primary interviews with women prisoners, review of the 2005 report on an unannounced inspection by the Criminal Justice and Prisons Inspectorates, and the review of the 2005 Prison Service report on the re-integration needs of women prisoners in Northern Ireland.
17. Based on primary fieldwork, the research analyses the management, organisation and staffing of the women's unit at Hydebank Wood including staff training and discretion in decision-making.
18. It recognises the diverse and competing demands across the institution as a consequence of separate and contrasting regimes for young males and women prisoners on a shared site.
19. It recommends that the women's custody unit should establish a distinct, gender-specific identity supported by a discrete management structure.
20. The majority (baseline 80 per cent) of management staff, prison officers and professional service providers in the unit should be female; and all management, prison officers and professional service providers within the unit should receive comprehensive gender-specific training, supported by a training 'tool-kit'.
21. The women's unit (formerly at Ash and then at Beech House) is restricted to four accommodation landings, with a capacity of 14 cells on each landing, thus Hydebank Wood has an overall capacity to detain 56 women.
22. The report concludes that human rights standards requiring appropriate separation of different categories of prisoners cannot be realised within this environment.
23. The report recommends separate and settled accommodation for long-term and life sentence prisoners enabling greater responsibility for their daily lives.
24. Women continue to experience verbal abuse when being transported to and from court with young men. It is recommended that male and female prisoners should not be transported together.
25. The research reveals the traumatic impact of strip searching or 'full body searching'. The report recommends that its use should be exceptional and restricted.

26. Women, none of whom posed a security threat, spent two thirds of their time locked in isolation. It is recommended that women are unlocked for a greater part of the day and constructive activity programmes are provided.
27. The introduction of in-cell sanitation has improved women's right to privacy.
28. Research into the introduction, operation and concerns of the Prisoner at Risk (PAR) process is presented.
29. Serious human rights concerns regarding the operation of the healthcare centre as a mixed-gender facility are raised.
30. The report documents increased access to psychiatric and psychological services for women, but reveals serious limitations in the level of mental healthcare provided, particularly at night.
31. The research demonstrates inadequate support for women with drug and alcohol dependency and the report recommends independent evaluation of recent, relevant developments in policy and practice.
32. The report analyses the significance of the proposed transfer of responsibility for healthcare to the Department of Health, Social Services and Public Safety (DHSSPS).
33. There is an urgent need to review the healthcare of women prisoners to ensure the delivery of a gender-specific, therapeutic, constructive and interaction-based programme for vulnerable prisoners.
34. During fieldwork, female immigration detainees were held at Hydebank Wood (they are now transported to Immigration Removal Centres in Scotland and England). The report recommends that immigration detainees should not be held in prison custody and raises serious human rights concerns regarding the transfer of immigration detainees to centres in Scotland and England.
35. The report also recommends the development of a gender-specific policy for 'foreign national' women; befriending services for 'foreign national' female prisoners; appropriate training for prison staff working with 'foreign national' prisoners; and information about access to expert legal advice for 'foreign national' prisoners.
36. Girls under 18 years of age are detained in Hydebank Wood. The holding of children under the age of 18 in prison custody is a serious breach of international human rights standards and should be ended.
37. The research found no age-appropriate regimes or policies relating to girls and young women.
38. Human rights standards state that the imprisonment of mothers of babies and young children must be a last resort. The report recommends the development of appropriate community-based facilities for mothers of young children as an alternative to imprisonment.
39. Women in Hydebank Wood have unequal access to work, training and educational opportunities in comparison with the young men in the Young Offenders' Centre.
40. There is a need to develop services to assist women with release and resettlement, addressing the particular difficulties faced by women with drug and alcohol problems who require appropriate housing and support on release.
41. There is an urgent need to provide community-based, therapeutic initiatives for women diagnosed with personality disorders.

42. The research concludes that there is a baseline requirement for a self-contained and separately managed women's custody unit constructed at Hydebank Wood, outside the boundary of the male young offenders' centre. This facility must offer discrete site access, healthcare and visiting facilities, kitchens and laundry, education, employment and gymnasium.
43. A comprehensive Strategic Plan, including best practice guidelines for operational policies and practices, is a priority requirement for the treatment of women in custody.
44. The report recommends the development of gender-specific programmes involving relevant state agencies, NGOs and women prisoners. Gender-specific needs include mothers' separation from children, menstruation, pregnancy, post-natal provision, menopause, and the consequences of sexual, physical or mental abuse.
45. Imprisonment for non-payment of fines, currently constituting a high proportion of women imprisoned each year, should be ended and viable alternatives to custody for women should be developed through new legislation ensuring that imprisonment becomes a last resort.

Chapter 1

1

Introduction

The current research for the Human Rights Commission on women's imprisonment in Hydebank Wood Prison follows an earlier Commission investigation of conditions in Mourne House women's unit, Maghaberry Prison. The Commission has the power to conduct research under the Northern Ireland Act (1998)¹ and to carry out investigations.² The investigation remit was 'the extent to which the treatment of women and girls in custody in Maghaberry Prison is compliant with international human rights law and standards, and in particular with Articles 2 and 3 of the European Convention on Human Rights'.³

Early in the Mourne House research, it became clear that the Northern Ireland Prison Service (NIPS) intended to transfer women and girl prisoners to Ash House, a unit within Hydebank Wood male Young Offenders' Centre. In March 2003, the Prison Service had conducted an internal feasibility study into the possibility of transferring women from Maghaberry to Hydebank Wood. The study concluded that Hydebank Wood was 'a more suitable location, could offer an improved regime and would be more cost effective'.⁴ An Equality Impact Assessment was then published as a consultation document. In light of the impending transfer, the then Director General, Peter Russell, suggested postponement of the Human Rights Commission research beyond the transfer. Conditions at Mourne House, however, were the focus of the Commission's initial concern; thus, the research went ahead. A follow-up study was planned following the transfer to Hydebank Wood and the new regime had consolidated.

The primary fieldwork for the Mourne House research was carried out during March and April 2004. On 3 March 2004, 34-year-old Roseanne Irvine, a mother from west Belfast, was found dead by hanging in Mourne House. The Commission's research report on Mourne House, *The Hurt Inside: The imprisonment of women and girls in Northern Ireland*, was published in October 2004.⁵ The report was highly critical of the Mourne House regime which had deteriorated significantly since its most recent inspection in May 2002. So critical was the Commission of the breaches of women's rights that the case was made for an independent public inquiry into events in Mourne House between 2002 and 2004. The inquest into Roseanne Irvine's death was held in February 2007 at Belfast Coroner's Court. In delivering the verdict of suicide, the jury stated in its narrative: 'The prison system failed Roseanne'. The 'defects' in the prison system that contributed to her death were: 'Severe lack of communication and inadequate recording'; 'The Management of the IMR21 (failure to act)'; 'Lack of healthcare and resources for women prisoners'.⁶ The Commission reiterated its call for a public inquiry.

On 28 June 2004, women prisoners were transferred to Ash House in highly controversial and contested circumstances. The Human Rights Commission published an interim report entitled, *The Transfer of Women from the Mourne House Unit, Maghaberry Prison to Hydebank Wood Young Offenders Centre*. The account of the transfer and associated concerns was published as Chapter 9 of the final report. The Commission publicly opposed the transfer, considering it highly inappropriate to site a women's prison unit within a male young offenders' centre. International human rights standards and Her Majesty's Inspectorate of Prisons (England and Wales) [hereafter, the Prisons Inspectorate] require that women's penal institutions be entirely separate with discrete healthcare, education and management structure.⁷ The Commission also found it unacceptable in the 21st century to move women from a prison where they had in-cell sanitation to a unit without this facility.

1 Section 69(6).

2 Section 69(8).

3 Article 2 is the right to life and Article 3 protects the right to be free from torture, inhuman and degrading treatment.

4 Cited in HM Chief Inspector of Prisons and the Chief Inspector of Criminal Justice in Northern Ireland (2005) *Report on an unannounced inspection of the imprisonment of women in Northern Ireland Ash House Hydebank Wood Prison 28-30 November 2004*, London, HP5 p 9 [Hereafter, Ash House inspection 2004].

5 A revised edition was published in June 2005. Scraton P and Moore L (2005) *The Hurt Inside: The imprisonment of women and girls in Northern Ireland* Northern Ireland Human Rights Commission, Belfast [Hereafter, *The Hurt Inside* 2005].

6 Verdict on Inquest: Roseanne Irvine, 13 February 2007.

7 UN Standard Minimum Rules for the Treatment of Prisoners 8(a).

In early July 2004, the then Chief Commissioner, Professor Brice Dickson, wrote to the then Director General of the Prison Service 'to request that the Commission be granted access to visit female prisoners in Hydebank at an early opportunity.'⁸ The request, primarily, was to 'reassure ourselves that they (women prisoners) are content with conditions in Hydebank Wood'. The Director General, Peter Russell, replied that the Human Rights Commission report had yet to be published; and that, given the 'unusual amount of interest in the condition of the female prisoners' and the need to 'get new regimes into place without excessive scrutiny', he was 'not prepared for the time being to grant the access that you require'.⁹ He stated that consultation with individual prisoners 'can be made through the normal visiting procedures to facilitate a professional visit if required'. Effectively, this denied access to the prison, other than conducting interviews in the legal visits area with prisoners who requested such a visit.

On one occasion, however, the researchers were given access to Ash House to interview an 18-year-old girl who had been self-harming and was being detained in the special supervision unit (SSU). Despite these restrictions on access, the researchers interviewed over ten women in the visits area, or following release from custody. They also interviewed family members, friends and legal representatives of women in Ash House.

In late November 2004, the Criminal Justice Inspectorate NI (CJINI) and the Prisons Inspectorate conducted an unannounced inspection of Ash House, published in 2005.¹⁰ The Inspectorates lamented that 'virtually none' of the Prisons Inspectorate's 2002 recommendations, including those considered fundamental, had been put into effect. Their report concurred with the Commission's view that Ash House was unsuitable for the imprisonment of women and girls. They criticised the inappropriate and 'poorly implemented decision' to move women from a purpose-built centre in Mourne to a 'much less suitable facility' at Hydebank Wood.¹¹ The Chief Inspectors considered that the move had presented serious challenges not only for women and girls, but also for boys and young men in the Young Offenders' Centre, and for prison staff.

Also in November 2004, Mr Alvaro Gil-Robles, Commissioner for Human Rights for the Council of Europe, visited Hydebank Wood. In his subsequent report, Mr Gil-Robles made special comment on the problems for women and young people with mental health problems in Hydebank Wood. While admiring the dedication of prison officers working under 'extremely trying circumstances', he concluded that there was 'no possibility for the women to receive appropriate treatment, indeed, the conditions could only be considered likely to aggravate their fragile condition still further'. Mr Gil-Robles identified two specific problems: the lack of appropriate psychological care available within the prison and the precarious mental health condition of some women, suggesting that they should not be in prison.¹²

In its 2004 observations on the UK Government report, the Committee on the Prevention of Torture (CAT) described 'unacceptable conditions' for women in Hydebank Wood including, 'a lack of gender-sensitive facilities, policies, guarding and medical aid, with male guards alleged to constitute 80 per cent of guarding staff and incidents of inappropriate threats and incidents affecting female detainees'.

Responding to the denial of access to Commission researchers, the CAT recommended that 'the State party should consider designating the Northern Ireland Human Rights Commission as one of the monitoring bodies under the Optional Protocol [to the Convention against Torture]'.¹³ The Parliamentary Joint Committee on Human Rights agreed with CAT, that the Commission should be designated as a monitoring body in Northern Ireland under the Optional Protocol: 'with responsibilities focusing on compliance of places of detention with the UK's human rights obligations. We also consider that a power of unannounced inspection is important to the effectiveness of such a monitoring mechanism'.

⁸ Letter dated 2 July 2004.

⁹ Letter dated 26 July 2004.

¹⁰ Ash House Inspection 2004.

¹¹ Above, in foreword.

¹² Commissioner for Human Rights, Mr Alvaro Gil-Robles, Commissioner for Human Rights, *Report on Visit to the UK 4-12 November 2004*, para 126.

¹³ Committee against Torture, *Conclusions and Recommendations of the Committee against Torture: United Kingdom of Great Britain and Northern Ireland, Crown Dependencies and Overseas Territories* (CAT/C/CR/33/3), recommendation (m).

Following political talks at St Andrews, Scotland in 2006, the government announced its intention to bring forward legislation to extend new powers to the Northern Ireland Human Rights Commission. These powers were included in draft legislation – the *Justice and Security (NI) Bill*. Disappointingly, the draft legislation falls far short of the powers recommended by the Commission, by CAT and other human rights bodies. The legislation allows the Commission to take legal cases based on the European Convention on Human Rights in its own name, without a named victim. However, limitations include a restricted list of places of detention to which the Commission may have access; the need for the Commission to give prior notice of investigations before access is granted to any place of detention and, even then, access is only for a limited period; and the power of the County Court to amend the terms as drafted does not meet the requirements of either the Paris Principles or of the Optional Protocol to the Convention against Torture (OPCAT).

In December 2004, Robin Masefield was appointed Director General of the Northern Ireland Prison Service. In November 2005, access was negotiated with the Prison Service for the Commission to carry out research into the human rights of women in Hydebank Wood. This report documents the findings and recommendations from this research.

Research fieldwork began in December 2005. All prison staff, managers, professionals and clergy working with women prisoners were invited to participate. Women prisoners, either individually or in small focus groups, were also invited. As women prisoners arrived in the prison during the research, they were informed of the work and most were interviewed, including a significant group of detainees who arrived in January 2006. Interviews with prisoners, prison staff and management, professionals and volunteers took place from December 2005 to February 2006.

In February 2006, the women were moved from Ash House to Beech House, another unit within the Hydebank Wood complex, while refurbishment of Ash was undertaken. The refurbishment included the installation of toilets and wash basins in all cells, an additional residential wing for long-termers, and a classroom. Beech House had been refurbished, including installation of in-cell sanitation, and it was agreed with the Governors that it would be appropriate to interview the women further once they had settled in. Consequently, in March 2006, further interviews were conducted with women in Beech. As the research is also concerned with the provision and practices of outside agencies, interviews were conducted with professionals in statutory and non-statutory sectors throughout spring 2006. At the time of writing, women prisoners remain accommodated in Beech House.

Brief methodological overview

As a follow-up study to *The Hurt Inside*, the research methodology remained consistent to that adopted previously. Following initial discussions with Prison Service management and the Governor of Hydebank Wood, the on-site fieldwork took place over several weeks in December 2005 and January 2006. As the women were moved from their initial accommodation in Ash House to refurbished accommodation in Beech House, a further period of on-site fieldwork took place in March 2006. It was important to take into account the impact of in-cell sanitation. Another unexpected dimension to the research occurred when a number of detainees were admitted. This extended the scope of the research. Research access to the prison was excellent and the researchers were well-accommodated.

Plans, discussed with managers and senior staff as appropriate, were at all times facilitated. Managers, prison officers, health centre staff, teachers, clergy, professionals working on-site from outside agencies, the Independent Monitoring Board and the Prison Officers' association were invited to participate. All women in the prison, throughout the period of field research, were also invited. In most cases, the level of participation in the research was high. The exception was prison officers. While some officers were eager to talk, they were in the minority. The researchers experienced a courteous but distant reception from most, but not all, officers on the landings.

The primary research used three established methods. First, semi-structured interviews where prisoners were interviewed individually using a schedule of key questions covering all aspects of their imprisonment. Some prisoners were interviewed on more than one occasion. In most cases, the interviews were taped and transcribed in full. Managers and those staff willing to participate were interviewed, but in most cases interviews were not taped. Second, focus groups, where groups of prisoners on association often preferred to be interviewed together, particularly those women on very short sentence. The same schedule was used, but not all questions were relevant. Focus groups were occasionally used in other circumstances; for example, teachers gave recorded interviews as a group. Third, observation, where regular access to landings and recreation rooms allowed considerable time to observe the regimes in action. The researchers took field notes as a record of the routine.

In addition to the above, the researchers observed meetings in progress (Prisoner at Risk [PAR] meetings, for example). Documentary evidence was provided when requested, particularly policy documentation or operational guidelines. Quantitative data was supplied on request, but it was not always complete. This was understandable given that Ash House had evolved quickly as a women's unit in the broader context of a male young offenders' centre.

Further interviews were conducted with outside professionals and former prisoners during April and May and documentary material arrived throughout this period. Meetings were then held with senior managers at Hydebank Wood, culminating in a final meeting with the Director General of the Prison Service and colleagues in August 2006, when the researchers raised the key issues to have emerged from the work. The draft report was completed in December 2006 and submitted to Commissioners for comment. It was then forwarded to the Prison Service in early January 2007, in accordance with the agreed protocol as a check for factual accuracy. It was returned in February 2007 with suggested corrections, contestations and commentary. These comments have been incorporated into the body of the final report, where appropriate.

Structure of the report

Given that this research report updates and develops the Commission's previous research into the imprisonment of women and girls in Northern Ireland, it is imperative to present analytically the sequence of events since the completion of that work in spring 2004 and the transfer of women prisoners to Hydebank Wood male Young Offenders' Centre in late June 2004. Chapter 1 provides a brief but important overview of contemporary research into women's imprisonment, demonstrating that the significant issues raised by the research and inspections in Northern Ireland are well-established in the literature. Chapter 2 discusses the 'legacy' of Mourne House and two significant developments: the inquest jury's findings in the case of Annie Kelly who died in Mourne House in September 2002; and the recommendations of the McClelland report into deaths in custody in Northern Ireland. Chapter 3 considers the transition from Mourne House to Hydebank Wood including the experiences of women prisoners, the findings and recommendations of the unannounced inspection conducted by the Inspectorates in November 2004 and the findings of resettlement research commissioned by the Northern Ireland Prison Service also in 2004. Chapters 4 to 11 are based on the main research fieldwork, describing and analysing the regimes for women in Hydebank Wood. They also discuss aspects of women's after care beyond prison including mental health provision and resettlement services. Chapter 12 presents the key findings and makes extensive recommendations.

Chapter 2

Women in prison: key issues

Women in prison create a significant challenge for prison authorities whose policies, regimes and programmes are geared primarily to men. Bosworth discusses the issue of the 'equal' but 'different treatment of men and women, boys and girls, in custody. She notes that, within the 'official literature', women are 'perceived to have different needs than men' and are 'managed differently'.¹⁴ Women's prisons or units within male prisons are seen as a 'bolt-on' to an established system that is male at multiple levels. But, once inside, in terms of their daily operation, the expectations on women's behaviour, responses and participation in the regime are deeply gendered with every move, action and reaction scrutinised through a lens of imposed 'femininity'. These issues have a well researched and established contemporary history.

Carlen's definitive study of Cornton Vale, published in 1983, stated that the 'comparatively small numbers of women incarcerated' had 'resulted in all of them being accommodated in one closed prison'.¹⁵ Many women were held long distances from home. Many were imprisoned for non-payment of fines and over 60 per cent received sentences less than six months. Carlen concluded that the 'majority of women in prison have been sent there for purely punitive purposes',¹⁶ yet a 'high proportion ... have been diagnosed as having either 'personality disorders', alcohol and/or other drug-related problems'.¹⁷ The majority of those interviewed described physical abuse at the hands of husbands, cohabittees, male relatives or police officers.¹⁸

Carlen's study found that women prisoners were judged, assessed and, to some extent, classified on their capacity for social interaction, their femininity in terms of appearance, tidiness, motherhood and on their maturity by prison officers, governors and medical staff. Yet prison rules, the constant monitoring by officers of conversations and the lack of privacy together worked against meaningful social interaction. Women were reluctant to 'bare their souls' in situations where their revelations could be used, formally or informally, against them. Women 'received little sympathy regarding pre-menstrual tension and even less recognition of their need for increased access to washing facilities during menstruation'.¹⁹ Carlen and Worrall found a general acceptance that:

'women's healthcare needs in prison – both physical and mental are more various and complex than men's ... but the overwhelming experience of women in prison is that their health needs are not consistently dealt with in a respectful and appropriate way.'²⁰

Specific needs go beyond 'routine menstruation', to include 'pregnancy, cervical cytology, and breast cancer screening, and miscellaneous hormonally-triggered 'women's ailments' ... chronic mundane conditions such as constipation and other digestive problems'.²¹

Sim's extensive review of the contemporary history of medical intervention in the lives of women prisoners acknowledged 'the continuing entrapment of women within catch-all psychiatric categories such as behavioural and personality disorder'.²² Carlen showed how the 'temporary classification "disorderly", gradually ossifies into the more permanent "disordered" ... untreatable ... beyond the remit of the treatment agencies, without hope and beyond recognition'.²³ In her study over 80 per cent of women entering prison had histories of mental illness. They were treated as a 'disciplinary' problem and classified 'disordered'. They were 'clothed instead with the disciplinary needs of the "disordered"'.²⁴

Diagnoses inevitably centred on the disputed 'concepts of personality disorder and anti-social personality disorder'. Those redefined as 'mentally ill' were prescribed drugs; those redefined 'not mentally ill' were subjected to 'normal penal methods of deprivation of liberty and other forms of deprivations'.²⁵

¹⁴ Bosworth M (1999) *Engendering Resistance: Agency and Power in Women's Prisons* Ashgate Press, Aldershot p 60.

¹⁵ Carlen P (1983) *Women's Imprisonment: A Study in Social Control* London Routledge and Kegan Paul, London pp 20-21.

¹⁶ Above, p 23.

¹⁷ Above, p 22.

¹⁸ Above, p 40.

¹⁹ Above, p 104.

²⁰ Carlen P and Worrall A (2004) *Analysing Women's Imprisonment* Willan Publishing, Cullompton p 61.

²¹ Above.

²² Sim J (1990) *Medical Power in Prisons: The Prison Medical Service in England 1774-1989* Open University Press, Milton Keynes p 176.

²³ Carlen P (1983) p 194.

²⁴ Above, p 196.

²⁵ Above, p 206.

Neither mentally ill, nor treatable, the 'personality disordered' prisoner was considered beyond the scope of treatment. Worse still, once the classification had been made, the status ascribed, the woman prisoner had 'little chance of having the label removed'.²⁶ It was applied as a fixed, permanent category 'with little hope of change'.

Carlen's primary research revealed a key dynamic in the imprisonment of women and girls that has prevailed. The regulation of women prisoners enduring mental ill-health remains a significant issue in contemporary women's prisons. Punitive responses have also resulted in a reluctance to reveal distress. As Tamara Walsh's recent study found, women prisoners 'must quickly learn to disengage from their emotions' in the knowledge that any sign of weakness 'will be reported to corrections officers by psychologists' and 'lead to the isolation unit'.²⁷

Carlen notes that women's imprisonment 'incorporates and amplifies all the anti-social modes of control that oppress women outside the prison'.²⁸ What persists is the failure within the criminal justice system to accept that 'women's crimes are different to men's, committed in different circumstances'. Consequently, prison regimes for women regularly fall below minimum standards of decency and humanity: 'so many women arrive in prison suffering from extreme health and social effects of poverty, addictions and physical and sexual abuse', yet no 'coherent or holistic' policy is in place to manage their sentences.²⁹ As Lowthian demonstrates, the institutional response typically dehumanises through the deterioration in healthcare, overemphasis on security, increased risk of bullying, self-harm and suicide, curtailment of programmes and long periods of isolation.³⁰

International studies demonstrate, graphically, the harm done to women in prison through isolation, long hours of lock-up, inappropriate and punitive management of self-harming and suicidal women and the lack of supportive and therapeutic strategies for women suffering mental ill-health.³¹ Carlen concludes: 'because of their different social roles and relationships and other cultural differences' women 'are likely to suffer more pains of imprisonment than men, and to suffer in different ways'.³² The Mourne House research demonstrated that, while regimes and programmes were not gender-specific in design or delivery, regulation, control and punishments were consistently gender-specific. Fear, degradation and dehumanisation endured by women prisoners were institutionally genderised and most appropriately represented and analysed through their location on a continuum of violence and violation.³³ This ranged from lack of access to telephones or baths, through lock-ups, to strip searches, personal abuse and punishment. The sharp end of the continuum, where the woman's body is the site of self-harm and of strip searches, was related directly to the sexual comments, innuendo and insults embedded in the prison's daily routine.

In Northern Ireland the recent history of women's imprisonment was dominated by the political conflict. In these difficult and demanding circumstances, Corcoran concludes that the 'needs of male prisoners prevailed over those of the women in the allocation of resources and facilities'.³⁴ Corcoran's research reveals the depth and seriousness of women prisoners' concerns regarding inadequate diet, poor medical provision, lack of training of medical orderlies and paternalistic education provision. She also records the Northern Ireland Prison Service's assessment of these criticisms as 'ill-founded and vexatious'.³⁵

26 Above, p 209.

27 Walsh T (2004) *Incorrections: Investigation prison release practice and policy in Queensland and its impact on community safety* Queensland University of Technology, Brisbane pp 22-23.

28 Carlen P (1998) *Sledgehammer: Women's Imprisonment at the Millenium* Macmillan, London p 10.

29 Carlen P (2002) 'Introduction: women and punishment' in Carlen P (ed) *Women and Punishment: The Struggle for Justice* Willan Publishing, Cullompton p 15.

30 Lowthian J (2002) 'Women's prisons in England: barriers to reform' in P Carlen (ed) *Women and Punishment: The Struggle for Justice* Willan Publishing, Cullompton p 177.

31 See: Sudbury J (2002) 'Celling black bodies: black women in the global prison industrial complex' *Feminist Review*, 70.1, p 58; Shaylor C (1998) 'It's like living in a black hole: Women of Color and Solitary Confinement in the Prison Industrial Complex' in *New England Journal on Criminal and Civil Confinement* Vol 24, No 2; Walsh T (2004).

32 Carlen P (1998) p 10.

33 On the conceptualisation of the 'continuum of violence' see: Kelly L (1988) *Surviving Sexual Violence* Polity Press, Cambridge. Also see: Stanko EA (1985) *Intimate Intrusions: Women's Experience of Male Violence* Routledge and Kegan Paul, London.

34 Corcoran M (2006) *Out of Order: The political imprisonment of women in Northern Ireland 1972-1998* Willan Publishing, Cullompton p 22.

35 Above, p 24.

Central to the 'historically situated causes and contexts in which particular groups are punished'³⁶ for women in Armagh, and later in Mourne House, was the strip search. Much has been recorded and written about the use of strip searches in Northern Ireland and, what is clear from this body of work is the 'profound impact' they had on women's mental state. Pickering reports the trauma of the strip search: 'Often making women's periods stop, anxiety attacks ... designed to humiliate, to degrade'.³⁷ Women were well aware that should they resist, force would be, and was, used. The use of discretionary force and abusive comments by officers was matched by the use of formal punishment at the institutional level. At both levels, the constant reminder was that women prisoners, political or 'ordinary', were powerless to resist the authority of the prison. Pickering concludes:

'Strip searching came to epitomise, for many, the resolve of the security services to have women submit to the process of criminalisation and surveillance by taking control of women's nakedness. The objective of "breaking women" was understood by women in this study who had experienced strip searching as being particularly vicious.'³⁸

While strip searching, and the resistance to it, was a significant political issue in Northern Ireland throughout the conflict, drawing considerable international opposition to its use against women, strip searching in a variety of forms has remained central to prison security in most women's prisons. George reveals the 'sexual humiliation' endured by women through strip searching.³⁹ Walsh states that, in Queensland, women and young women prisoners reported serious assaults in a context of strip searches being 'used excessively'.⁴⁰ Men and women prisoners universally condemned strip searches as 'humiliating and degrading', but for 'women who were survivors of domestic abuse', they resulted in additional 'significant trauma'.⁴¹

The impact of strip searching is not confined to the physical feeling of assault on the body. In discussing family visits, Carlen recorded women's accounts of the inhibiting, emotional impact of strip searches: 'And then they take you down and strip you. I know lassies that'll not take a visit for that reason'.⁴² Women were 'torn between' the 'desire' to see their children and the 'desire to shield them from the pain of the experience'.⁴³ Mothers, at the moment of intense, emotional and public strain in meeting and departing their children, were then forced to strip and be searched before being returned to the isolation of their cells.

This brief comparative overview of key biographical and research sources relevant to the analysis of the imprisonment of women in Northern Ireland in the context of Articles 2 and 3 of the European Convention on Human Rights (ECHR) provides evidence of established institutionalised problems that are consistent and persistent. It is clear that in many smaller jurisdictions the number of women and girls in prison relative to the number of men is low. This results in their marginalisation, evidenced by the lack of gender-appropriate strategies, policies and practices. While continually denied by prison services, policies and practices governing women's imprisonment are little more than adaptations – a 'bolt-on' to the 'core business' of accommodating and managing male prisoners. Against this background, judgemental and stereotypical constructions of the 'good' woman, the 'reformed' woman and the 'nurturing' woman have prevailed. Women and girls are constantly scrutinised in terms of their appearance, their neatness, their language, their respectability, their compliance and their maternal capacity. While the prison lists its rules, the conventions of femininity, heterosexuality, conformity and domesticity remain the dominant unwritten code of behaviour and response. At the heart of this imposed expectation, as the research shows repeatedly, is the unquestioning acceptance of authority. Any woman or girl challenging that authority will be harshly dealt with.

³⁶ Above, p 103.

³⁷ Pickering S (2002) *Women, Policing and Resistance in Northern Ireland* Beyond the Pale Publications, Belfast p 179.

³⁸ Above, p 181.

³⁹ George A (1995) 'The Big Prison' in Women in Prison Group (ed) *Women and Imprisonment* Fitzroy Legal Service, Melbourne p 23.

⁴⁰ Walsh T (2004) p 20.

⁴¹ Above.

⁴² Carlen P (1983) p 79.

⁴³ Above, p 80.

The differential and harsher punishment of women in prison, often for lesser offences than their male counterparts, is well-established. Much has been written about women offenders being punished for breaking the law and further punished for breaking the genderised code of expected conformity. The literature also indicates the extent to which women are imprisoned, at significant cost to the State, for relatively minor offences. Despite an extensive literature on alternatives to custody, Britain and Northern Ireland continue to send women to prison because of their inability to pay fines. Each case represents a heavy financial loss to the state and often burdens poor families with the loss of a mother. Research, together with the casework of support groups and NGOs, highlights the deleterious impact on children and extended families of imprisoning mothers. Mothers in prison also experience a deep sense of loss accompanied by guilt and, often, frustration at not being able to participate effectively in the daily lives of their children.

It is difficult to assess the extent of abuse suffered by women and girls at the hands of men known through intimate relations. Statistics recording violence against women, including rape and incest, are notoriously inaccurate, grossly under-representing its full extent. Consequently, it comes as no surprise to find in all studies of women's imprisonment that a high proportion has experienced verbal, physical and/or sexual abuse. It is important not to assume that such a concentration is found in prisons because it has some direct relation to women's offending behaviour. Again, the research into male violence in intimate relations indicates that many women in all walks of life, regardless of class, ethnicity, culture or age, are the recipients of harassment, intimidation and abuse. Undoubtedly, however, abusive personal histories leave some women damaged, fearful and vulnerable. For others, such histories bring resistance and empowerment. And for many, there is a complex mix of vulnerability and strength, depending on the circumstances. Invariably, with women locked alone in their cells for two-thirds of each day, with few creative and constructive opportunities open to them during unlock, and with the constant imposition of rules for their most trivial infraction, despair and volatility become opposite ends of the same continuum.

Looking back at the recent history of women's imprisonment, it is self-evident that medicalisation has played a significant part in setting agendas for institutional responses, both collectively and individually. Pathologising women and girls who present a difficult management challenge leads to the 'untreatability' thesis for those classified as behaviour or personality disordered. They come to be represented as the 'not genuine' mentally ill. Thus, they are condemned for punishment. While prison managers will always predicate any discussion of prisoners whose diagnosis is 'mental illness' or 'disorder' by arguing that they 'shouldn't be in a prison', the bottom-line is that they are. For the 'untreatables', the self-harmers and the suicide risks, there is the 'special observation cell', the 'crisis support unit' or the 'special supervision unit' and strip conditions. To the prisoner, the name matters not. These are places of extra confinement and isolation, increased deprivation and asocial existence; to prisoners they are euphemisms for the 'punishment block'. It remains a major issue, in terms of potential breaches of Articles 2 and 3 of the ECHR, that women who are at their most depressed and vulnerable and at the highest moment of personal risk, are placed in the most punitive conditions bereft of appropriate, 24-hour, professional support when they need it most.

Finally, much has been written on violence against women with regard to the violation of the body. The female body is permanently under scrutiny within all media forms, from men and from women. Images of violence and violation are readily accessible. Yet privacy and modesty remain significant issues for women particularly in circumstances of particular vulnerability. As women arrive in prison they are stripped of their civic status, no longer a 'citizen', but a 'prisoner', a surname and a number. They are also stripped naked and introduced to the strip search, the 'body search', the 'half and half'. However it is defined, it is an inspection of, and on, the body. Throughout her time in prison, a woman or girl is constantly reminded that this, the highest legitimate intrusion on her self, is at the discretion of those with whom she has daily contact. They are conducted regardless of her menstrual cycle, her pregnancy or her menopausal status. In the Northern Ireland context strip searching has a specific history in the discretionary punishment of women in Armagh prison. Since the Belfast Agreement of April 1998, few women have entered prison for politically motivated offences but the legacy of body searching endures. The research on strip or body searches, some of which is presented here, demonstrates the pain inflicted on women as a consequence.

Chapter 3

The research in context

Introduction

This chapter contextualises the Hydebank Wood research within the recent history of women's imprisonment in Northern Ireland. The Commission's research into women's imprisonment at Hydebank Wood followed on from its 2004 research in Mourne House. Between the completion of the Mourne House research and the commencement of the Hydebank Wood research, several events occurred that had a bearing on the conditions and regimes under which women are held in prison. This included the inquest into the death in Mourne House of Annie Kelly and the jury's highly critical and substantial verdict and publication of the McClelland Report into deaths in prison custody in Northern Ireland. This chapter provides a brief historical overview of the recent history of women in prison in Northern Ireland followed by coverage of the main findings and recommendations of the inquest jury and the McClelland Report. The intention at this stage is not to evaluate the impact of, and Prison Service response to, these recommendations.

Mourne House, Maghaberry

In 1986 Armagh Jail, built between 1780 and 1819, was closed and women prisoners transferred to the Mourne House Unit within the purpose-built, high security, category A, Maghaberry Prison. Male prisoners arrived the following year and the male and female prisons were amalgamated in 1988. The Mourne House Unit remained physically separate, comprising cells for 59 prisoners, a hospital with accommodation, kitchens, indoor and garden workshops, an education block and exercise yards. With its own gate, reception and walls it was a prison within a prison.

As at Armagh, Mourne House held politically affiliated prisoners as well as proportionately small numbers of 'ordinary' prisoners. The Belfast (Good Friday) Agreement 1998 led to the Northern Ireland (Sentences Act) 1998 and the release of most politically affiliated prisoners. Despite this major change in the prison population, Mourne House, its regimes, its staffing levels and its atmosphere, operated as a maximum security unit. Yet in its final operational year, in 2004, a third of women admitted were fine defaulters and the majority of those sentenced were for less than three months. The daily population hovered at around 30, with 304 receptions through the year.

The Prisons Inspectorate, in reporting on its 2002 inspection of Maghaberry, noted the 'potential dangers' inherent 'in situations where the needs of a small group of women ... become marginalised', where 'the identity of units for women becom[e] confused with the larger prison site'.⁴⁴ As a unit of Maghaberry, Mourne House failed to recognise or meet the needs of women prisoners. Security was oppressive, staffing levels excessive and 80 per cent of staff were men.

The inspectors concluded that male violence and abuse in women's personal histories contributed to feelings of vulnerability. Shared prison transport with male prisoners brought sexual taunts and verbal abuse. The Inspectorate criticised staff complacency concerning record keeping, particularly regarding self-harm, and the excessive use of strip searches. Women received no support on admission and no structured induction. The treatment of distressed, self-harming and suicidal women particularly girls and young women, drew a severe response. This centred on transfers to the male prison hospital and the regular use of the punishment block. Of particular concern was the case of a 15-year-old, self-harming child dressed in strip clothing and held in the punishment block.

The Inspectors' recommendations included the reconstitution of Mourne House as a discrete female facility; the initiation of a policy and strategic plan for the treatment of women in custody; gender-specific training for all staff and managers dealing with women in custody; a low security regime with reduced staffing levels; and

⁴⁴ Her Majesty's Inspectorate of Prisons (2003) *Report on a full announced inspection of HM Prison Maghaberry 13-17 May 2002* HMCIIP, London [Hereafter, Maghaberry Inspection 2002].

all healthcare for women to be delivered in Mourne House or in the community. At the time of the inspection, the Northern Ireland Prison Service (NIPS) published its review of prison healthcare services. While noting that the healthcare needs of prisoners were ‘those of a multiply deprived population with high levels of chronic disease, mental illness, addiction problems and self-neglect’,⁴⁵ it failed to address the particular needs of women and girls. In April 2004, a new strategy on self-harm and suicide was introduced.⁴⁶ It made no mention of the specific needs of, or responses to, women and girl prisoners.

Research fieldwork for the Human Rights Commission in 2004 (published as *The Hurt Inside*, 2005) found that despite the negative Inspectorate report and its recommendations, the Mourne House regime had all but collapsed. The Unit’s hospital had closed and women received much of their assessment and treatment, including overnight accommodation, in the male prison hospital. Workshops and kitchens were mothballed. Food was transported from the male side. The education curriculum operated sporadically and at the discretion of discipline staff. Evening lock-ups were regular and women prisoners often spent 75 per cent of their time alone, confined to single cells.

Healthcare, particularly for women with mental health problems, was dire. The healthcare centre had remained closed and women attended the male prison hospital for treatment including overnight stays. Counselling and therapy was not available and the situation was particularly bleak for those women classified ‘personality’ or ‘behaviour’ disordered. Unable to access treatment because they were assessed as not having a treatable mental health condition, they were accommodated on the landings where discipline staff felt unable to manage their behaviour. This led inevitably to the use of the punishment block or ‘special supervision unit’, an inappropriate environment in which to hold distressed and self-harming women and girls. The research concluded:

‘In the final analysis the responsibility for providing a positive and constructive environment, adequate and appropriate care, rehabilitative and supportive programmes for women in custody rests with the Director of the Prison Service and the Prison Service Management Board. While the working practices adopted by many, but not all, prison officers fall short of minimum professional standards, the Prison Service HQ should have resolved the worsening situation at Mourne House. That they failed to do so is an indictment of their approach towards the women and girls in their care and has had serious consequences.’⁴⁷

It was clear from the research that alternatives to custody should be found for the majority of women currently in prison, particularly those with mental health problems. Further, it recommended a discrete women’s custody unit, the establishment and resourcing of gender-specific regimes and programmes responding to gender-specific needs. Responding to the diversity of women in prison, it called for a comprehensive strategy specifying policies on reception and induction, regimes and programmes, throughcare and aftercare.

In line with international standards, the research specified an end to holding children in Prison Service custody and to using punishment cells to ‘manage’ self-harming and distressed women. Strip searching should be used only in exceptional circumstances and all accommodation, healthcare and transport should ensure absolute separation from male prisoners.

The inquest into the death of Annie Kelly

Annie Kelly died in a strip cell in the Mourne House punishment block in the early afternoon of 7 September 2002. The inquest into her death was held at Belfast Coroner’s Court between 10 and 23 November, 2004. Detailed and thorough, the jury’s finding, based on answers to questions posed by Coroner Mr John Leckey,

⁴⁵ Northern Ireland Prison Service (2002) *Review of Prison Healthcare Services* NIPS, Belfast.

⁴⁶ Northern Ireland Prison Service (2004) *Self Harm and Suicide Prevention Strategy* NIPS, Belfast.

⁴⁷ *The Hurt Inside* 2005 p 173.

was unprecedented in its indictment of the endemic failures prevalent within Mourne House at the time. The jury found the 'main contributor' to her death by hanging to be a 'lack of communication and training at all levels'. 'There was no understanding or clear view of any one person's role in the management and understanding of Annie'. They identified a 'major deficiency in communication between Managers, Doctors and the dedicated team' responsible for her health, welfare and safe custody. There were 'no set policies to adhere to', specifically a lack of appropriate management and staff training. And there was 'no consistency in her treatment and regime from one Governor to the next'.

Having established that the Prison Service had been institutionally deficient at all levels, the jury listed five 'reasonable precautions' that should have been taken to meet minimum standards in securing a duty of care. The anti-suicide blankets were 'deficient' and an 'anti-ligature window should have been installed from the outset'. Given the events of 5 September, 'clearer guidelines on observation and monitoring' of Annie might have removed the 'opportunity of making ligatures'. A search on the day would have discovered the ligatures she used. Finally, 'cell inspection should have been carried out frequently and thoroughly especially in regard to the window'.

The jury identified six further 'factors relevant to the circumstances of her death'. They criticised her 'very long periods of isolation' and the lack of appropriate 'female facilities'. They recommended better 'availability of resuscitation equipment within the Prison' and the availability of first aid equipment 'on every landing'. Responding to evidence concerning the paucity of adolescent mental healthcare in Northern Ireland, the jury called for the provision of a 'therapeutic community'. Failing this, the 'Judicial system should strive to provide a like environment'. Finally, the 'Northern Ireland Mental Health Order needs to be updated to include personality disorders'. Given the failures in broader care provision, the deficiencies in communication and training 'at all levels' and the inadequate and inappropriate treatment of Annie, the jury decided she did not die 'by her own act'.

The wider context and specific circumstances of Annie Kelly's death provide a partial insight into the abject failure of the criminal justice and penal systems in their handling of children and young people in conflict with the law. As the jury noted, the lack of appropriate adolescent mental healthcare in Northern Ireland results in the imprisonment of vulnerable children and young people who require care and support relevant to their needs. Whatever Annie's mental health diagnosis, the punishment and segregation unit of a high security adult jail was not an appropriate location.

The Coroner wrote to the then Secretary of State for Northern Ireland, Paul Murphy, listing 15 issues derived in the verdict: communication problems between management, medical staff and prison officers; inadequate officer training; deficient policies and procedures; inconsistency of approach by successive governors; deficient suicide blankets; failure to provide an anti-ligature and anti-suicide cell; inadequate observations and monitoring; ineffective searches for ligatures; more frequent and thorough cell searches; long periods of isolation; inappropriate facilities in the prison for young female offenders; need for detention in a therapeutic community; availability of resuscitation and first aid equipment; need for legislative change to accommodate people suffering from personality disorders; and the need for the establishment of a therapeutic community in Northern Ireland.

The Coroner noted that the Secretary of State was 'in a position to ensure that action is taken to prevent, as far as possible, the recurrence of similar fatalities'. He continued: 'I understand that Ann [Annie] was not a unique prisoner and that there are other young offenders held in prisons in Northern Ireland who have personality disorders and would therefore be at risk in a similar manner to her'. Finally, he drew the Secretary of State's attention to the Human Rights Commission's report on the imprisonment of women and girls stating that its co-authors had given evidence at the inquest. He concluded: 'they expressed concerns that the death

of Ann constituted a breach of both Articles 2 and 3 of the European Convention on Human Rights. As the State's representative in Northern Ireland, I would ask you to consider their views as to non-compliance with Articles 2 and 3'.

On 15 December 2004, the Secretary of State responded at length to the issues raised by the Coroner. Regarding communication problems between management, medical staff and prison officers, he noted the introduction of a new Prison Service policy for self-harm and suicide following a 'full review'. He referred specifically to the requirement within the policy of 'better co-ordination between staff, Healthcare [sic] and others'; the introduction of a 'multi-disciplinary case conference within 72 hours of someone being identified at risk'; and the 'new PAR (Prisoner at Risk) process ... provid[ing] for residential care plans and Healthcare plans which follow the prisoner wherever they are in the system'. The Secretary of State did not comment on the procedures in place to ensure the accuracy of assessments or records entered in the plans.

Replying to concerns over inadequate training, the Secretary of State noted that the Prison Service recognised the need to improve training. Previously, this amounted to a limited number of staff attending a 'half-day suicide awareness training seminar' and receiving unspecified refresher training to retain their certification' in first aid. The new policy for self-harm and suicide provided all staff with 'briefing packs' with managers attending one seminar, then 'cascad[ing]' the training received at this seminar to their staff. This was to be supported by the 'availability' of a 'half-day training pack'. Further, 'staff managing females in custody [had] commenced training on "Working with vulnerable and Personality Disorder Prisoners". Training is ongoing.' The Secretary of State provided no details of this training, its depth or purpose.

The Secretary of State reassured the Coroner that the Prison Service was committed to the development of new policies for the management of women in custody. These policies, he explained, 'will be informed by the conclusions of recent unannounced inspections by HCMI [HMCIP] on behalf of the Criminal Justice Inspectorate and by the recent report of the Human Rights Commission'.

The jury's final concerns related to the appropriateness of holding Annie Kelly in prison rather than in a 'therapeutic community'. The Secretary of State noted that the Mental Health Order (NI) 1986 'excludes personality disorder, whereas it is included in English/Welsh legislation, the result being that therapeutic community facilities exist in England and Wales but not here'. Instructively, he added: 'Prison, with its disciplinary approach is 'the place of last resort' and could be considered an inappropriate establishment for persons suffering from the disorder'.

It is important to note that, following the deaths of Annie Kelly and Roseanne Irvine (March 2004) the Human Rights Commission called for a public inquiry into the circumstances surrounding these deaths and the deterioration in the Mourne House regime. At the time of writing there has been no response to this call.

The McClelland Report

In May 2004, the Chief Medical Officer for Northern Ireland and the Director General of the Northern Ireland Prison Service commissioned Professor Roy McClelland to chair and carry out an independent review of non-natural deaths in prison. The review focused attention on the deaths of four men and two women, Annie Kelly and Roseanne Irvine, who had died between June 2002 and March 2004. The Review Group's terms of reference were to review healthcare and mental health provision to vulnerable prisoners and particularly in cases under scrutiny; to review communications between healthcare and other areas of the prison; to examine the nature and effectiveness of healthcare services and to make recommendations. Four members of the Review Group were employed within the prison services of England and Wales, Scotland and Northern Ireland.

The report was published in 2006, based on two associated and ‘parallel’ inquiries. First, an analysis of the deaths ‘with consideration of risk awareness and its management, based on interviews with staff and prisoners’.⁴⁸ Second, analysis of ‘the systems, procedures, conditions and culture within the prisons based on visits to all three establishments (Maghaberry, Magilligan and Hydebank Wood) and including observations and interviews with prisoners and staff’. The review made 28 recommendations for suicide prevention under the following headings: Risk Management; Information Sharing; Prison Health (Screening, Health Services and Mental Health Promotion); Raising Standards; Training; Health and Personal Services. There were two further recommendations concerning implementation.

The Review found ‘evidence of inadequate information sharing between prisons’ and identified ‘a need to improve transfer of information from the community into the prisons, within the prison and between prisons and from the prison back into the community’.⁴⁹ In their interactions with prisoners, discipline staff [prison officers] were found not to be utilising care plans which had been drawn up for prisoners at risk. The assessment process ‘from reception onwards was somewhat superficial and the system of healthcare delivery was not joined up’.⁵⁰

There were deficiencies in health screening at reception, particularly regarding mental health and suicidal ideation, in the provision of adequate and regular suicide risk assessment, in the management of suicide risk. Appropriate policies and practices were needed, ‘including sensitive assessment of vulnerable prisoners and the removal of the means to commit suicide ... proportionate to the risk’.⁵¹ Further, the Review noted a ‘fundamental structural weakness in the deployment, management and support of staff delivering healthcare services’ to the most vulnerable prisoners, a lack of ‘a formal health structure’ and a ‘lack of mental health professionals who operate in this capacity’ within the prisons. The ‘management of vulnerable prisoners is not high enough on the agenda of the NIPS at operational and headquarters level’. Such marginalisation had ‘contributed to the feeling amongst management at an operational level that they are unable to take forward issues themselves to improve the care of the vulnerable’.⁵²

Regimes were ‘over-controlled’ and the Prison Service, in terms of staffing levels, was not under-resourced. A ‘radical change’ in staff role, job content and work culture was necessary. ‘It is of concern’, concluded McClelland, ‘that previous recommendations made about NIPS have not been implemented and that similar recommendations are again being made’.⁵³

The Review made passing reference to gender-specific issues and the deaths of Annie Kelly and Roseanne Irvine. Three recommendations came from the brief review of the two deaths: as a matter of priority, the establishment of a multidisciplinary health team approach to the management of offenders suffering from mental health problems; the introduction of a training programme for prison staff on mental health matters, specifically the recognition, assessment and management of prisoners ‘at risk’; and the establishment of personality disorder services outside the prison setting, or jointly by prison and Health and Personal Social Services, for women with ‘security needs’. ‘In-reach’ mental health support was also recommended as a priority for women and young men at Hydebank Wood.

48 McClelland R (2006) *A Review of Non-natural Deaths in Northern Ireland Prison Service Establishments (June 2002 – March 2004)* Northern Ireland Prison Service, Belfast, p 2 [the McClelland Report].

49 Above, p 3.

50 Above, p 4.

51 Above.

52 Above, p 5.

53 Above.

Regarding diagnosis and treatment of personality disorder, the Review Group commented:

'The review of the two women [sic] deaths highlighted the difficulties inherent in treating people with complex needs in a prison regime. Personality disorder has been designated "no longer a diagnosis of exclusion" (Department of Health 2004) and therefore consideration needs to be given to the service requirements of people with such disorders ... often input is required by several members of the multidisciplinary team. Individual psychotherapeutic provision such as Cognitive Analytical Therapy may be required within a setting where there is consistency of approach and good staff supervision ... this is difficult to achieve in a prison setting. The treatment needs of men and women prisoners with personality disorder needs careful review with consideration given to the establishment of hospital based personality disorder services.'⁵⁴

Further recommendations included the improvement of 'activity level, work placements, education for vulnerable prisoners and therapeutic day care regimes' with an increased 'attention to detail ... into the way that vulnerable prisoners spend their days'.⁵⁵ Governors and their managers 'must display more leadership on suicide and risk management procedures in order to protect the vulnerable'.⁵⁶ Health and Personal Social Services 'should become responsible for the delivery and development of all clinical services' within the prisons.⁵⁷ The Review Group called for an Implementation Plan to meet the recommendations of all recent reports to secure 'much needed reform of the prisons' duty of care and modernisation of mental health services in Northern Ireland prisons'.⁵⁸

The Review Group considered Ash House at Hydebank Wood to be a 'substantial improvement in the care of vulnerable female prisoners', with a staff appearing to be 'highly committed to the task of supporting some very vulnerable and difficult female prisoners'.⁵⁹ The Group found the staff 'willing and open to engage in new ways of working should managers and staff associations allow'. But, the 'level of control displayed in the unit was considerable and unnecessary when considered against the prisoners being held there'. It recommended the initiation of a review aimed at reducing control levels, 'especially in Ash House where the levels of control are unnecessarily high for the management of female offenders'.

The Ash House regime was considered poor and the role of the full-time nurse on the unit was unclear. There was no mental health support, no day-care regime and a paucity of other general activities. The Review Group also noted that the physical restrictions of the unit prevented any progression for prisoners. The Review Group recommended that 'Ash House should operate as a separate establishment, with a clear therapeutic ethos and new residential facilities to allow progression ...'.⁶⁰

Recommendation

The government should initiate an independent public inquiry into the circumstances surrounding the deaths in custody of Annie Kelly (2002) and Roseanne Irvine (2004) and the deterioration in the regime at Mourne House, Maghaberry from 2002 to 2004. (Recommendation 1)

⁵⁴ Above, p 38.

⁵⁵ Above, p 38.

⁵⁶ Above, p 44.

⁵⁷ Above, p 46.

⁵⁸ Above, p 47.

⁵⁹ Above, p 51.

⁶⁰ Above.

Chapter 4

Ash House: the early days

Introduction

This chapter focuses on the early days in Ash House, including primary research with women prisoners and prison staff and a review of the 2005 Report of an unannounced inspection by the Criminal Justice and Prisons Inspectorates and the 2005 Northern Ireland Prison Service report on the re-integration needs of women prisoners in Northern Ireland. The intention, here, is not to evaluate the impact of, and response to, the inspection, but to record the contents of the Inspectorates' Report.

Transfer to Ash House

Female prisoners were moved from the Mourne House Unit, Maghaberry Prison to Ash House, Hydebank Wood Young Offenders' Centre (YOC) on 21 June 2004. The Commission's report, *The Hurt Inside* (2004), documented women's anxieties about the transfer. Prior to the transfer, senior Prison Service managers stated that the move would bring many benefits including a reduction in staff numbers; better use of accommodation across the prison estate; a less oppressive, more pleasant environment; proximity to Belfast; reduction in security levels; greater staff interaction; an improved regime in terms of programmes; and enhanced family contact.⁶¹

The Commission, however, publicly opposed the transfer, stating that the proposed unit in Hydebank Wood was inappropriate for the accommodation of female prisoners, having smaller cells than those in Mourne House; having no in-cell sanitation; and being situated in a male YOC with important facilities shared with the young men. *The Hurt Inside* concluded:

'It is extraordinary that the problems stemming directly from holding women and girls in a discrete unit, within the outer walls of a high security adult male prison, have been tackled by a transfer to a house within the fences of a lower security male young offenders' institution.'⁶²

Further:

'... it is instructive that when asked the question: "If a women's prison was purpose-built to meet the standards required, would Ash House at Hydebank Wood be acceptable?", each senior manager replied, "Of course not". The Prison Service's response to this statement is that "very little of our residential accommodation is anywhere near ideal".'⁶³

Although unable to access the women's accommodation in Ash House during its initial phase, Human Rights Commission researchers met women in a room in the Hydebank Wood visits area. The women's accounts provided a consistent portrayal of the operational regime, and the conditions and tensions within Ash House during its initial phase.

Early interviews

Issues raised by women interviewed in the first six months following the transfer included the consequences and impact of not having in-cell sanitation and problems of toilet access at night; the frequency and conduct of strip searches; regular verbal abuse from young male prisoners within the grounds and shouting across at night; over-use of punishment cells for distressed, depressed and suicidal women; shared visiting times and location with young male prisoners; shared healthcare, particularly the holding of women and young male prisoners in adjacent cells in the healthcare centre; and the imposition of a highly regulated and restricted regime under which women prisoners were treated like 'young offenders' by staff.

A major concern centred on the lack of in-cell sanitation. During periods of lock-down, toilet access was controlled by an electronic unlock system. Women had to press a buzzer registering their cell on a panel in

61 Interview with management team, Hydebank Wood, March 2004.

62 *The Hurt Inside* 2005 p 177.

63 Above, p 178.

the control room. Staff then activated the system to unlock the cell door. On each landing, only one woman was allowed out of her cell at any one time. The Commission's initial concerns regarding the impact of lack of in-cell sanitation were confirmed by interviews conducted prior to the current phase of research:

"We do have an emergency button. One night, I was dying to go to the toilet for one hour and then pushed the emergency button. I was put on report and they told me never to push again unless I was dying I haven't used the pot since I was out of nappies and I'm sure not going to use one now."

"One night I waited for over an hour. I hit the emergency buzzer and two officers came flying down. I said, 'Thank Goodness, I'm dying to go to the toilet'. They said, 'Don't push the emergency button unless you're dying'. And you get some officers who tell you to 'Fuck off and use your potty'."

"A girl buzzed this morning. She hit the 'beef' [emergency] bell. She asked me to buzz. I got out before her. I had to wait 20 minutes and the other girl was still waiting."

Strip searching was a major concern for women. When women first arrived at Ash House, Prison Service policy was to strip search prisoners after each visit including professional visits. The Prison Service challenges the depiction of the body search as a 'strip search'. It states that 'Strip searching has been discontinued for many years in Northern Ireland. We carry out full body searches when first one half and then the other is unclothed'.⁶⁴ Whatever the official definition, women were required to remove all clothing, using a sheet to cover, in turn, the bottom and top half of their bodies while being closely observed. A remand prisoner stated:

"They don't allow us to call it a strip search. They call it a 'full search'. They're standing pondering over your body. Yeuch! ... I asked for a wee brown bag to put the sanitary towel in, they asked me to hand it [the s.t.] to them, they make you burl round once so they can look at you. It's downgrading."

Women reported that harassment from young male prisoners was persistent and, occasionally, young men received verbal abuse from young women:

"The boys are always shouting out. Staff say they can't pinpoint it. [female prisoner's name] gets it all the time. At first they shouted, 'show us your tits' when I was in the garden. I say, 'You're younger than my wains'". (Sentenced prisoner)

"After the Christmas carol service the abuse from the boy's house was appalling. ... No one attempted to stop them. [They shouted], 'show us your tits'. It was emotional coming out of the service, we didn't need that." (Remand prisoner)

"We had fellas shouting, 'get your tits out for the boys'. They know some of the girls who tell them the names. Shout, 'me and yous going to party tonight', or 'we're high as kites over here'. A lot of sexual talk from them. But, if you tell the Governor he says it can't happen – says there is no contact with boys." (Remand prisoner)

Women were also subject to sexual harassment from boys during shared transport:

"They shouted 'smelly pussy'; 'suck my cock'; 'what do you do for relief?' ... When we got to court, I said to the court guy, 'That was disgraceful'. They say they don't know who it was so they didn't know who to charge. Any strength I had for the court was gone at that stage. You're dreading the bus journey as much as court." (Remand prisoner)

"The abuse I took while I was transported was awful." (Sentenced prisoner)

64 Prison Service announcement [Online]
<http://www.niprisonservice.gov.uk/report/report.cfm> [14 April 2005].

In a later interview, a woman commented that early incidents of verbal abuse had been dealt with firmly by management:

“I have to say, there was a couple of isolated incidents involving the young men but that was dealt with, well and truly. There was a few boys spent a few days in the punishment unit. And that there set the pattern of what was going to happen if they were to continue being abusive. And it all just ceased, you know. It was dealt with by zero tolerance.”

Women had mixed reactions to the initial Ash House regime. A remand prisoner stated that ‘90 per cent of the officers are great. Some male officers are really good.’ A children’s party at Christmas 2004 was well received, as was the carol service. The officer in charge of gardening and the physical education instructors were highly praised by most interviewees. However, some women complained of being treated in Hydebank Wood as if they were young male offenders:

“They treat you like young offenders. I’m older than some of them ... They treat you like a wee boy. They think they’re giving you a short, sharp shock.” (Sentenced prisoner)

A remand prisoner, who considered many staff to be “okay” commented that a few hostile officers created serious problems:

“Some officers make our life hell. If you press the buzzer to go to the toilet – if that officer is in the bubble [staff office] who has taken a dislike to you, they won’t let you out. Or they put you on a charge or give you zero. Or pick on you, ‘... do this, do that’. In their eyes you’re a criminal. If you say you’ll do something they ask in a minute, they’ll put you on a charge. Basically, make your life hell.”

A sentenced prisoner stated that because she questioned officers, they responded aggressively:

“I am being bullied and spoken to really ignorantly: ‘Me, Officer! You, prisoner! I am ordering you to go and clean the night toilet. Do it now!’ I’ve been locked all morning [on the day of the visit] and I don’t know whether they’ll lock me now 24/7. I’m sick of people putting a set of keys on their hips and considering themselves slave-masters.”

Despite promises of a stimulating regime for women, access to education and training was limited. In theory, a range of classes were on offer but, in practice, the number of women attending classes was restricted.

A remand prisoner described the boredom:

“We get up in the morning at 8am. We have breakfast together (sometimes in our cell which happens more frequent now). It’s not our fault if they don’t have enough staff. It happens every couple of weeks for three or four days. Yesterday they didn’t have enough staff. We were allowed to get out one by one to get dinner. Ten minutes later they let us out. Cleaning – we’ve all got different bits to do. The rest of the day we sit round and look at each other. No activities. No workshop.”

A remand prisoner, who was unable to read, was pleased that she was to be helped with literacy but was disappointed when she discovered how limited the support was:

“I can’t read or write. They said they would give me one-to-one help. I thought, ‘Happy days, I’m getting one to one’. A girl came up and told me, ‘I’m your one to one’. She goes, ‘I’ll leave those with you, if you do that great.’ She comes in twice a week. Still gives me paper work to do and leaves me to do it. This is what they still call one-to-one. I’m looking at it, thinking, what do I do? I can’t read. Where do I start? I can do ‘it’ and

'and' and 'on'. Anything else is double-Dutch. Sometimes I wreck my cell with frustration. Just frustration because I can't read it."

Following the transfer, the promised constructive regime failed to materialise. A sentenced prisoner reflected on the overwhelming boredom:

"It's a male prison we've been shoved into ... I'll go back to that cell and there's nothing to look forward to. I have nothing in the cell. Just a radio. Twelve women with nothing to do and the tension mounts."

Within the first year the care of women with mental health problems appeared to have developed very little since Mourne House. The researchers were granted access to visit an 18-year-old in her cell in the special supervision unit/punishment block. The cell was bare apart from a bed with a plastic mattress covered by a quilted blanket/duvet cover. On the bed was an anti-suicide gown similar to a hospital gown but stiff and uncomfortable. There was plastic covering on the window with a vent/grille on one side of window to allow air circulation. There were built-in shelves, empty except for a cardboard potty. She was provided with two books: a Bible and another Christian religious text. A CCTV camera, behind a protective screen, was mounted on the wall adjacent to the window. A red light indicated it was in operation. The young woman stated:

"Being in a cell with a camera. There's no privacy or nothing. Your whole dignity's taken away from you. The staff sit and watch you get into your stuff [clothes]. But what if a male staff is looking in the camera? I don't know."

Other prisoners described their experiences during periods of acute mental distress, particularly if they threatened self-harm or suicide:

"You get put down on the block. I'm going down today for the second time. There's a Bible. First time, I tried to hang myself. They took me down the block. Took off my underwear and put me in a gown. One blanket. The girl in the cell beside me knew there was something wrong with me, she heard me crying in my cell, putting the shoe laces up. I heard her shouting and jumped off the heater. The door got kicked in. ... A couple of officers ran up, one male one female. Girls were shouting, 'Is she all right?' Staff told them to shut up and mind your own business." (Remand prisoner)

"I seen psychiatrist once since I came in. ... I said to her, 'it didn't work this time but next time it will work'. She said, 'if you say something like that you'll be put in the block again'. Staff say it's for your own safety. The punishment block is awful – you're not allowed magazines. Just four walls. They forget things – there's a lot you could do [to hurt yourself] in the punishment block. They made me strip in the punishment cell. ... They put me in a blue dress, mattress, blue pillow, one wee thin blanket. It was freezing. I didn't sleep. ... Next day: 'oh we heard you done something stupid last night, it's not worth it. It gets you nowhere. You're just going to get punished even more" Basically, they don't care." (Remand prisoner)

"We had all run out of cigarettes ... girls were getting agitated Girl effed and blinded and was pacing up and down. They threw her into a cell and locked the door. She was cracking up, we all were. She banged the door. The ninjas came up. This girl was no bigger than me. ... The ninjas [officers in riot gear] came up, shields the lot. Her mattress must have been against the flap. When they opened the door ... they bounced on her. We heard her screaming blue murder. I was sitting curled up. Put her two arms up her back, four of them sitting on her back. Put handcuffs on. Shouting:

'Keep still it won't hurt'. They ripped her tongue bar straight out of her mouth. Put her in the block and then she got bail. We never saw her. We said we wouldn't be surprised if her arms were broken. The squealing was terrible ... unbearable. They made her walk down to the block. The atmosphere was awful after. We were all shouting: 'let her go, get off her'. It was, 'oh shut up or you'll all go down the block the whole effing lot of you'." (Remand prisoner; the Prison Service contests that a control and restraint team would ever involve the deployment of so many officers)

The Human Rights Commission supported a judicial review taken by a female prisoner over conditions in Ash House.⁶⁵ The woman challenged the lack of in-cell sanitation, the regime of routine strip searching and alleged harassment by male young offenders. Lord Girvan's judgment (April 2005) found the policy of random strip searching to be in breach of human rights law, concluding that random strip searching 'does not recognise individual considerations of whether it [a search] is necessary'.⁶⁶ Lord Girvan determined that the Prison Service must show that searches are 'necessary and carried out in a proportionate way and as a proportionate reaction to the relevant mischief' and, 'having failed to have proper and explicit regard to the relevant convention rights the current policy of strip searching at Hydebank cannot be demonstrated to be proportionate and necessary'.⁶⁷ In response, the Prison Service made a commitment to review the policy and practice of strip searching.⁶⁸ By the time of the judgment, strip searching had been reduced in stages from after every visit, to a random one in five visits and, later, to one in ten visits.

Lord Girvan found that the sanitation arrangements 'while they may not be ideal could not be fairly described as degrading'.⁶⁹ This decision was based on the grounds that the applicant was in a personal cell; that she was out of her cell for considerable parts of the day; that the unlock facility was 'generally satisfactory' during periods of lock-up; and that there was limited need to use a potty. He noted, however, that the threshold for finding a breach of Article 3 (inhuman or degrading treatment) was very high, quoting Lord Hope's remark that 'Only serious ill-treatment will be held to fall within the scope of the expression inhuman or degrading treatment or punishment'.⁷⁰ Further, Lord Girvan did not agree that lack of in-cell sanitation breached Article 8 (the right to private and family life): 'I am satisfied the decision makers clearly did have in mind the prisoners' right to respect for their privacy and dignity in respect of their toileting arrangements'. In response to the judicial review, the Prison Service stated: 'We have commenced a feasibility study and sewer survey to explore options and costs of providing integral sanitation. In the interim, suitably risk assessed prisoners can utilise privacy locks to access toilets during periods of lock up'.⁷¹

Lord Girvan concluded that the female prisoner did not provide sufficient evidence of harassment from boys to demonstrate a breach of Articles 3 or 8.

The Inspectorates' unannounced visit, November 2004

Five months after women prisoners were transferred to Hydebank Wood, on 28 November 2004, the Prisons Inspectorate arrived unannounced to conduct an inspection. It was conducted over three days and the report, issued jointly by the Inspectorate and the Inspectorate of Criminal Justice, Northern Ireland, was published in January 2005. The report's introduction, co-authored by the Chief Inspector of Prisons, Anne Owers, and the Chief Inspector of Criminal Justice, Kit Chivers, opens with a reminder to the Northern Ireland Prison Service that three years earlier a full inspection of Mourne House had made nearly 50 recommendations for change, not least the provisions of a 'discrete women's facility' and a 'policy and strategic plan for the treatment of

⁶⁵ Judgment of Girvan J in the matter of an application by Karen Carson and in the matter of decisions of the Northern Ireland Prison Service, ref GIRF5249, delivered 20 April 2005.

⁶⁶ Above, para 26.

⁶⁷ Above, para 27.

⁶⁸ [Online] <http://www.niprisonservice.gov.uk/news.cfm>. [26 April 2005]

⁶⁹ Judgment of Girvan J, above. Women gained access to in-cell sanitation on their transfer to Beech House, February 2006.

⁷⁰ Judgment of Girvan J, above.

⁷¹ Prison Service announcement [Online] <http://www.niprisonservice.gov.uk/report/report.cfm> [14 April 2005].

women in custody'.⁷² 'Virtually none of our recommendations, including those fundamental ones, were put into effect'.

Noting the significance of the Human Rights Commission research, the Chief Inspectors commented that the 'treatment and conditions for women in Mourne House became worse ... both the regime available to women, and the relationship with prison officers deteriorated'.⁷³ In Ash House, the Inspectorate found improved staff-prisoner relations with most staff and managers 'genuinely want[ing] to do a good job'. There were, however, serious and significant concerns, 'about safety, principally in relation to the management of vulnerable and damaged women and girls; and about the extent to which Ash House can provide a suitable environment for women'. This was:

'... the consequence of a poorly implemented decision to move women from a purpose-built environment, which was not being managed or operated as it should have been, to a much less suitable facility – without providing specialist training, management or support to ensure that they could properly look after the women and girls in their care.'⁷⁴

The 'most acute' problem concerned the management of 'extremely damaged, and sometimes disruptive, young women and girls'. Inspectors found two prisoners, one of whom was a child, held in 'anti-suicide suits' in 'unfurnished and cold cells'. There was evidence provided by risk assessment documentation, of an 'imperfect understanding of the motives, and management of self-harming women'. Disciplinary measures, 'such as cellular confinement and demotion under the incentives scheme, were used to punish self-harming behaviour'. Without appropriate training and 'anxious, by any means available, to prevent another self-inflicted death', staff and managers administered 'very severe' punishments, 'including for children'.⁷⁵

The Chief Inspectors expressed concern regarding 'seriously deficient' child protection procedures, concluding that 'Ash House was, [n]or can be, a suitable environment in which to hold girls'. Overall, and consistent with the Human Rights Commission's research findings at Mourne House, 'there was not enough for the women [in Ash House] to do'.⁷⁶ Boredom was 'likely to compound feelings of depression and anxiety'. Issues raised by the Commission regarding the transfer had materialised.

'The physical environment of Ash House was also inferior to Mourne House: women had lost open access to the fresh air and grounds, and they had no in-cell sanitation ... pregnant women, for example, were forced to use potties if they needed urgent access to a toilet.'⁷⁷

The 'principal advantage' of Mourne House was that it offered a self-contained 'purpose-built separate women's facility' undermined by high level security and an ingrained 'negative culture'. While the transfer had tackled these problems, the 'underlying and fundamental issues' raised by the previous inspection and central to the Commission's research findings remained, 'no Northern Ireland Prison service strategy, policies or procedures to deal with the specific needs of women and girls; and no separate, properly trained, management of the women's prison'.⁷⁸

The Ash House inspection found 'many women' who 'felt unsafe' reporting that they had been 'subject to victimisation by other prisoners and staff'.⁷⁹ Its conclusions on safety were severe:

'Procedures for managing suicidal or self-harming women were inadequate, and sometimes unacceptable, and may have increased risk. Prisoners could be disciplined for self-harming; adjudications were unsatisfactory and punishments excessive. There were no policies, or risk assessment procedures for managing the mixed population of

⁷² Ash House inspection 2004 p 5.

⁷³ Above.

⁷⁴ Above.

⁷⁵ Above.

⁷⁶ Above, p 6.

⁷⁷ Above.

⁷⁸ Above.

⁷⁹ Above, p 10.

children and adults, some of whom were Schedule One offenders [offences against a child]. Ash House did not have the skills or resources to deal with very troubled adolescents and was not a suitable place for girls to be held.'

The catalogue of concerns reflected criticisms levelled against the Mourne House regime and predicted for Ash House post-transfer. They included inadequate help and support prior to and during arrival; poor treatment in reception; no formal first night procedures, little information and no induction programme; victimisation by other prisoners and staff; no gender-specific anti-bullying strategy; seriously deficient recognition of the particular needs of women and girls, especially regarding histories of sexual abuse; inadequate monitoring and recording procedures for those at risk of self-harm or suicide; no Listeners' scheme or effective, skilled therapeutic support; lack of clarity of purpose for the use of the segregation unit; unacceptably cold cells in the segregation unit; over-use of severe punishments; disproportionate security including 'full-body' searches following visits; and no child protection arrangements.

The Inspectorates condemned frequent full-body searches as 'unacceptable and degrading'.⁸⁰ Policy and procedures for body searches, 'did not take account of the child protection implications of searching a child using force'. There were no policies for managing girls who mixed 'freely' with young adults and adults. Most girls at Ash House were 'those whom the juvenile justice centre had failed to manage' and there was 'no clarity about what was expected of staff to look after these children safely and no risk assessment for managing the different groups together'.⁸¹

Staff-prisoner relations were 'generally reasonable but distant' and prisoners held 'very negative views about some staff'.⁸² A 'high proportion of staff had transferred from Mourne House' and, surprisingly, 'first names were not generally used and officers referred to and addressed women mainly by their surnames'. There was no personal officer system and no key workers allocated. Almost two-thirds of women prisoners felt that they could not approach a member of staff for help.

Regarding sanitation, the Inspectorate concluded that the 'electronic unlocking system to use the toilet and washing facilities at night was inappropriate and particularly difficult for women who were menstruating or pregnant'.⁸³ Access to the prison grounds was limited; there were no constructive activities available and there was 'little interaction' between staff and prisoners during association. Association consisted of 'chatting round the dining table'.⁸⁴

The Inspectorate found that policies were generally the same as those experienced by the young men in Hydebank Wood and women stated their resentment at being 'treated like children'. There was 'no race relations policy and no real promotion of equal opportunities and diversity issues'. Nor, was there a policy in place covering immigration detainees. There had been 'no formal health needs assessment' and considerable dissatisfaction voiced by the women regarding healthcare provision.

The Inspectorate considered the eight hours unlock a day 'reasonable' but criticised restrictions on 'open air' activity, limited education provision, insufficient activity places, poor library access and an emphasis on domestic work. It concluded, 'Most women did not have enough to do and complained of boredom ... lack of activity was likely to exacerbate anxiety and depression'.⁸⁵

Finally, the Inspectorate criticised the absence of a 'local resettlement policy specific to women', despite the Prison Service's overall resettlement policy being agreed as recently as June 2004. There was concern over accommodation for visits and particularly tight security with all prisoners subjected to a 'full body search after each visit'. While the temporary visits accommodation was to be replaced by a purpose-built facility,

80 Above, p 12.

81 Above.

82 Above.

83 Above.

84 Above, p 13.

85 Above, p 14.

women's visits would still be shared with young males. This was further evidence of the problems inherent in holding women prisoners in a male facility.

Despite the criticisms levelled against the Prison Service's policies and practices following the Mourne House inspection and the Commission's report of 2004, the unannounced inspection of Ash House reiterated many of the concerns already well-established. Two examples provided by the Inspectorates clearly demonstrate the legacy of Mourne House:

'Some of the difficult behaviour of disturbed and distressed women was characterised as 'bad' behaviour to be punished. One woman on a PAR1 [Prisoner at Risk] was unofficially punished by being refused permission to go to the gym. She had been required to wear an anti-suicide suit for three weeks whenever she was locked up and was "not allowed to use the toilet over lock up periods until further notice".'⁸⁶

'Another PAR1 form recorded that a prisoner with a colostomy bag was "banging door, she says she needs to slop out bucket but told she would not be getting one (re PO's instruction)". Just hours earlier an officer had recorded discovering the same woman "lying on her back, plastic bags tied tightly around her neck and her face was black. I cut the bags with the knife and her breathing and colour returned to normal". She had then been located in the separation and support unit in Elm House, a unit for young male offenders.'⁸⁷

Previously both women prisoners had been subjected to harsh treatment, including strip conditions in the punishment block at Mourne House. Several months on, in a different location, the Inspectorates' Report graphically demonstrated that little advance had been made in establishing appropriate responses to vulnerable women. Not only were there 'no routine investigations into incidents of self harm', but also 'little counselling provision for victims of physical and sexual abuse'.⁸⁸

The Inspectorates published 96 recommendations, including reiteration of those central to the 2002 inspection, namely, the construction of a 'policy and strategic plan for the treatment of women in custody in Northern Ireland based on a full assessment of their specific needs'.⁸⁹ First, the Prison Service was advised to 'urgently' draw on 'expertise from other jurisdictions' to develop care strategies for women at risk of self-harm and suicide. Second, provision was necessary for women to ensure 'more opportunities for freedom of movement in less restrictive conditions than on a shared site'. Third, girls 'under 18 should not be held in Ash House'. Finally, a governor with 'sole responsibility for women prisoners' should be appointed.

The Prison Service responded to each of the 96 recommendations in an appendix to the report. It gave reassurance that all but two recommendations had been met, or were in process, with most to be realised by mid-2005. The exceptions were the introduction of a Listener scheme and planned home leave for all risk-assessed prisoners. Following the Inspectorates' concern over poor resettlement arrangements and reintegration planning, NIPS published a report on the 'reintegration needs' of women prisoners based on in-house research carried out by its 'resettlement researchers'.⁹⁰

The Prison Service's re-integration needs report, 2005

Two resettlement researchers interviewed 25 women prisoners, over two days during one weekend in May 2005. There were 27 prisoners in Ash House and two declined to be interviewed. The analysis was concerned primarily with 'women's impressions of how well-equipped they were to return to the community,

⁸⁶ Above, p 26.

⁸⁷ Above.

⁸⁸ Above.

⁸⁹ Above, p 59.

⁹⁰ Northern Ireland Prison Service (2005) *The re-integration needs of women prisoners in Northern Ireland* NIPS, Belfast.

and whether their time at Hydebank Wood was helping them to prepare for this'.⁹¹ The methodology involved an initial, relatively brief survey of the 'women's impressions of their own requirements and how these were being met within Ash House'. This was followed by 'extended consultation, meeting and taking comments from all professionals involved with working with the women'.⁹² Through this process, the researchers concluded that a 'wider and holistic perspective on the management of women prisoners in Ash House' was achieved.

The report made 25 recommendations arising from eight specified key issues. These were offence and security; family relationships; health and well-being; benefits and finance; housing; education and employment; the prison environment; and returning to the community. Women prisoners 'voiced discomfort at being housed with those serving short sentences' and the researchers concluded that this 'had an adverse psychological impact'.⁹³ They noted that 'long-termers experienced little progression through their regime according to the stage of their sentence reached, or flexibility to move'. Conditions were 'fairly secure' with '[l]ong evenings spent alone' in cells, limiting interaction thus possibly exacerbating 'psychological problems'.⁹⁴ Recommendations included the separation of long and short-termers 'wherever possible'; the introduction of a more flexible regime for long-termers and lifers 'wherever practicable'; and a lower security environment with fewer restrictions on movement.

Regarding family relationships, the research found that of those interviewed, 60 per cent had children and 'felt keenly the impact of being separated from their children'.

'A sense of loss, grief and anger is experienced through being imprisoned. Mothers in custody undoubtedly struggle with the separation, and some mothers interviewed were not allowed access to their children either through a court order or by a decision made by the father of their child. It seemed to us much harder for those women with children to cope with their prison sentence.'⁹⁵

Further, the 'limited child-contact ... and restricted visiting hours appeared to make many of the mothers uncomfortable'. The research questioned the suitability of women having visits in the same area as male young offenders.

Women reported feeling 'disconnected from their families as a result of their imprisonment'. The researchers noted that often 'this alienation seemed partially self-imposed from feelings of shame and guilt', as the women 'seemed not to want to burden their family members additionally ...'.⁹⁶ Recommendations included increased contact between mothers and children, in a more sympathetic setting' with children 'involved throughout the mothers' sentence'; accommodation designed to 'incorporate provision for children to stay overnight with their mother in prison'; the development of family centred visits; consideration of the needs of fathers as 'substitute carers' when 'organising visits and other parental issues'; and the inclusion of families in the 'reintegration process'.

Regarding health and well-being, the research found that 88 per cent of the women interviewed reported having experienced depression and 76 per cent had experienced bereavement. Some of the women had endured 'multiple death experiences'.⁹⁷ 60 per cent were on medication and 68 per cent had been referred for psychiatric assessment. The researchers noted:

'Vulnerable young women are often sent to prison despite behavioural problems, personality disorders and mental health problems. The Court Diversion Scheme ... captures only those with sectionable illness as defined under mental health legislation.'

91 Above, p 6.

92 Above, p 8.

93 Above, p 14.

94 Above, p 21.

95 Above, p 16.

96 Above, p 17.

97 Above, p 19.

***Those with stable mental health problems may be sent out of preference to [sic] prison but the secure regime may cause their condition to deteriorate.*⁹⁸**

Nine mental health 'problems' were specified by the research including depression; returning nightmares; sleeping problems; anxiety/ panic attacks; flashbacks; eating problems; suicidal thoughts; self-harm; and attempted suicide. It concluded that the 'majority of the women had experienced three or more of these problems'.⁹⁹ Recommendations were the introduction of bereavement counselling as a 'matter of urgency' and the provision of 'alternative environments' to 'enable more effective treatment of mental health conditions'.¹⁰⁰

The research noted that the women had reported examples of 'outstanding support in Hydebank Wood', specifically some 'individual prison officers', the Assistant Chaplain, the officer in charge of the gardens and the 'gym staff'. There was also recognition of the work of statutory and non-statutory agencies, but no evaluation of the impact of their work or women's assessment of their effectiveness in meeting their needs. The researchers offer no explanation as to why only half the women interviewed did not respond to questions regarding existing facilities/ activities and their use/ value in avoiding re-offending; suggestions for new provision/ initiatives; possible improvements in custody or alternatives to custody. Yet they conclude, 'the women were generally positive about the support they had been receiving in prison' with the 'formal prison support networks' particularly probation workers and 'certain' teachers were 'singled out'.¹⁰¹

In noting the 'immense importance' to the women of the officer responsible for gardening and the Assistant Chaplain, the researchers made the following observation:

***'We acknowledge, however, that it is inevitable that people working in the prison environment will gain this sort of status when they develop close relationships with women. The women can turn more readily to these people for support as they do not seek to address the prisoners' offending behaviour as other professional staff do.'*¹⁰²**

The research reported 'a good range of activities on offer', but that the 'timetabling of these activities mitigates against effective delivery'. Ambiguously, it reported: 'Although there was a sense of a good range of available activities the provision was fairly mixed' with 'little sense that the activities had been tailored to meet the specific needs of the women or to improve their employability prospects on release'.¹⁰³

***'Boredom and lack of occupation characterises the environment portrayed in the majority of responses. It appeared on occasion that prisoner occupation was held hostage to staff requirements, such as shift changes and lunch breaks ... it is not clear that either the security situation or staffing levels preclude prisoners from participating in full occupation on a daily basis ... Many of the women associated being busy with making their sentence go faster and were eager to be more productive.'*¹⁰⁴**

The report recommended the development of training opportunities specifically linked to skills requirements; provision of a core working week of 'genuinely constructive activity' based on a 30-hour minimum, with 'other activity fitted in around it as necessary'; a structured weekend enabling 'activities/occupation or visits'; and the introduction of a full induction programme.

Regarding 'returning to the community', 44 per cent did not feel safe in their community and did not feel safe returning, and an additional 12 per cent, who had previously felt safe, now did not.

98 Above, p 20.

99 Above, p 21.

100 Above, p 22.

101 Above, p 30.

102 Above.

103 Above.

104 Above, p 30-31.

***'[Concerns] ... were largely due to anxiety about making the transition out of the prison environment although social concerns also played a role. The women were genuinely fearful of their release.'*¹⁰⁵**

The recommendation was, simply, that 'ways' should be found 'to ease the transition for women from prison to the community'. Other related recommendations included assistance with finding suitable accommodation on release for those without a home; ensuring that women with children could 'live as a family'; and provision of further work experience prior to release.

In their conclusion, the researchers stated: 'Fully addressing the needs of women prisoners in Northern Ireland will always require a delicate balancing act between meeting each and every individual need and the resources for such a small population'.¹⁰⁶ The priorities being additional support services (bereavement counselling; reintegration support; careers advice); activity and employment opportunities (vocational training; work); and an alternative environment comprising a centre for women offenders located in Belfast.

In contrast, a human rights approach to the use of imprisonment prioritises baseline provision that satisfies internationally agreed rights standards and their implementation within an advanced democratic state. While provision of alternatives to custody and halfway houses are key issues, as noted in the Commission's previous report, the conditions, accommodation and regimes under which prisoners are held and the State's 'duty of care' for the physical and mental health of those in custody are central to human rights analysis. Should prisoners' well-being be placed in jeopardy by lack of or inappropriate use of resources, should the State's 'duty of care' be compromised by operational custom and practice, it follows that human rights obligations are breached. Such breaches cannot be rationalised through claims of under-resourcing alongside lack of opportunity for 'economies of scale'. Human rights should not be reduced to affordability.

Chapter 5

Staffing and management

Human rights standards

International human rights standards expect prison officers to ‘respect and protect human dignity and maintain and uphold the human rights of all persons’.¹⁰⁷ It is on ‘their integrity, humanity, professional capacity and personal suitability for the work’ that the proper running of the institution depends.¹⁰⁸ They must respect the privacy of people in their care, and should be a positive role model for prisoners.¹⁰⁹ Prison officers must protect prisoners’ health and have a duty to ‘whistle-blow’ if they believe a person’s human rights may have been violated.¹¹⁰

‘Women prisoners shall be attended and supervised only by women officers’. Male members of staff, such as doctors and teachers can carry out professional duties, but male members of staff should not enter the women’s area unless accompanied by a woman officer.¹¹¹

Context

The Northern Ireland Prison Service has been consistently criticised for its lack of gender-specific policies, accommodation and staff training. Given what appears to be a disproportionate level of investment by the Prison Service into women’s and girls’ imprisonment, it is incongruous that provision falls well short of acceptable standards. Prior to the transfer of women from Mourne House, the accommodation in Hydebank Wood’s Ash House was refurbished. The costly refurbishment was criticised, not least because cells lacked in-cell sanitation. Following the transfer, as predicted, this became a significant issue and the Prison Service was impelled into refurbishing Beech House incorporating in-cell sanitation. The women were temporarily transferred to Beech House while Ash was again refurbished to provide in-cell sanitation. Just two years before this occurred, prison managers had been adamant that in-cell sanitation was impossible given structural complications and prohibitive construction costs. Clearly, the reluctance to listen to external advice and to the Human Rights Commission research findings proved to be financially a costly omission. It also led to women and girls being held without access to in-cell sanitation for 18 months, and to Hydebank Wood male young offenders being accommodated in technically overcrowded conditions while both houses were refurbished.

A significant development since the closure of Mourne House has been the establishment of the office of Prisoner Ombudsman for Northern Ireland, currently Brian Coulter. Appointed by the Secretary of State, the Prisoner Ombudsman investigates complaints from prisoners and ex-prisoners. The Ombudsman’s office can investigate complaints only after the prisoner has exhausted the internal Prison Service complaints process. The Ombudsman also investigates all deaths in custody.

Management and organisation

At the time of the research the management of women prisoners, first in Ash House and then in Beech, was the operational responsibility of a woman governor directly responsible to the Hydebank Wood governor. The female governor was recruited directly from the Prison Service and was given five days training ‘specific to working with females and visited female establishments in England to assist with her development’ (Prison Service communication, February 2007). Following the Inspectorates’ critical report, a woman governor from England was seconded to assume responsibility ‘for the management of women prisoners’. Her role was to develop ‘appropriate arrangements for women prisoners’ and to ‘supervise and mentor the governor grade who will take over responsibility for women prisoners at the end of the secondment’.¹¹² The woman governor being mentored felt that the mentor’s ‘remit’ was ‘not clear’. Yet, together, they were ‘looking at English

¹⁰⁷ United Nations Code of Conduct for Law Enforcement Officials (1979) Article 2.

¹⁰⁸ Above, Article 46.

¹⁰⁹ Above, Articles 4 and 48.

¹¹⁰ Above, Articles 6 and 8.

¹¹¹ United Nations Standard Minimum Rules for the Treatment of Prisoners, Rule 53.

¹¹² Details of position in *Green Pages* Issue 16, 16-18 April 2005.

policies and developing our own through discussion'. Both shared an office and it was evident from observation of the working practices that the mentor was in an advisory role. The day-to-day management of Ash House was the responsibility of a Principal Officer to whom Senior Officers managing the landings were responsible.

From interviews carried out at the time with managers, including the 'mentoring' governor, there was considerable ambiguity in the role and its function. The climate was described as 'panic stations' and the speed of the response characterised as a 'knee-jerk reaction'. Consequently, most staff were unaware of the appointment. It soon became evident, during interviews, that the Prison Service was unclear in its understanding of the distinctions between policies, procedures and systems. Compared to other jurisdictions, staffing levels were high, yet management had little experience of establishing and operationalising policies. This was particularly the case regarding women. A year after the transfer of women to Hydebank Wood there were no policies in place and no-one with policy-writing experience.

The Chair of the Independent Monitoring Board considered that, while the arrival of women at Hydebank had resulted in "extra pressure on the management of staff", they had "responded well to it". Interviews with senior managers, however, demonstrate the pressures created by lack of forward planning. A senior manager stated that once it became evident that the transfer was proceeding "we began to research websites and other jurisdictions because we had no prior experience of working with women". It was important that women prisoners at Hydebank Wood were "not to be perceived as a bolt-on" and, prior to the transfer, managers "visited Mourne House to listen to concerns, reassure the women and answer their questions". At the meeting "their perception was that they had been promised a similar set-up, but, physically [given the lay-out of Hydebank Wood], that wasn't possible".

Managers interviewed held contrasting views on the potential of successfully operating a mixed prison environment. From the outset, stated one manager, "It was apparent that there couldn't be shared areas such as the kitchens and the party-line was that there wouldn't be mixed areas. The newly refurbished Learning Centre had not been designed for women and [18 months on] we don't have any physical activity space". Another manager commented, "Nowhere in society are the genders totally separated". Recognising that prisons, "are complex places and you couldn't have male and female prisoners on the [accommodation] landings because of the risk", he felt "there have to be benefits for male and female prisoners to live in relatively close proximity ... the opportunity to talk fleetingly as they pass each other. It's real life". He proposed an "open mind" approach, looking to a "stage ... where we have women and men mixed together, with extra staffing and careful observation".

Despite this optimism, the organisation of Ash House and the development of the regime were hindered considerably by the location and the proportionately small number of women prisoners on site:

"We have the dilemma of providing one woman with a specific class or small numbers who want to do very specific things. We would want an establishment with all activities available to all prisoners, but there's a balance of proportionality with women and young men. It's not a separate establishment and never can be. You just can't let the women walk around freely like the Dochás [women's unit in Mountjoy Prison, Dublin]. In an ideal world, there's lots of things we would want to do. And we are limited with how many women we can get to work."

Managing Ash House was not straightforward. One manager stated that staff had been drawn from quite different situations and they "had different ideas about what a rule means ... It's ok having a black and white instruction but Ash isn't black and white". Another manager had "worked with many people in many different

situations but Ash House is the most difficult jail [sic] I've ever worked in". He explained: "They are all held within such a small area, there is limited space and you've staff dealing with personality disorders, juveniles and so on, and it's constant".

The separate and contrasting regimes for young males and women prisoners on one site led to diverse and competing demands across the institution. Regarding the management of reception and induction, for example, in "an ideal situation there is more time to treat people more sensitively ... a more caring approach goes a long way". Further, there was an established need for, and commitment to, providing "alcohol management" and "anger management" programmes, and "the reintegration study identified high levels of bereavement" and the need for a bereavement programme. One of the governors stated, "There's a need for more resources, but across the board". His concern was about striking a balance to meet needs on a limited budget: "the only way you can do this with proportionately lower resources is reduction in staffing". This was a contentious issue, yet the Prison Officers' Association agreed to a three year pay deal that will reduce 'NIPS posts equivalent to 10%' (Prison Service communication, February 2007).

The establishment of Family Contacts Officers was considered successful and there was a commitment to extending such posts throughout Northern Ireland's prisons. Yet given resource priorities there was "always pressure to take them [Family Contacts Officers] off". Good relationships had developed with a range of outside agencies. The women's governor noted that Barnardo's "have done a couple of parenting programmes", but she disagreed with the findings of the internally commissioned reintegration research: "It was just a snapshot of one day. There was a need for CRUSE [bereavement counselling] at that stage, but then the [bereaved] women all went out". Thus, inter-agency meetings to co-ordinate appropriate service provision were identified as a priority.

A senior manager typically summarised the management of women's imprisonment as follows:

"Overall, prisoners come to prison to do time. We're here to ensure they have improved themselves, to ensure they are safe while they are in here. Good order and discipline has to be maintained ... I would never recommend women and men together – relationships, pressure on women, purely from a security point of view. The biggest risk would be relationships ... Anything that is being done here, whatever happened at the start, is open and transparent and we are doing our best to create a positive environment. This is pushed continually at the Senior Managers' Meeting."

Representatives of the Prison Officers' Association (POA) were adamant that much had been achieved out of what had been a difficult initial situation:

"There's a complete change in management, POA and staff approach. Everybody wants to do the best they can. Yes, there are negatives. We accept whoever arrives at the door and have to deal with that. It puts a tremendous pressure on the service. There is a complete change and turnaround. It has been achieved by staff, management and prisoners working together. We can build on the positives and deal with the negatives."

The 'positives', particularly the willingness to innovate and promote 'new ideas', were attributed to Hydebank Wood's Governor. According to a POA representative, the managerial ethos was one in which the Governor "does not have a problem with people making a mistake", where staff were "given the confidence to make a mistake" without there being lasting recriminations. Yet in terms of organisation and administration, another managerial view considered Hydebank Wood a place where "everyone wants to do their best", but were inhibited by a 'them and us' context between the prison and headquarters:

“There is no accountability. People are told to do things, but there are no checks. You need to have monitoring in place to make sure things are happening. It’s as if it is new. Procedures should be there at local level. There should be monitoring, with targets set, outcomes expected and the realisation of objectives. I would expect written reports on what is happening. Everyone knows everyone here ... often know people too well, or even have a hold on people. I would expect more management ... Staff did have procedures and policies but there was nothing recorded, nothing auditable. Had there been evidence when the Inspectorate came in, it could have been a different report.”

Inadequate record-keeping extended to prisoners’ files: “The observation books were not real observations”, the manager stated, yet new policies and procedures were being written and some were awaiting validation with management “questioning everything”.

Allocation of staff to Ash House

It was clear from interviews with management staff that the speed of the transfer took all involved by surprise. They agreed that more time should have been allocated to the process and that time could have been used, not only to better prepare the site, but also to develop appropriate staff allocation processes and training initiatives. On 5 May 2004, a ‘trawl notice’ was issued throughout the Prison Service to invite staff to volunteer to transfer to work with women at Hydebank Wood following the planned transfer. The target to staff the Unit was 36 and those staff transferred numbered “approximately 31”. The immediate training priorities were to induct Mourne House staff who were transferring into the Hydebank Wood approach, to provide training for staff who had previously not worked with women prisoners, and to “bond” the staff. There were difficulties “getting women officers to apply as there were perceptions that this was going to be a terrible place”. Consequently, “We barely got sufficient officers to do the job”. According to one of the managers interviewed, for some women officers the perception was that “if you get stuck in Ash House you virtually become a prisoner yourself; consequently, there’s a lot who don’t want to work with women prisoners”.

Almost another year passed before a woman governor was appointed to manage Ash House. She did not apply for the post but was transferred from Maghaberry. Although she had worked in Armagh, she transferred to Maghaberry in 1986 and “had very little experience of working with females”. Staff transferred to Ash House were a mix of those who were “widely skilled” and those with “no experience of working with women”. There was a formal, structured and generic training programme developed on-site and as some of the staff had worked at Mourne house this proved beneficial. In most interviews with managers and staff it was acknowledged that, due to the surplus of staff after the closure of HMP Maze, there had been no recruitment. Clearly this was an issue, especially for those officers whose ‘mindset’ remained locked into regimes that had evolved in dealing with those imprisoned for ‘politically motivated’ offences during the conflict. A Prison Officers’ Association (POA) representative spoke of the trauma and stress experienced:

“What we have been through no-one should suffer. These people [officers] are doing a good job despite all they’ve been through. I had the right to come to work free from fear of intimidation. We did not have the aftercare and there’s still a big element of need for support now.”

A senior manager, who “spent the first few weeks talking to prisoners and staff”, considered Ash House “well over-staffed” and could not understand, given generous staffing levels, why there was so little interaction between staff and prisoners: “When I questioned why this is, I always got the same answer – because they’re not used to dealing with prisoners but with paramilitaries”. This did not stand up entirely to scrutiny given that so many staff had more recently worked with ‘ordinary’ remand and sentenced prisoners. Yet in interviews with staff and managers, the ‘conflict’ invariably was raised as an issue of lasting and continuing significance.

A typical response by a manager was: "You were asking prison officers whose experience was confrontation and personal danger to suddenly switch to working with ordinary prisoners ... and women at that!" A senior officer put it another way: "I have changed with the times. You're not under threat anymore when you leave your job. You were always under fear or under threat. They are ordinary women with no political agenda – respect has to go both ways". Not every officer had been able to make that transition and the Northern Ireland Prison Service has remained unique in not recruiting new officers for well over a decade. Auxiliary officers 'were last recruited in approximately 1997' and, more recently, Night Custody Officers employed exclusively at night have been recruited receiving '12 days Prison Officer training which includes emergency unlock, simulated hanging, control and restraint, electric unlock system, cell removal ECR (Establishment Control and Restraint) and establishment routine training'¹¹³

Reflecting on the development of prisons since the Good Friday Agreement and the release of politically motivated prisoners, a Prison Officers' Association representative stated: "Anybody who stayed should be prepared for change". He continued:

"I would rather come into a prison where prisoners are happy. That we can't bring in fresh ideas, new developments, we can't recruit prison officers is a headquarters' view. Put in proper resources, drive people. There's a motivation driven by respecting people, a proper wage, a career and doing the job with proper training. And 'best practice' is fine providing it works in the context in which it is applied."

Staff training

The inspectors noted that, following the transfer of women to Hydebank Wood, limited training had been organised with 20 of the 38 staff involved in a one-day introductory training session on 'understanding and working with women in custody'.¹¹⁴ Put another way, six months after the transfer just over half of the staff in post had received training, restricted to one day. The inspectors recommended 'more in-depth training on the special issues involved in working with women'.¹¹⁵

A member of the clergy considered that retraining was a "difficult issue":

"Different staff react differently. There are some brilliant staff and others who are less open, less committed. Some have taken to getting involved with prisoners more than others You can't retrain staff when you're understaffed. You couldn't run a perfect system, take out the annoyances, without restructuring the building, retraining and putting in more activities for the women ... the gardens are the only thing they have."

A senior manager stated that Hydebank Wood managers were aware that "staff were coming [transferred] and would satisfy some of our problems but they received very little training to deal with women who were used to a settled staff and there were mistakes made at the start, albeit with the best of intentions".

Another senior manager stated that there was "always a training need, especially with staff who have never worked with females". He continued: "There is a struggle to adjust and there's always dinosaurs, always some who are not suited ... in an ideal situation there would be proper selection of staff". This would involve the appointment of a "full complement of staff, dedicated to wanting to work with females". Staff would be appropriately inducted, there would be new training initiatives supported by "refresher" programmes responding to a comprehensive "training needs analysis". The staff training target was five days a year. At the time of the fieldwork, resettlement training was still to be introduced. Without this basic provision "you can't change staff attitudes, the culture, the way things are done and perceived".

A manager with responsibility for training stated that so little training had been done at Mourne House and the situation had to be rectified. The first priority was to establish a programme to ensure that staff on the

¹¹³ Communication from Northern Ireland Prison Service, February 2007.

¹¹⁴ Ash House inspection 2004 p 21.

¹¹⁵ Above.

landings interacted effectively with other staff and with prisoners. The second priority was to establish training specific to working with women prisoners. There was some generic provision focusing on women's needs and on guarding against 'inappropriate relationships'. The latter had been identified as a major issue inhibiting recruitment of staff to work with women particularly given the media publicity, in 2004, over alleged relationships between women prisoners and male staff in Mourne House. In discussing the principle of 'dynamic security', through which staff interact supportively with prisoners and gain their trust and confidence, another manager commented that male prison officers "walk a tightrope". The inference being that women prisoners might 'tempt' male officers into 'inappropriate relationships' rather than male officers exploiting women prisoners' vulnerability.

The training objective was to introduce a five-day professional development plan, with three days devoted to programmes focusing on women prisoners' specific needs, self-harm, suicide and so on followed by two days team building. It was envisaged that all staff involved with Ash House, at whatever level, would receive the training and this was achieved. Regarding the projected outcomes of effective training, the manager responsible was clear: "we have to build interaction at a human level and interaction between staff and prisoners must be encouraged and many staff recognise they need help, support and development of their skills". Again, however, resources were an issue. As a POA representative stated: "The bottom line is that you can never have enough [training] but they'll not spend the money". His colleague continued: "What we [the POA] do, in general, is to bring our issues to the Governor - more training, specific training, continued development is necessary. The training in general is not sufficient". Having made the point, the POA representatives recognised that investment in training at Hydebank Wood had been "substantial compared to the rest of the Service".

Staff discretion

The Inspectors reported that relations between staff and prisoners were 'poor'. While 40 per cent of women prisoners reported staff making 'insulting remarks', they considered that such negative behaviour was confined to a relatively small number of staff.¹¹⁶ Given that careful staff selection was a stated priority in recruitment following the transfer of women, that such a significant minority could have a disproportionate impact on staff-prisoner relations is unacceptable.

The issue of staff discretion was raised in the Education staff focus group:

"At times there's a certain lack of humanity [shown by prison officers] working with the prisoners. Some officers would want them to be kept quiet with minimum exertion. And they don't exert themselves."

"Sometimes staff will bend over backwards because they want to do best by the women."

"But women frequently and regularly complain to us about their treatment."

"Yeah. You get the jobsworth type of officer. Sometimes, because we are there, that antagonises them."

"There's also resentment on the part of some prison officers that we are spending time, money and effort educating criminals."

Managers also recognised the problems of those staff who appeared reluctant to co-operate with the move towards a more enlightened and relationships oriented regime. This was put bluntly by one manager in affirming that "some of the staff don't share the values of management". Another stated that managers "need to challenge the negativity when officers don't take responsibility for their own failings".

A senior manager criticised the “hold” of a negative staff culture, stating that women prisoners did not “get what they’re entitled to 100 per cent of the time”:

“You get good and bad [staff]. I can’t change the outlook of the staff and you do need an outlook change of staff and you get that through their managers. Here, it’s not about training but there’s no turnover, no change. So I would look at about 50 per cent of the staff moving. It can be ‘dead men’s shoes’, with staff only coming in when someone retires. There isn’t a pool here. To a degree, they are getting very good money to do very little. They’re turnkeys some of them and we don’t always give encouragement to good staff.”

Concluding comment

While this chapter reveals that the Prison Service, in the words of several managers, still has ‘some way to go’ in providing regimes suitable for the management of women prisoners, it is important to reflect on a senior manager’s comment:

“What we would want is some credit for the job we have done. The hand that Hydebank was dealt should be recognised. We had a real desire to do the best for women and for the young men – the best job in the circumstances with the resources we have. We deal with some very damaged individuals. We operate in the glare of the spotlight. It is difficult to motivate when there is so much adverse publicity. Yet we have lived up to our commitment and to the undertakings we made.”

This is well illustrated by a long-term prisoner’s view, when reflecting on the difference between lack of managerial responsibility in Mourne House and the situation that prevails in Hydebank Wood:

“In that other place [Mourne], it was like talking to the wall, nobody listened. Nobody cared. ... You can visibly see the management down here. You can see how the management descends, like, from a hierarchical point of view. It just actually filters down without any hard-line approach to it but it’s just there, it’s like indirect control because it is like a tight ship that’s being run down here. It’s properly managed. The Governor would be first to say that things is far from perfect and obviously women in an all male environment is far from ideal. But, for the circumstances to be as they are, he has done his utmost to facilitate and keep everybody happy.”

Recommendations

The women’s custody unit should establish a distinct, gender-specific identity supported by a discrete management structure. (Recommendation 2)

As a minimum, the majority (baseline 80 per cent) of management staff, prison officers and professional service providers in the unit should be female. (Recommendation 3)

Women prisoners should have access to women staff regarding any aspect of service provision at all times. (Recommendation 4)

All management, prison officers and professional service providers within the unit should receive comprehensive gender-specific training, supported by a training ‘tool-kit’, for working with women in custody. Key curriculum issues include mental health; suicide prevention and awareness; self-harm; physical and sexual abuse; young prisoners; and human rights. (Recommendation 5)

Chapter 6

Regime

Human rights standards

The World Health Organisation has developed the concept of the 'healthy prison' that has been adopted by the Prisons Inspectorate. To determine whether a prison is 'healthy', four tests are applied:

1. Are prisoners held in safety?
2. Are they treated with respect and dignity as human beings?
3. Are they able to engage in purposeful activity?
4. Are they prepared for resettlement?

Council of Europe, revised European Prison Rules are clear in establishing appropriate conditions including admission, information provision, accommodation, hygiene, natural light, overcrowding and shared cells. Given established issues regarding women's imprisonment, it is significant that prisoners 'shall be allocated, as far as possible, to prisons close to their homes or places of social rehabilitation'.¹¹⁷ In jurisdictions such as Northern Ireland, where there is only one women's prison based in Belfast, families from the north or west have considerable distances to travel for relatively short visits. This is a particular restriction on mothers who have had primary parental responsibility for their children. Regarding hygiene, the state is expected to ensure provision of 'sanitary facilities that are hygienic and respect privacy'¹¹⁸ and to make special provision 'for the sanitary needs of women'.¹¹⁹

Regarding 'contact with the outside world', the Rules specify the maintenance and development of 'family relationships in as normal a manner as possible',¹²⁰ placing particular responsibility on prison authorities to 'assist prisoners in maintaining adequate contact with the outside world ... provid[ing] them with the appropriate welfare support to do so'.¹²¹ Significantly, four rules establish the basis for the regime: provision of a 'balanced programme of activities';¹²² 'as many hours a day outside their cells as are necessary for an adequate level of human and social interaction';¹²³ provision 'for the welfare needs of prisoners';¹²⁴ 'particular attention' to be given to those 'who have suffered physical, mental or physical abuse'.¹²⁵ Although not specified in the rules, it is self-evident that in terms of appropriate activities, welfare needs and prior abuse there are significant gender issues to be taken into account in establishing appropriate and necessary provision for women and girl prisoners. Work opportunities and safeguards, exercise and recreation including access to the outdoors, and education are each issues covered by the rules with particular emphasis on post-release opportunities.

The Rules also make a commitment specifically to women's imprisonment. Prison authorities are expected 'to pay particular attention to the requirements of women such as their physical, vocational, social and psychological needs when making decisions that affect any aspect of their detention'.¹²⁶ This extends specifically to needs arising from prior experience of abuse.¹²⁷ In terms of regime, prisoners should be held in conditions with the least restrictive security arrangements possible, taking into account the risk of escape or hurting themselves.¹²⁸ There should be a balanced programme of activities with as many hours out of cell as necessary 'for adequate human and social interaction' and at least one hour exercise outdoors.¹²⁹ There should be a comprehensive range of education appropriate to the prisoner's individual need and a nutritious diet taking into account health, cultural and religious needs.¹³⁰ The authorities should pay particular attention to the requirements of women when making decisions about any aspect of the regime.¹³¹

117 Revised European Prison Rules, Conditions of Imprisonment, Allocation and accommodation, 17.1.

118 Above, Hygiene, 19.3.

119 Above, 19.7.

120 Above, 24.4.

121 Above, 24.5.

122 Above, Prison regime, 25.1.

123 Above, 25.2.

124 Above, 25.3.

125 Above, 25.4.

126 Above, Women, 34.1.

127 Above, 34.2.

128 Above, 18.10.

129 Above, 25.1. and 27.1.

130 Above, 28.1 and 22.1.

131 Above, 34.1.

Human rights standards require that ‘the different categories of prisoners shall be kept in separate institutions or parts of institutions taking account of their sex, age, criminal record, the legal reason for their detention and the necessities of their treatment’.¹³² Examples of those prisoners who should be accommodated separately are tried and untried; those imprisoned for civil offences such as fine default; children and young people; vulnerable prisoners; immigration detainees; and long-term prisoners.

Physical environment

Hydebank Wood is a purpose-built, male young offenders’ centre just off Belfast’s outer ring road near Belvoir. The medium security prison is set in a pleasant, wooded environment. The outer fence provides an open view from within and the undulating land gives variation and a feeling of ‘openness’ to the site. A recently built visitors’ centre accommodates family, legal and other professional visits. Entrance to the main prison is via an airlock (vehicles) or the adjacent staff entrance. The central administration block is situated above the staff entrance and other buildings including the kitchens, probation, the prison side of the visits area and the education block are in close proximity to central administration. The accommodation houses are slightly elevated, forming an arc across open, green and well-kept gardens. The healthcare centre is close to the administration block. It has single cell and shared cell accommodation and also houses the offices of the Independent Monitoring Board and other external professional agencies such as Opportunity Youth. The prison gymnasium is located between the accommodation houses and the healthcare centre. There is an enclosed hard-surfaced sports area at the top of the site, above the accommodation houses.

Ash House, the accommodation refurbished to receive women prisoners, is the furthest house from the administration block and is adjacent, at a slight angle, to Beech House. From June 2004 to February 2006, women were accommodated in Ash House. It was not until January 2005, when the Inspectorates made their recommendation that in-cell sanitation should be provided, that the Prison Service accepted the need for its provision. Young male prisoners were decanted from Beech House to refurbish the accommodation. Women were moved to Beech in February 2006 and Ash House underwent its second programme of refurbishment in two years. On completion, the women will be moved back to Ash and Beech will be returned to young male prisoners.

At the time of the initial fieldwork, Ash House had a certified capacity of 56 in single cell occupancy. Only three cells had in-cell sanitation. These cells comprised two cells knocked together to provide mother and baby accommodation. While the building was not designed for disability access, one of the three extended cells could be used to accommodate people with disabilities. Wheelchair access was via a stair-lift.

Each accommodation house at Hydebank Wood is built on three levels with cell landings on the first and second level. Access to Ash House was via a covered outer area, through a barred gate into a spacious ground floor open area which housed reception and medical consultation rooms, a classroom, offices and staff toilets. Stairs, either side of a central spine, provided access to the four landings. The hub, or ‘bubble’ as it was known, was located within the central spine giving visibility through windows of each landing from the console control panel. Access to the landings was from the staircase either side of the bubble. Each landing had a barred access gate leading off the landing into a spacious entry area with toilets and showers, the entrance to the accommodation corridor, a telephone and access to the open recreation area.

Prison officers, two on each landing during unlock, sat at a desk in the entrance area but hidden from view of those approaching and waiting at the entrance gate. To gain access, people had to stand at the gate and shout to get the attention of the officers on duty and be admitted onto the landing. The accommodation corridor had cells either side and was sealed by another barred gate during lock-up. At lock-up, the gates between the landing and the staircase were open. Women could access the toilets during lock-up through

¹³² United Nations Standard Minimum Rules for the Treatment of Prisoners, Rule 8.

pressing an in-cell buzzer that registered their cell on the console in the bubble. During lock-up, staff were rarely present on the landings.

The four landings were used for different purposes and, in theory, were organised around distinct regimes geared to the prisoners' assessed needs and classification. A1 was a first floor landing, divided between a 'Special Supervision Unit' (known as the punishment block), which housed those 'undergoing cellular confinement' and a 'vulnerable prisoners unit' (Prison Service communication, February 2007). The latter included 'special observation cells' with 'safer type cell furniture'. Those on punishment or 'cellular confinement' had no association, whereas those in the SSU had association in a large, spartan recreation room. It was unfortunate that the long-established connection between punishment and vulnerability was emphasised by this physical juxtaposition in Ash House.

A3 was above A1 and was the committal landing on which new arrivals and very short-term admissions were accommodated. Again, the large recreation room was bare and uncomfortable. A2 was across from A1 and was supposedly a more settled landing accommodating, primarily, sentenced prisoners on an enhanced regime but including some on a standard regime. A4 was above A2 and across from A3. This landing accommodated medium and long-termers on enhanced regime. The recreation rooms on A2 and A4 were better equipped than those on A1 and A3, with sofas only recently introduced.

Diverse populations

Ash House and Beech House are each restricted to four accommodation landings, with a capacity of 14 cells on each landing; thus, Hydebank Wood has an overall capacity to detain 56 women. It is not possible within this environment to meet the requirements of human rights standards requiring appropriate separation of different categories of prisoners.¹³³ Clearly, the problem of implementing separation with small numbers is that each regime becomes isolating.

From the outset, Ash House was seriously limited in what could be provided to meet the range and complexity of women and young women prisoners. Research observation of Ash and, subsequently, Beech House showed prison managers constantly making difficult judgments about where to place individuals and often there was no appropriate solution to a problem. For example, women who alleged experiencing bullying were occasionally moved to A4 landing, supposedly a landing holding enhanced prisoners. Consequently, the lack of stability on A4 became a significant source of aggravation for long-term prisoners who needed and required a calm, stable atmosphere. With A1 divided, unsatisfactorily, between 'special supervision' and 'punishment', three landings had to cope with a mix of remands, committals, young women, fine defaulters, short-term sentenced, long-term sentenced/ lifers, detainees and other 'categories' such as those sentenced for sex-related offences. Additionally, the 'mix' included women on basic, standard and enhanced levels of the progressive regime, further limiting the potential of distinct regimes.

"I understood that A4 was for sentenced prisoners, but committals and remands are also here. You have girls who are counting their days down and that's difficult for long-sentenced, or for me on remand who hasn't got a date." (Remand prisoner)

A manager commented that "Ash is working well now but the only problem is accommodation ... You're playing a game all the time, trying to find personalities that fit the landings".

Instability was compounded by groups of up to ten detainees arriving over a couple of days, resulting in tension and disruption for all women on the landing. The Inspectorates failed to identify the potentially damaging impact of this 'mix' on life-sentenced prisoners and long-termers.

The detention of women charged with sex offending caused particular management problems. Since the transfer to Hydebank Wood, there have been at least two women remanded or sentenced to custody on separate and unrelated charges of sex offences (the conviction of one woman was later quashed). Given that childhood sexual abuse has been the experience of many women in custody, and the imprisonment of children and young people in the unit, it is difficult to manage this issue in a restricted setting with only four landings. It was clear from interviews with women that the situation had created serious difficulties for the prison management.

Another consideration involves the accommodation of politically affiliated prisoners. During fieldwork for *The Hurt Inside* there were two Republican women in Mourne House. At the beginning of the research they were seeking separation from 'ordinary' prisoners. Their campaign included a hunger strike, initially to be undertaken by both women but eventually carried through by one of the prisoners. Separation was achieved but this involved the relocation of children and young offenders to other mixed landings so that the Republican women could have their own landing. Since then, there have been no women in the Northern Ireland prison system who have applied to move to separated conditions, but it is surely a matter of time before this occurs. The Prison Service has stated that if a woman is considered suitable for detention in a separated regime, then she will be held in Maghaberry prison. It is inappropriate that women in this situation would be forced to share healthcare facilities with male prisoners in a high security male prison. If there was only one woman in such a situation this would result in a regime involving total isolation.

At the time of the research fieldwork, a case was progressing through the courts, the outcome of which could have resulted in the imprisonment of a transgendered woman. It was a highly publicised case precisely because the woman was determined that, should she be sent to prison, she would not be treated less favourably than any other woman in custody. On the day when it was anticipated she would be sentenced, concern among managers of her possibly imminent arrival was palpable. It was clear from the conversations that some managers were confused between 'transsexual', 'transvestite' and 'transgender'. Conversations comprised mixed curiosity, banter and disdain. There was no policy in place and there had been no training on gender and sexuality issues for managers or for staff. It was clear that appropriate consideration had not been given previously to basic arrangements and issues regarding reception, accommodation, prisoners' and staff reactions and media publicity. While senior managers were unequivocal that, should the woman be sentenced to prison, she would be treated without discrimination, the initial responses from some managers and staff suggested that their lack of knowledge and understanding would, at best, inhibit fair and equal treatment.

In the event the woman did not receive a prison sentence, but the episode revealed the lack of preparation across the Prison Service for dealing with gender and sexuality issues. These include bisexuality, homosexuality, lesbianism, transexuality, transgender and transvestism. Given what is known of the extent of sexual diversity and difference in wider society, it is to be expected that on any given day a significant minority of those in prison – staff and prisoners; men, women, children and young people – are not heterosexual. While the Prison Service has adopted a policy of non-discrimination on any grounds including sexual orientation, it cannot be proactively anti-discriminatory unless it provides policy direction and staff training to identify and challenge deep, underlying prejudices that are the direct consequence of ignorance and hostility. A quick visit to the Internet to 'read up' on other Prison Services' policies and practices would be necessarily limited, reactive and partial. Without adequate training and information that anticipates and prepares for a complex, sexually diverse prison population, ill-informed, discriminatory reactions from managers, staff and prisoners will recur unchallenged.¹³⁴

¹³⁴ In February 2007, the Prison Service informed the Commission that it had 'produced a draft gender Dysphoria policy which has been issued for internal consultation to Healthcare specialists' (Prison Service communication, February 2007).

Transport

Women prisoners' first experience of Hydebank Wood is being transported from court to prison inside a small locked cubicle within a white van. Successive Inspectorates' reports and the Human Rights Commission research criticised the Prison Service for allowing women and girls to be carried in the same vehicles as men and boys. The practice was institutionalised and women endured sustained and appalling levels of verbal abuse and harassment, often at a time when they were at their most vulnerable and distressed. NIPS has since reassured the Commission that, as of 5 February 2007, 'it is envisaged' that it will be in a position to provide separate transportation for the *majority* of female prisoners' (Prison Service communication, February 2007, emphasis added).

Prison managers and those involved in transporting women prisoners reassured the researchers that women prisoners shared transport with males from Hydebank Wood or Maghaberry only in exceptional circumstances and on those rare occasions male prisoners were prevented from verbally abusing women or girls who were in the vehicle. Women prisoners' accounts, however, reported a quite different and disturbing experience. The following quotes are typical:

"They have women and men together in the horsebox [van]. They lock the door sometimes. You have no physical contact with the men, but we should have a separate horsebox just for us women. A lot of boys scream abuse at the women going to court."
(Focus group, A2)

"There were eight or nine men from Maghaberry and the [male] driver and you're the only woman in the van. You get a slugging sometimes from the boys: 'let's see them swinging'."

"I was brought from the court to a cell, then to a prison van in which I was placed in a single compartment like a tiny cell which was locked. The drive to Hydebank is a nightmare. I noticed they had loaded three men onto the prison van ... what I had to listen to from those male prisoners was disgusting. They were annoyed they had to travel to Hydebank first to drop off a female prisoner before going to Maghaberry prison. I heard one of them asking why the women went to Hydebank now and another prisoner replied, 'Because the screws were riding them in Maghaberry'. They started to laugh and tried to shout in to me, but I refused to answer and chose to ignore them. They were saying things like, 'I'll give you one' and 'I'll lick your cunt'. I was terrified." (Sentenced, medium-termer).

Even within the prison, women prisoners reported being intimidated by young male prisoners:

"It makes you feel insecure. The horsebox was outside five minutes ago and the boys were banging on the windows."

Occasionally the diversion in the journey to pick up men from Maghaberry caused other problems for the women:

"The bus brought me from here [Hydebank Wood] to Maghaberry and then to the Newry Court. You can't go to the toilet. 'Just hold it in', they say. It's ridiculous."

Reception

Arrival in prison is always difficult, even for those who have been through the experience before. For those admitted for the first time it is intimidating and threatening. Many women interviewed shared their experiences of distress and vulnerability. Some arrived with a serious drugs habit, others in shock from their arrest or sentence. Others had not had the opportunity to see their families or make arrangements for their children, including women taken into custody for fine default. Invariably, on reception their initial emotions were dominated by disorientation, detachment and fear. This was recognised by some members of staff:

“When people come in here, the first thing is that they are frightened. Sometimes they’re lifted and their families don’t even know. You have to put yourself in their place.”

Prison Service procedure on reception was routine. Forms were filled in, women had their photograph taken and, if they arrived during Health Centre hours, they saw a nurse. Officers interviewed, explained that:

“Women who arrive at Hydebank for the first time are treated well in reception. They are sat down, given a cigarette and calmed down before a shower.”

Several women commented that reception staff treated them with consideration.

“They were kind and just telling me that it was their job. I was put in a small room. They said it was procedure and because they were waiting for three other girls to be brought in.” (Immigration detainee)

“I didn’t find it [reception] too hard. Everything was taken off me. They [the officers] didn’t make me feel uncomfortable. The women on were alright, but being stripped was degrading. You’re scared enough without that happening. And you have to go and get a shower as if you’re dirty and you need it.” (Sentenced prisoner)

“Staff in the reception were very good, very pleasant and helpful. The only issue was the strip search. ... They were very good in explaining why the procedure was necessary, but that procedure – actually being stripped bare – your dignity and that. ... [the strip search] was more distressing than you would want to admit to. They said it was set procedure.” (Woman sentenced for fine default)

It was the body search on reception, at a time when they were at their most vulnerable, that caused most distress to all women interviewed. The following experiences were typical:

“Two female prison officers were there and they told me I was going to be strip searched. I had to go into a cubicle and was given a torn sheet. I was told to strip off naked and pass out each item of clothing to the officer for inspection. Then I was told to turn around so that the officer could make note of any piercings or tattoos on my body. I was totally humiliated. I never in all my life experienced anything so invading. I was distraught and quite tearful.” (Sentenced prisoner)

“I didn’t like the stripping, the way I had to show my body. They were checking me every way. They were counting the spots and they were touching me when they checked. They had an argument about my binding. They put their fingers in my hair, they were feeling if it was mine. I was only wearing a G-string. I asked why they had to do all this. They said they were only doing their job. ‘It is the law’. I felt very much humiliated. I was vulnerable and scared. I have never experienced anything like this. Why does it have to be a strip search like this? Counting my scars?” (Immigration detainee)

“I kept asking questions and some of them were answered but they just – they stripped me. Told me to strip, then told me to get a shower ... It was terrible, it was like, I had never been through anything like it in my life. I had never even been in trouble in my life before so I just I was frightened and gutted ... To strip off in front of somebody else, it was very degrading.” (Sentenced prisoner)

“Oh very degrading. It’s just done in the sort of fashion, they expect you to know what’s going to happen and get into the shower and you’re like thinking, ‘Hang on a minute here’. If they would explain to you sort of the reasoning behind it. I don’t really like the full searches. I can see why they have to do them but I don’t know – they just are very degrading and I know the staff don’t really like doing them either but some staff are easier than others. Some of them seem as if they’re trying to make you feel smaller, you know.” (Sentenced prisoner)

“The stripping is very embarrassing. They go through every item you have. Strip you naked – then you get showered. I thought they’d done away with it.” (Remand prisoner).

“I felt it was awful. You feel paranoid. You were embarrassed.” (Remand prisoner)

“When you’re on your menstrual cycle you still have to strip. It’s very degrading. You have to show them the pants and pad with the blood on it. It’s disgusting, you’re embarrassed. Their attitude is indifferent. It’s their job, but it’s not a nice thing to do.” (Sentenced prisoner)

A woman, in police custody for several days, arrived after a long journey. She was searched for the third time:

“I took everything off ... it was my second one of the day and I’d been in police custody the whole time ... I wasn’t very happy. I was very tired; I had been travelling all day; I’d been in cells all day from six o’clock in the morning – holding cells, and with police all day. I didn’t feel there was any need to strip search me again. Three times I was searched in a day; two of them were strip searches.” (Remand prisoner)

A woman assessed in reception as being ‘at risk’ and placed on a PAR1 (prisoner at risk) recalled her embarrassment. No consideration was given to her condition, or that she had self-harmed. She felt particularly self-conscious:

“I had to strip and have a shower. I was embarrassed. It’s the same when you go to court. You have to strip and turn round for them and that’s embarrassing. I don’t know why you have to do that when you’re in here and you don’t have anything. You feel so degraded.” (Remand prisoner)

No woman was exempt from the strip search process, including pregnant women, girls under 18 years of age and ‘young offenders’. An older woman Traveller, who was admitted for non payment of fine, cried continually over the degradation she had felt on removing her clothes.

Induction

Once through reception, women were taken immediately to the committals landing. They were not given any written information on the regime or what to expect.¹³⁵ A senior manager stated that the Prison Service was

¹³⁵ In February 2007, the Prison Service informed the Commission that women prisoners are now provided with an information leaflet at court and, on reception, with a copy of *Committal Procedures – Ash House*. Each prisoner is also given a ‘First Night Booklet’, followed by ‘an induction programme delivered by trained staff’.

in the process of exploring the idea of a 'modular' induction process, part of which would be carried out through 'peer induction' by a prisoner.

Many women described arriving on the landing during lock-up. Consequently, they were locked alone in a cell with no in-cell sanitation or ablutions. From their accounts, it was evident that staff often had very little interaction with the women as they were locked in their cells.

"I was taken to my cell on A3 at 4pm and told we would get unlocked in an hour. The cell door was closed and that was it. I remember looking at the cot and realised that there was bedding there to dress the bed. I sat down and looked around the filthy cell and broke down in tears. I felt so lonely and devastated; I didn't know when I could ring my family or any routine of the prison. It wasn't until I got out at 5.15pm, when I met the other women, then they told me everything I needed to know." (Sentenced prisoner)

"It was terrible because they wouldn't let me see my parents after I had been sentenced and I wasn't expecting to get sentenced and then, when I got here, everybody was locked up and I was just put in the cell ... It was the afternoon lock-up. It was about 20 past four ... he just told me that I would get unlocked again at a quarter past five ... I just cried ... I just didn't know what was going on because, you know, the other girls were shouting at each other through the cells and I was just sitting there; I just didn't know what was happening. It was like being stuck in the middle of a forest with no one with you ... I didn't even know where I was. I knew I was in Hydebank Prison, but I didn't know where that was ... I only found out about three weeks ago that I'm in the south of Belfast ... When they unlocked me, they kept calling me and one asked me for a phone number, and telling me that they were putting a pound on my phone. And then, they asked me to pick my meals for the rest of the week. They told me to be wary of some of the girls and that there, and not to give anything out, and you weren't allowed to pass things through cell doors when you were locked up, and that was about it. I asked some of the other girls about the routine and that there." (Sentenced prisoner)

"Staff were nice enough – explained it was lunchtime. They got me through as quickly as possible to try to get a lunch but couldn't find one. Women will tend to put a brave face on the situation." (Woman sentenced for fine default)

"When I came in, I was locked down. I just sat on the bed and looked out of the window. I felt suffocated." (Focus group, committals)

Understandably, those women who had not experienced prison were fearful for their safety:

"You're scared. You think there's different volatile personalities and you just don't know what's what." (Focus group)

"An officer said [on seeing that the young woman was crying], 'Don't worry. It's like Butlins holiday camp!' It isn't. They don't tell you enough about the regimes or about the tuck shop. They just handed me a [tuck shop] sheet and I didn't have anyone to help. Other girls told me." (Sentenced prisoner)

It was also evident that little thought was given to the particular circumstances of new arrivals:

"They never told me what the rules or regulations were. They didn't explain things. Nothing was explained to me. Learnt myself what to do and how to do it ... I was eight

months pregnant. I just cried my eyes out. They gave me nothing. I had lost my son 11 months earlier ... I never had any help from anybody.” (Sentenced prisoner)

“There’s no induction at all. All I learned was from the girls.” (Focus group, committals)

In contrast to the women’s accounts, officers considered women prisoners’ arrival on the landings to be a positive experience:

“Quite often, they arrive on the landing during lock-up. Whenever they are brought in they are told that it’s difficult and that there’s an opportunity to get out of their cells ... just press the buzzer. I would take them to the recreation room and introduce them to the other women and sit with them until they are confident with them. Then I’d withdraw and let them get on. They’d find out things from staff and from the others [prisoners]. Formal induction is still to be introduced. At present, it’s available for the young men but the staff in Ash House haven’t received the training yet.”¹³⁶

The officers’ shared view was in marked contrast, not only to women prisoners, but also to the Inspectorates’ findings. Their survey of women prisoners in Ash House showed 91 per cent as having problems on arrival, with only 36 per cent of that number receiving appropriate help:

‘No formal first night procedures were in place and we found little evidence in house files that prisoners’ needs were identified. A number of prisoners said that they had been given little or no information about the operation of the night sanitation system when they arrived. Others said that they were not told what would happen to them on the day following their arrival ... There was no specific induction programme.’¹³⁷

For some women the lack of formal induction led to real difficulties:

“I came in straight from court. I wasn’t given anything, no advice. I found stuff out from other prisoners. Or, I found out by getting into trouble or getting zeroed [on disciplinary regime]. It was really unfair; I was given no rules... It was through [during] lock-up. Nothing was said to me, no-one knew who I was. Friends rang in and were told I was released.” (Sentenced prisoner)

“Nobody ever give me a rule book and laid down what you were, and weren’t, allowed to do and the first day I was down here [the garden work party]. I was standing talking away to them [the young male prisoners] and I got shouted at and all for it. And I was like, ‘Well I didn’t know’. Yeah, I was like I didn’t know. How was I supposed to know you weren’t allowed to talk to them; and then I asked for a copy of the rules and I’m still waiting. How can you be doing something wrong if you don’t know the rules? OK, fair enough, I know now but I still haven’t had anything in writing to tell me that I’m doing anything wrong.” (Sentenced prisoner)

“They kept saying, ‘You know the rules’. But they don’t give us the rules. One officer will tell you one thing and another will tell you another. They make the rules up as they go along. Then, when you don’t do what they want, you’re the one who suffers. There’s no consistency and no structure. I’m still waiting for the rules. It’s unfair that prisoners should take the blame for officers’ mistakes.” (Sentenced prisoner)

¹³⁶ In February 2007, the Prison Service informed the Commission that ‘4 staff in Ash House have received the appropriate training to deliver induction to female prisoners’.

¹³⁷ Ash House inspection 2004 p 18.

“They change the rules handsomely. It depends on the person [staff] and what mood the person’s in. There’s no structure and no consistent rules. A woman officer said to me, ‘You shouldn’t query. You shouldn’t ask questions. That’s a rule’.” (Focus group)

Regarding the inconsistencies over rules and their application, a manager stated:

“People from different stations have different ideas of what a rule means. It’s ok having a black and white instruction, but Ash isn’t black and white.”

Routine, unlock and association

At the time of the unannounced inspection in November 2004, women in Ash House were unlocked for eight hours each day with enhanced prisoners given an extra two hours. The Inspectorates considered this ‘reasonable’. A year later, all prisoners were unlocked for approximately eight hours out of 24. Put another way, women prisoners, none of whom posed a security threat, were locked alone in their cells for two-thirds of their time. The Inspectorates reported that there was ‘insufficient purposeful activity’ and ‘opportunities to exercise in the fresh air were inadequate’. Their report continued:

‘The majority of prisoners told us that they mostly had very little to do during the day. While we were pleased that they were not locked in their cells during periods of inactivity, they spent much of their time in the association rooms, sitting at tables talking to each other which was dispiriting ... Access to exercise in the fresh air was not regularly available and was subject to cancellation due to lack of staff. Prisoners said that when it was offered it was usually in the caged yard at the end of A1, which they referred to as the ‘hamster cage’, as this was more convenient for staff. They were very frustrated by the unpredictability of outdoor exercise and told us that this led to competition to take the rubbish bins outside simply to get some fresh air.’¹³⁸

The irony was not lost on the women who had been transferred from Mourne House:

“The whole point of this place was that it would be lower security with a see-through fence rather than a wall, that we’d be able to have more outdoor freedom in a nice environment. The reverse is true. We have less access to the grounds. We can see the environment but we can’t experience it.” (Long-termer)

The daily routine began with unlock at 8.00am until 12.30pm. Lock-up was from 12.30pm to 2.00pm, with unlock from 2pm until 4pm. Final unlock was from 5.30pm until 7.30pm. The extra hours for the enhanced regime at the end of the day were no longer offered and all women were locked up from 7.30pm until 8.00am. There was considerable disquiet voiced by all women interviewed, that the periods of unlock were reduced each day by lock-up being called ahead of time. Observation on the landings bore this out, including staff interrupting interviews or focus groups five to ten minutes before the lock-up time. The term used by staff for early lock-up at the end of shift was ‘a flyer’.

“They lock up too early at night. There’s more time out now than back in December. Then we lost a lot of time.” (Sentence prisoner)

“We should be allowed out longer than 7.30. We’re grown women. And there should be something to do.” (Focus group, A2)

“We’re told that we should name the people who are locking us early, but if we do that we’ll have it held against us.” (Sentenced prisoner)

Observations of the regime over several weeks showed a wide disparity in attitudes in the way officers carried out their locking up duties. Some simply informed women that it was time for lock-up and gave them a short amount of time to gather their belongings together or quickly finish their meal. Others abruptly interrupted conversations the women were having and several shouted instructions. One officer sang, "You're so happy, happy, happy, you're all so happy", as she locked women in their cells.

It was also evident from spending considerable time over several weeks on the landings that the majority of women had little to occupy their time. The most disturbing example of this was on A1, where prisoners considered most vulnerable or 'at risk' were accommodated. Several hours were spent observing the operation of this landing. The association room was bleak and poorly furnished. Rarely, more than a few women were held on A1 and they passed the time sitting, mostly in silence at a table, on hard chairs and smoking. Occasionally, they watched television or had brief conversations with officers. There was no structured programme of therapeutic activity. This dull passing of time was replicated on A3, the committals landing. Women in prison for days for fine default sat, seemingly lost, in the company of others who had been on the landing for a while. The overall atmosphere was one of resignation to time wasted. It was a malaise that cut across all landings:

"The worst thing in here is the monotony, there's very little for us to do. Education is rarely available to us and, at that, it's very basic. It's hard to cope, especially when you were used to a busy life, for it to become the opposite and you end up doing nothing all day long." (Long-termer)

"You're just being fed, lying down, locked up and that's it. I did self-assertiveness and anger management at the women's drop-in. There should be more opportunities here." (Short-termer)

As noted in the Mourne House research, the introduction of 'rolling unlocks', caused by staff shortages, created problems for the women, particularly mothers contacting their children.

"Sometimes, when there's not enough staff on and they have what's called a rolling unlock, which means you get out to use the phone and that's it." (Sentenced prisoner)

Senior managers were adamant that it had been made clear to officers that the 'old days' of Mourne, when staff sat in the 'bubble' and rarely spoke to prisoners, were over. In Hydebank Wood, it was expected that staff would interact positively with prisoners and Governors did not want to find officers sitting at their desks during association time. Observation of the regime, however, found that this was often the case, with some notable exceptions. Women were agreed that their daily experiences depended to a large extent on which officers were on duty. The following comments are indicative:

"Some, very little [few] staff will come and ask how you are. 95 per cent won't." (Focus group)

"Staff interact enough. They keep a distance, but they probably need to. The girls might not want to speak to them. I've found them OK." (Short-term prisoner)

"Most staff are very good. I don't have a problem with staff, but some prisoners think they own the place. They call the place 'their wing'." (Prisoner)

"Some of them are absolutely brilliant. You couldn't ask for better staff. Some of them are good as gold. But a lot of them tend to bring personal problems into work. Favouritism is probably the worst problem I find in this prison." (Remand prisoner)

“Some staff started talking about God and that, but at that time, even now I’m still trying to sort out my own life. It might sound selfish, but I’m trying to sort me out without worrying about what else there is and there’s no point trying to force that down your throat. But nobody came to talk to me just about me ... I wouldn’t trust anybody [staff] 100 per cent. Definitely not. There’s just too many things, rumours, them talking. ... I mean, if I had a real problem, I really wanted to talk about that I know could maybe get me or somebody else in trouble, I wouldn’t go and talk to them about it. ... I would talk to maybe another prisoner that I trusted or I have a counsellor, a drugs counsellor, I would maybe talk, depending on the subject.” (Remand prisoner)

“Well there’s some staff just look at you, really treat you like a prisoner, you know ... Some of them would just look down their noses at you as if you’re a bit of dirt. Like, one of the prison officers turned around and said [to another prisoner] ‘I’ve cleaned better off my shoe.’” (Sentenced prisoner)

“I’ve been in jail for all my life, and this is the only time they’ve treated me like dirt. ... They treat me like a child, like I’m a wee child, like I’ll be good. I’ve never had no trouble, maybe when I was sixteen I would’ve messed about in the YOC [Young Offenders’ Centre], but this time when I come in they’re torturing me big time. ... Now [prison officer] is not too bad. He brought me in this morning and told me to calm down and he talked to me a wee bit, and I told him how I was feeling and that was dead on.” (Prisoner on committal landing)

“With me, they [staff] were ok. I didn’t really have any problems. I know some other girls have had problems, but personally they were ok; some of them would be a bit ... what would be the word? ... short with you. Not really forthcoming.” (Sentenced prisoner)

“They’re not very sympathetic. I mean you’re not there for spitting on the streets! They didn’t have a very good level of empathy.” (Sentenced prisoner)

“I got moved [to another landing] and I did find the staff mostly OK; I have to say that I have no complaints, they’re nice. ... I think once they realise what kind of person you are. Basically, I think that what they are looking for is to find out whether you are a troublemaker or not, and once they realise that you’re not, then you’re OK.” (Short-term prisoner)

Prison chaplains from the main Christian denominations daily visited Hydebank Wood. Their support was universally acknowledged and appreciated by the women:

“The only people who help you are [chaplains]. [Chaplain] will give you a big hug. [Another chaplain] comes every morning. You can talk to her about everything. At Christmas, they brought presents for everyone. So did the Protestant minister.” (Focus group, committals).

“I don’t know what we would do without [chaplain] and I really don’t know.” (Sentenced prisoner)

Incentives and privileges

There has been much debate over the use of incentives as part of a ‘progressive’ regime in prisons. Incentive and ‘privilege’ schemes are inducements to ‘good behaviour’ and operate on the unproven

assumption that individuals will always respond positively to promised rewards thus conforming to rules, conventions and the direction of staff. The Prisons Inspectorate notes the importance of fairness, transparency and consistency in the application and administration of such schemes. Given that schemes invariably operate progressively – in the case of Hydebank Wood from ‘basic’, to ‘standard, to ‘enhanced’ – there are significant issues to be considered.

First, not all prisoners start at the same point of departure. Their previous experiences, their state of mind and their personal struggles with incarceration impact on their ability to interact socially or to conform to demands. Second, the expectations placed on prisoners by a regime predicated on the imposition of authority are not necessarily rational. Third, and most important, in the administration of such schemes discipline staff are afforded immense discretion whether or not they use or abuse their authority. The Inspectorates found that only 28 per cent of women prisoners interviewed in Ash House considered that they had been treated fairly.¹³⁹ To be ‘zeroed’ by a member of staff consigned a prisoner immediately to the basic regime, which meant the withdrawal of all privileges and a difficult road back to ‘standard’. The Inspectorates quoted one example of a woman who had been zeroed because she refused to wear a suicide dress after a suicide attempt. The implications of using incentives in this way are obvious and dangerous. At the very time the woman needed maximum support and care, for a minimum of four weeks, often longer, she forfeited access to something as basic as a television. For those women serving short sentences, the enhanced regime was an unobtainable goal.

Throughout the research this issue was prominent in the women’s responses:

“I joke with my Mammy it’s like being at school. You know, like a boarding school somewhere, because they’re into their points system and stuff. I mean you’re adults. It’s fair enough if it is young offenders and you’re trying to achieve something with them but it seems pretty trivial. You know you could have problems in your life and you don’t care what point they’re going to give you for the day; it just seems stupid in relation to your life. And they use it against you as well ‘cos, say as part of your contract you have to get so many good reports ... I do see it all the time on the landing with other people and maybe, say, the staff was to zero someone for something and maybe that person didn’t really warrant that zero, the whole staff would stick together and so it is used against you.” (Sentenced prisoner)

“Oh there’s no difference whatsoever. The only difference is the time of your visit – if you’re standard or basic, I think it’s an hour you get on your visit. In enhanced, you get an hour-and-a-half; the wages are different, I couldn’t tell you what they get, but I’m enhanced – I get £20 a week. I think they get £14 or something like that and I don’t know what basic get. But as an enhanced prisoner we don’t get anything different from a standard prisoner.” (Long-termer, enhanced)

“They might as well stay at standard because there’s hardly any difference. You get one-and-a-half-hours instead of 45 minutes [visits] and £20 instead of £17. Enhanced prisoners should have more.” (Sentenced prisoner)

“There’s no difference between enhanced and standard, but if you had extra wee treats and if you were zeroed you would lose them. There’s no happy medium between young offenders and adults ... 18 and 19-year-olds shouldn’t be in with older women.” (Focus group, A2)

Many of the women interviewed felt strongly that if they had a clash with a prison officer, or a particular officer took a dislike to them, the threat of being 'zeroed' was held over them:

"It's always their word against yours and they're always right. Whenever one officer is on I know I'll get marked down. They don't even have to tell you why they mark you down. I get 3s all the time and, then, when [officer, name] is on I get marked down. If you get 2s every day then you can lose. When I asked why I'd been marked down, she looked at me and said, 'Because you're always asking questions'." (Sentenced prisoner)

"I found it hard to settle the second time I came in. The staff seemed to close in on me this time. Just being told to do this and do that. Certain members of staff targeted me. I was told I had an attitude problem, but I'm not going to let strangers tell me what I'm going to do. If you put in a complaint against a member of staff then that's you – you're targeted all the time." (Focus group, A2)

Another woman in the same focus group commented:

"There's a few [staff] caring ones, but that's it. They'll talk to you. You're told that if you don't do this or that you're going to be zeroed. That's not treating you like an adult, it's like you're a child."

An exchange between three women in the focus group illustrated their collective resentment regarding their perceived treatment by officers:

A: "We're afraid to do anything because it's so strict here."

B: "There's different rules for different people."

A: "I had to get my medication increased because it's doing my head in."

C: "They don't believe them when you tell them that an officer cursed at you. Staff get a buzz out of charging. They say, 'Go ahead. Put in a complaint. I've had 21 complaints made against me and I haven't lost one yet'."

B: "I've never heard of a complaint being upheld. People don't put complaints in because they [officers] make it obvious they won't lose, and you'll be dragged down."

A long-term prisoner gave an example of how she considered 'rules' to be invented to suit the immediate needs or moods of officers:

"Your confidence is broke all the time. Like you know when you get up in the morning, some of the girls will say to you, 'Who's on?' And when you tell them it's [officer name], it's 'Oh no!'. Because you know that you can't talk to them or they're going to shout at you for the slightest wee thing. Like one of the girls was told, you can't go downstairs because your hair is wet – and where in the rules does it say you have to go dry your hair because I don't."

One woman stated that an officer told her to turn off the television as she was not actually watching it. She said that she asked the officer why and was told it was to save electricity. The woman turned it off and the officer warned, "You'll be zeroed if you turn it on again". A young woman prisoner resented being spoken to "as if I'm a child". She said, "Every time I'm in here they find something to charge me with. If you don't say 'please' you get your head bit off. Yesterday I swore and was locked immediately". Another woman was transferred from A2 to A1 because she was considered at risk of self-harm. She stated, "I'm enhanced, but over here I'm treated like I'm something bad and because I'm on this landing they think I'm standard".

Staff recognised that the distinction between standard and enhanced had diminished and, following the Inspectorates' report, compacts [contract between prisoner and prison service] were changed to include in-cell television for those on the standard regime. A compact review was ongoing at the time of the research which included consideration of different duvets, cell curtains, personal towels and personal cutlery for enhanced prisoners, as well as later unlock and trips out or walks. As an officer commented:

“There should be a separate lifers’ unit. We have two lifers and four potential. There should be separate accommodation.”

Regular observational visits to A4, throughout the research, provided clear evidence of the problems faced by long-termers attempting to establish a settled landing appropriate to their enhanced status. Unlock times on A4 were identical to other landings. Some women were going on, or returning from, home leave, or on the working out scheme, while others were on remand. Of significant concern to long-term prisoners was the placement of vulnerable women prisoners on to A4. This produced the anomaly of those considered 'at risk' drinking from plastic mugs and using plastic cutlery alongside women using regular crockery and utensils. One long-termer stated, “Since this happened [the placement of vulnerable women] I feel we've been used as babysitters. Don't get me wrong, these women are fine but if anything happens I don't want to feel responsible”. Another long-termer stated:

“We were told that anybody going on to A4 would be looked at closely to see that they weren't a disruption to us and that's not happening anymore at all. They're just throwing anybody they want onto A4. Like at the minute, we're sitting with 11 people and there's only something like 25 in the building and 11 is on A4, and that's meant to be them trying to keep the long-terms on one landing - that's wrong. Like they're still throwing remands up in with us and people that are going out on SP [Special Privilege]; like that's very disruptive to lifers.”

In-cell sanitation

Built in the late 1980s, Mourne House provided women with in-cell sanitation. Ash House was built to house young male offenders in small cells, with central shared toilets and ablutions. As the Human Rights Commission's previous research demonstrated, the move to Ash was feared and resisted by women prisoners. They were promised a regime in which during lock-up they would have access to toilets via electronic unlock activated by an in-cell buzzer. Their concerns included delayed access if more than one woman wanted out of her cell; menstruation needs; officer discretion; and privacy. The Inspectorates' report concluded that the 'electronic unlocking system to use the toilet and washing facilities at night was inappropriate and particularly difficult for women who were menstruating or pregnant'.¹⁴⁰

Despite reassurances prior to the transfer to Ash House, the women's concerns were realised:

“The worst thing about Ash House was getting out to go to the toilet when we were locked up. You rang a buzzer, which didn't always work, to get out to the toilet. One toilet shared by every prisoner on that landing. If someone else was out you had to wait until they were back and their door locked before you could get out. Sometimes there were loads of girls waiting to get out. One time I waited 25 minutes.” (Sentenced prisoner)

“Sometimes you're waiting on the buzzer. But if someone else gets out before you then you have to wait. It depends who's in the bubble and whether they're doing their rounds.” (Sentenced prisoner)

“My buzzer, my buzzer is a nightmare. The week before I had to stand buzzing for the guts of 15 to 20 minutes and I started hammering at the door and nobody came. And I ended up – there’s one of them wee potty things under the bed – [says the potty leaked on the floor] and had to wipe it up. Called them for everything under the sun.”
(Vulnerable prisoner)

“I just find it degrading, every time I want to go to the toilet they know. Every time I want to use the toilet they know how long I’m on the toilet. I actually had a member of staff come to me on the three’s and ask me why I was using the toilet so often, when I had problems with my stomach, and she shouted out in front of the whole landing: did I have an infection or anything? Was something wrong with me, did I have an infection, which really embarrassed me and I couldn’t even see her, all I could hear was her voice. I had problems with my stomach at that time ‘cos of the medication I was on. She shouted it that loud that the whole landing heard her.” (Remand prisoner)

The same incident was recounted by another prisoner, overheard from behind her cell door:

“[Name] was picked on because someone asked her the other night why are you running to the toilet so much? She said, because ‘I have a bad bladder and I can’t wait’. Like, if you have to go to the toilet, you have to go. They shouldn’t be questioning how many times you go. The night staff are very slow at buzzing people out. I had to buzz twice last night to get out ... We should be buzzed out straight away, if you need out, you need out.”

Given that Hydebank Wood cells are small, there was concern that in-cell sanitation would be very cramped. Consequently, not all women prisoners welcomed the proposed refurbishment:

“Quite honestly, d’you see now, I actually prefer the fact that the sanitation is outside the cell. I know that women have in-cell sanitation provided here, but given the choice, I would gladly continue to use external sanitation, as opposed to the in-cell. Now, what does cause me worry is that this new legislation is stipulating that the, like, suicide cells ... that they’re going to fit these windows throughout. Can you imagine that combined with in-cell sanitation? It’s not a good prospect. And the thought of the summertime, which was bad enough heat-wise with the open window, now you’ll not be able to open a window at all.” (Long-term prisoner)

Her concern, particularly as a long-term, enhanced prisoner, was that for a minimum of two-thirds of each day she was locked in a small cell adapted to accommodate a toilet and a wash basin. Given the circumstances, she preferred more open access to a toilet and ablutions outside her cell. The expensive refurbishment of the Hydebank Wood houses is a clear demonstration of making a choice between two alternatives, neither of which meet the basic requirements of accommodation in a modern prison: electronic access to central sanitation or in-cell provision in a restricted space.

Staff also voiced concern that in-cell sanitation restricted the women’s opportunity to interact with officers through the locked gate at the end of the landing:

“I’m against in-cell sanitation because during lock-up women have the opportunity to leave their cells [to access the toilet]. ‘If you feel the walls are closing in on you’, I say, ‘come out of your cell, use the night toilet, take some air’. This gives the officer on the landing the opportunity to have a quick chat with the women and make sure they’re ok. I often don’t leave the landing during [day] lock-up. It’s important during lock-up they get out for a few minutes.”

While clearly being sensitive to the need for interpersonal contact during lock-up, particularly for those women distressed and/or depressed, this officer's comments also revealed a fundamental issue. Access to a toilet was being used to break the monotony and isolation of lock-up when the underlying problem was the combination of lengthy periods of confinement and lack of meaningful contact with staff sensitive to the immediate needs of those in their care. The two distinct provisions should not have been mutually exclusive. During lock-up women should have had access to adequate and appropriate in-cell sanitation and to supportive interaction with trained and sensitive staff.

"Thankfully now we have moved to Beech House and we have in-cell sanitation, which is a relief, and the cells are much cleaner because the cells in Ash were disgusting."
(Sentenced prisoner)

"The building [Beech] is a lot better than Ash. We've got more dignity back because of the toilets." (Focus group, 3s)

Although there are 'modesty screens' in front of the cell toilets, some women continued to feel vulnerable because of observations by male officers during lock-up.

"The officers can see your leg and it's mostly men checking on them at night. I time going to the toilet for when staff won't be checking. Lots of girls tell me they do the same thing." (Sentenced prisoner)

Education, training and work

The Inspectorates' unannounced inspection of Ash House found that Hydebank Wood management was having difficulty providing education, training and work to keep pace with increasing numbers in the Young Offenders' Centre. This was exacerbated by the arrival of women prisoners without extra resources. A new education centre (the skills and learning centre) was opened, but the number of teachers was insufficient to utilise the centre to its full potential. No written information was available for prisoners to inform them of the available education, training and work opportunities.¹⁴¹ Education was limited to literacy and numeracy skills and 'recreational' classes in cookery, art, craft and leathercraft. Accreditation could only be gained in basic skills and there were waiting lists for education classes. Women complained of the lack of parity with the young men held in the Young Offenders' Centre.¹⁴²

Research interviews confirmed that the issues identified by the Inspectorates remained pertinent. One woman, however, was notable in her praise of her experience in Hydebank Wood:

"I was only down here a very short space of time before I was enrolled in Open University studies. At the other place [Mourne House], it wasn't even a question. You wouldn't even think about studying – it took everything I had to try and get through the day, let alone worry about studying. Down here, doing Open University studies, I done far better than I could every have expected. I had every facility laid on. ... there's a more settled environment where you can look towards other things and expand your horizons." (Sentenced prisoner)

Her success, undoubtedly the consequence of professional support from teaching staff alongside the woman's dedication and ability, was unrepresentative of the educational situation in Hydebank Wood.¹⁴³

At the time of the research, it was not possible for all women to go to education as often as they wished. A manager confirmed that, of those women in prison at the start of the fieldwork, six were "on PAR [prisoner at risk]", and "six to eight don't have ability to do work outside". Just "12 at the top can go out to work and education". Teachers and women complained of "misunderstandings" through which teachers were kept waiting for women to arrive, while on the landings women were told by officers that classes were cancelled.

Even on a good day, time was lost from education classes through women waiting to be escorted between Ash House and the education centre.

Teachers interviewed in a focus group were agreed that, despite the serious problems associated with Mourne House, staff regretted the loss of the specifically female focus of its education centre:

“Here we have a general public library ..., but in Mourne and Armagh it was a woman’s library – I know that sounds terrible, that’s narrowing it down, but that was what was required at the time.” (Teacher)

The shared building for boys’ and women’s education and limitations on space resulted in security measures to ensure that women had no or minimal contact with the young men. This militated against the relaxed atmosphere that educationalists considered crucial to successful teaching and engagement with their students:

“We’re hamstrung here because we don’t even have the room; I mean we’re running around trying to find classrooms that have two doors so that the women can come in one corridor – except for this morning, of course, when they can go right through – but that’s beside the point. I don’t know. There was just an overall feeling [in Mourne House] that they were dedicated to the needs of this client group.” (Teacher)

“They’re very restricted here. They come from Ash House, they come down, they’re escorted; they go back.” (Teacher)

Teachers commented that some of the more vulnerable women seemed scared to attend the education centre, a situation that had not occurred in Mourne House:

“Proof of that actually would be what happened last week with the girls - on the landings. I would have the vulnerable prisoners in the morning for an hour. And then, afterwards, the girls are supposed to come over here for a session in the morning and another session in the afternoon. The girls were all saying ‘Can we please have in-house’ ... I had to go to the PO and ask ‘Can I do another session in-house because these girls do not want to go to education’. Obviously they don’t feel comfortable here.”

The teachers stated that the key issue was that of ‘ownership’. Vulnerable women did not feel confident coming into what they perceived as the young men’s territory.

The professional distinctions between the roles of teacher and prison officer were felt keenly:

“... the people sitting round this table [educationalists] - we’re very much involved with them [prisoners] as human beings and as students and so on, like that, but I certainly do think that some of the officers and some of the higher rankers regard ... you know: ‘keep them occupied, keep them quiet’ with as little amount of effort as possible. They don’t exert themselves. And, therefore, in not exerting themselves, they do not extend proper humanity towards the people who are in here.”

The contribution of non-statutory agencies, including Barnardo’s and Opportunity Youth, to education and programmes was noted by women:

“Like I’ve got a certificate in self esteem, you know. It’s learning about yourself; learning to say ‘no’. Learning to stand up for yourself in a nice, mannerly way, you know what I mean. She’s [the teacher] very, very good and she done like a parenting [course]. Learning about your children.” (Sentenced prisoner)

“It’s [contact with Opportunity Youth] been really good ... [Opportunity Youth worker] is really, really good and I probably trust her most.” (Remand prisoner)

“[Barnardo’s worker] and [Opportunity Youth worker] is brilliant. If it wasn’t for these staff in this prison we wouldn’t have like the right confidence ... I trust them very much and I’m just so relieved that we have them.” (Sentenced prisoner)

Physical education (PE) took place in the ‘male part’ of the Young Offenders’ Centre, but women went to classes at different times than those allocated to the young men. The PE manager was keen to develop the PE potential of Hydebank Wood for women:

“I would like my legacy here to be a brand new facility before I go. ... I know women well but it’s a different environment in prison and there are mental health needs.” (PE manager)

He noted that the women were interested in “cardio-vascular activity, games-based activity – at the moment volleyball”. There were plans to develop exercise for mother and babies including a pre- and post-natal programme. There were no facilities for yoga or other activities which are popular with women in the outside community.

“In the new year we’re supposed to be getting refurbished with a weights room and dance studio. We have spinning bikes in the store, aerobic steps in store, just ready to go. We do have female changing facilities, but the girls usually go back to Ash to change.” (PE manager)

PE was popular with those women who attended, but some of the most vulnerable women and immigration detainees did not have the confidence to go across to use the facilities. The PE manager was committed to developing activities to appeal to women. This included indoor bowls mats. He commented: “It may be appealing to the older ones but the young ones will enjoy it too”. His concern was that, “like everyone else we’re the poor relation of the prison service”. There were opportunities for physical exercise and recreation on the landings, some of which had a small room with exercise equipment to be used during association.

Women’s opportunities for work were significantly more restricted than those for male ‘young offenders’. Women were limited to gardening, employment as orderlies (domestics) within Ash House, and computing classes. Catering training in the kitchens was confined to young men and training in the building trades was also open only to the young men.

Visits and telephone access

Visiting for women took place in a large visits room shared with the YOC boys. At the time of fieldwork, three tables in the visits area were specifically allocated to women. There was a small play area for children. The legal visiting rooms overlooked the main visits area. In the early days of Ash, women were strip searched prior to each visit, whether personal or professional. Following the successful judicial review,¹⁴⁴ strip searching was reduced to a random one in ten. Yet random strip searching remains an intimidation to women, detracting from the enjoyment of the visit:

“It’s all power – we [prison officers] have the power to do this and we will do it if we feel like it. I think that’s what it’s all about – to show their power.” (Long-term prisoner)

Visitors waited in the NIACRO run visitors’ centre if they arrived early for a visit, or if they wished to seek advice from NIACRO workers. They then passed through security, including being sniffed by a drugs dog. There were no toilet facilities available once the visitors passed through security.

Women reported difficulty securing visits at weekends because of limited allocation. This was a problem for most women, but particularly for those with children at school or family members who worked Monday to Friday.

“Down here, you’re only getting an hour-and-a-half. Now I don’t like the visiting system down here, there’s very little privacy and the visitors have to sit the opposite side of the table from you, so I don’t like that. At Mourne House the visits were definitely better, without a doubt they were better; however, I couldn’t get the child-centred visits, which they do accommodate. They’re allowing two a month down here which is very good ... We’re up in the one corner. We’re up in one end of it, in the same big room. And they are pretty stringent on times – you know an hour-and-a-half and that’s it, whereas at the other place you could’ve sat on, maybe for two or three hours.” (Long-term prisoner)

Women were conscious of the presence of the young men from the Young Offenders’ Centre. They sometimes felt vulnerable and self-conscious sitting in the visits area, especially if their case had a high media profile. Mothers worried about the impact on their children of visits in a room shared with a larger number of male ‘young offenders’. Prisoners were not allowed to move from their seat during the visit and several spoke of their embarrassment at being spoken to by prison staff ‘as if they were young offenders’ in front of their visitors.

“Well they’re [visits] definitely not private. ‘Cos it’s us and all the lads all in one room. The alarm’s been pulled on the visits maybe three or four times since I’ve been in, and it’s my mother like. It’s the first jail she’s ever been in and it’s quite shocking for her, you know, ‘cos lads would be more prone to fighting and arguing in the visits. So, I think, if women had separate visits it would be a bit easier.” (Remand prisoner)

‘Child centred visits’ have been a welcome development at Hydebank Wood. They are ‘offered to females once a month rising to twice a month after a period of three months’.¹⁴⁵

One pay telephone was located on each landing, operated through a PIN card system whereby women had to give numbers to the Prison Service which were then put onto their phone card. The busy landings and long periods of lock-up meant that women sometimes had difficulty getting access to the telephone. Again, this was a particular problem for women with children and also for detainees with family in other countries. A young woman on a short sentence described how, “if we come back late from work you miss your phone time and they try to slot you in with just five minutes”. She added, “You only get 10 minutes, even if there are problems at home. It’s not fair on the long-termers”.

The prohibitive cost of telephone calls was also a major issue, especially for calls abroad.

“... since they put that new thing on the payphone, it literally eats your money up so it does.” (Vulnerable prisoner)

Food

The kitchen manager was working on a daily budget of £2.34 per prisoner to provide four meals, higher than the average daily cost per adult prisoner in England and Wales of £1.87, but lower than the average for young offenders’ centres at £3.81 per day, or the £2.50 per day for hospitals.¹⁴⁶ It was difficult to work on this budget to provide nutritious food even for prisoners on ‘normal’ diets. Added to this, provision for prisoners on ‘special’ diets such as those with diabetes or vegetarians created even greater challenges. The manager found it particularly challenging to provide food suitable for immigration detainees from different cultural backgrounds on such a limited budget. A woman, who had criticised the food in general stated her concern for a detainee: “they won’t even entertain the idea that she should get food appropriate to her culture”.

¹⁴⁵ Prison Service communication, February 2007.

¹⁴⁶ Walker D ‘The modern prisoners’ diet’ BBC News [Online] (4 April 2006) Available: <http://news.bbc.co.uk/1/hi/uk/4832552.stm> [8 January 2007].

Food was prepared in the main Young Offenders' Centre kitchen and brought to the women's unit. Women agreed that food was sometimes not sufficiently hot on arrival and that meals were sometimes missing, especially if new committals had just been received and needed food. Observations confirmed these difficulties.

Prisoners felt that there should be more variety of fruit available as this was restricted to apples, oranges and, sometimes, pears. Unless fruit was ordered as a desert, it had to be bought from the tuck shop and for many women this was not considered a priority compared to spending money on telephone calls and, for addicted smokers, cigarettes.

"I've heard the girls saying today's one of the best. It's possible. I've only had three meals, but it's OK." (Fine default prisoner)

"Sometimes the food's over-cooked, isn't it? Apart from that I can't complain. I'm a vegetarian and they do send up lovely vegetarian stuff. ... Veggie burgers and that." (Vulnerable prisoner)

Women on medium or long sentences agreed that they would welcome the opportunity to be able to cook their own meals, but this was not permitted for 'health and safety' reasons.

Sharing a site

Some women, who had experienced both Mourne House and Hydebank Wood, considered the site and buildings were significantly more pleasant than Mourne.

"The overall environment itself – to begin with – it's a much less oppressive environment. The other place – every single view you had was a twenty-five foot wall. Everywhere. Every view. Every angle you looked at. Here, you can actually see the real world, so to speak, on the other side of the fence. Even just to see the family or the children leaving ... they can stop on the road and shout up to me and I can wave and call goodbye down to them – it makes such a difference, instead of them just seeing me disappearing behind a big wall again." (Long-term prisoner)

In most women's prisons, enhanced prisoners have regular unsupervised access to the prison grounds. The shared site at Hydebank Wood, however, placed severe restrictions on women prisoners.

"Nobody's pretending that it's ideal – it's not ideal at all. There is male offenders in our midst, out and about in the grounds although, you know, we don't really have much dealings with them – very, very few. But, in saying that, [Governor] is making the very best of a bad situation for himself. I'm sure he didn't ask for the women to be transferred down here although he's certainly doing his very best to accommodate people as best he can." (Sentenced prisoner)

Women wanted increased access to the grounds:

"Yeah. I'd love to walk around the grounds. Even if it was only half-an-hour or an hour." (Focus group, A2)

"I haven't been offered any fresh air. ... I would definitely take a walk, I love walking.... If I'd the opportunity, I'd be out doing a bit of gardening."

An woman prisoner on the enhanced regime worked in the administration block and for several months was permitted to walk across from Ash House without a staff escort.

“Then it was took off me. They said it was because I could go behind one of the trees with one of the boys. They said it was for my protection. The boys were still able to walk about. Why give it me and then take it off me? It’s because I’m a woman I’m not able to walk across. They keep saying, ‘It’s one prison. We can’t give you things if we don’t give it to the boys’. But it doesn’t work the other way round. Personally, I think it’s sexual discrimination. You’re being punished because you’re a girl.”

Resentment over restricted access to the site was matched by other inconsistencies between the regimes:

“We can’t go down to the yard or over to the doctor. We need an escort here all the time except when we’re on the landing. The [male] SP [Special Privileges] can walk about, but the girls can’t. The SPs are allowed out [association] until nine but we’re locked at half-seven”. (Sentenced prisoner, enhanced)

“Even walking to the house, to the education or even to the gardens – it’s not very far but you have to be escorted at all times. I know they have to do that because of the lads, but it’s not very ... it’s like the women are just all thrown in to this wee corner of this YOC ‘cos there is nowhere else for them.” (Young prisoner)

Some of the women’s sons and partners were imprisoned in the male Young Offenders’ Centre and it was particularly painful and demeaning not being permitted to exchange words or even smiles when their paths crossed on site.

“My son was over here in the YOC and I spoke to him in education. You’re not supposed to speak to them but what could I do? It’s very strict here.”

“... you know I have to watch him [her partner] walking about, but I’m not allowed to talk to him or nothing. ... I just feel sick half the time. ... it just makes me feel sick if he even walked past me. If I even stop for two seconds I get shouted at to move on.” (Short-term prisoner)

Other young women on remand were accommodated in close proximity to their male co-accused. The impact of the shared site went beyond lack of access to the grounds. Women described how they were also subject to increased security and lock-down as a result of sharing the Young Offenders’ Centre with the boys:

“Even if the wee lads are kicking off in Elm [a male YOC house] they lock us up. It takes about 30 of the staff to deal with it. You should see them running.” (Focus group)

And rules were developed seemingly in response to issues arising from the Young Offenders’ Centre:

“We’re getting punished because the wee boys had a fight and one hit the other with a snooker cue.” (Focus group)

Professionals who were interviewed unanimously agreed that the shared site created problems and that, in an ‘ideal world’, a women’s prison would never be placed within a male prison:

“In the first couple of weeks I was here, a woman was put in the obs [observation] room in the hospital. If the hospital was in a woman’s prison she could wander freely. That can’t happen here.” (Healthcare professional)

“For someone on a long sentence, how do you assess risk? By giving them trust and decisions. Here you can’t do that. How can you assess the risk of home leave if you can’t assess prisoners in the grounds?” (Professional)

“Women in prison within a prison will never function fully.” (Professional)

Recommendations

Women prisoners should never be transported in vehicles with male prisoners. (Recommendation 6)

Strip searching (described as 'half and half' body searching) should not form part of routine procedures. (Recommendation 7)

There should be an end to all strip searching except in situations where risk assessment demonstrates the necessity to protect the woman or others from serious harm. (Recommendation 8)

On reception, all women should be provided with an information pack outlining, in accessible and informal language, the expectations and practices of the regimes, the rights of prisoners and the availability of help and support during the first days of imprisonment. Care should be taken regarding literacy and language. The pack should be developed in consultation with women prisoners. (Recommendation 9)

The regime within the women's custody unit, regardless of the status of prisoners, should prioritise constructive and creative engagement with an emphasis on interaction between prison officers and prisoners. (Recommendation 10)

Extended periods of lock-up and cellular confinement should be ended. Women prisoners should not be locked in cells for more than 12 hours a day, including Sundays. (Recommendation 11)

A full review of regime progression (basic / standard / enhanced) should be initiated, and the practice of offering access to basic facilities as 'privileges' ended. (Recommendation 12)

While regime progression remains, women prisoners on the 'enhanced' regime should receive their entitlements. (Recommendation 13)

The women's custody unit should provide for women prisoners held under separation arrangements. (Recommendation 14)

Current telephone arrangements should be abandoned. Access to telephones, including during lock-up periods, location and cost should be reviewed. A new system should respect women's right to privacy and maximise contact with family and friends. (Recommendation 15)

Long-term and life sentence prisoners should be housed in separate accommodation enabling responsibility for the management of their daily lives. (Recommendation 16)

Women prisoners should have access to a full range of education, work and rehabilitative programmes, including preparation for release and the 'working out' scheme. (Recommendation 17)

There should be no gender discrimination in vocational training or work opportunities provided by the prison. (Recommendation 18)

Chapter 7

Mental health

Human rights standards

People suffering from mental illness ‘and whose mental state is incompatible with detention in prison’ should be in an institution specially designed for the purpose. When people with mental illness are in prison, there should be special regulations to take account of their status and needs.¹⁴⁷ Healthcare in prison should be linked to the healthcare system in the community.¹⁴⁸ The right to life (Article 2 of the European Convention on Human Rights [ECHR]) and the right to be free from torture, inhuman and degrading treatment (Article 3, ECHR) are of particular relevance to the mental healthcare of prisoners.

Context

In April 2002, one year after its inception, the Northern Ireland Prison Service Review Group published its report on prison healthcare services.¹⁴⁹ In broad terms, the review was positive. Healthcare standards compared favourably to those within the wider community and to prisons throughout the UK. Healthcare staff were considered to be professionally well-qualified and the ‘multiply deprived’ population they dealt with included those with the most complex physical and mental conditions. Yet the Review Group found leadership, communication, co-ordination and consistency lacking across the Prison Service, particularly noting deficiencies in clinical audit and clinical governance principles. It made 60 recommendations and identified inherent institutionalised tension between healthcare professionals and discipline staff on the landings regarding the day-to-day, hour-by-hour identification of, and response to, the immediate healthcare needs of prisoners.

The Review Group expressed serious concern over the lack of professional support available throughout Northern Ireland’s prisons for those prisoners diagnosed as personality disordered. It considered a starting point for meeting their needs should be separate accommodation provision, where ‘management, assessment and treatment’ could be appropriately provided thus ‘reliev[ing] other parts of the prison system in dealing with a tiny group who create managerial difficulties out of all proportion to their numbers’.¹⁵⁰ It was the Review Group’s view that prisoners diagnosed as suffering from a psychiatric illness should be transferred to a secure hospital.¹⁵¹ While the assumption of a precise boundary between personality or behaviour disorder and mental illness remains contested, the Review Group attempted to address the problem of holding those diagnosed or classified under either heading in a prison setting. Under existing arrangements, their needs were not met and their presence made disproportionate and inappropriate demands on prison management and staff who were ill-equipped to meet the complexity of their needs.

Additional to those prisoners diagnosed behaviour disordered or mentally ill was a third category: those increasingly sent to prison, ‘exhibiting various degrees of anxiety and depressive moods’.¹⁵² These included the vulnerable and a ‘small number’ of violent and disruptive prisoners for whom the Prison Service had no strategy. What was needed was a co-ordinated and comprehensive mental health strategy reliant on the delivery of cognitive behaviour therapies delivered by specialist nurses. The Review Group expressed its concern regarding the use of austere observation cells judging them ‘inappropriate for prisoners who are anxious or depressed’.¹⁵³

Within the context of these three categories the Review Group identified the key issues facing a criminal justice system in general, and a prison service in particular, that had neglected to deal adequately with its most vulnerable and damaged prisoners. Yet conspicuously absent from the report, despite the Review Group’s visit to Cornton Vale women’s prison in Scotland, was any discussion or analysis of the substantial

147 The European Prison Rules, Revised European Version of the Standard Minimum Rules for the Treatment of Prisoners (2006) Rule 12.

148 United Nations Standard Minimum Rules for the Treatment of Prisoners, Rule 42.

149 Northern Ireland Prison Service (2002) *Review of Healthcare Services* NIPS, Belfast.

150 Above, para 6.10.

151 A recommendation which would require amendment of Northern Ireland’s mental health legislation.

152 Above, para 7.5.

153 Above, para 11.2.

gender-specific issues faced by women and girl prisoners. The Human Rights Commission's report on Mourne House concluded:

'There was no consideration of menstruation, pregnancy, post-natal provision or menopause. The physiological and psychological consequences of sexual, physical or mental abuse were absent from the review. Neither was there any discussion of prescribed drugs or treatment programmes specifically designed for women entering prison or being prepared for release. The impact on long-termers of the deprivation of motherhood, so regularly raised by women prisoners as the primary contributor to depression and anxiety, appears to have been overlooked. The Review Group addressed its fundamental review of healthcare provision as generic. It failed to consider the crucial issues not only of gender and age but also of sexuality, ethnicity and disability. There was no recommendation that in initiating and developing a coherent healthcare strategy these issues and their associated particular needs and risks would be identified and addressed.'¹⁵⁴

A year later, in March 2003, the Prison Service published a policy draft on self-harm and suicide prevention with a view to identifying prisoners at risk and providing 'necessary support and care'.¹⁵⁵ Its objectives were established under the headings of identification, intervention, regime management, policy implementation and training. Each prisoner would be risk assessed to establish individual needs and then managed by an appropriately skilled team. Central to this process would be 'maximum contact and support from staff and persons outside the prison' to enable 'a prisoner's recovery from a crisis'.¹⁵⁶ Within the prison 'regime opportunities' would be developed to deliver 'good quality of life' with discipline staff made aware of the 'positive contribution they can make to improving the quality of life for prisoners in their care'. To that end self-harm and suicide prevention programmes would be delivered to healthcare, reception and selected residential (discipline) staff.¹⁵⁷ The draft policy affirmed that '[a]ll staff carry an equal and continuing responsibility for the management of prisoners considered to be at risk of committing suicide or other acts of self-harm'.¹⁵⁸

Introduction of Prisoner at Risk process

On 30 April 2004, the Prison Service introduced the Prisoner at Risk (PAR1) booklet and procedure. The process is initiated when a prisoner is identified as being at risk and a PAR1 booklet is opened on the prisoner. Once this has happened, the prisoner is referred to by staff as 'being on a PAR1'. Following on, the Residential Unit Manager speaks with the prisoner, checks the prisoner's records, decides how to proceed in consultation with healthcare and other staff, and establishes a management plan if the prisoner remains on the residential landing. On the landing, he or she is supported by a multidisciplinary case conference (PAR meeting) to decide on a personalised care plan, helped by residential (discipline) staff and other agencies and supervised with entries logged in the prisoner's PAR booklet. Further case reviews are held when considered necessary. Should there be an emergency, healthcare centre staff are immediately notified. The Residential Unit Manager is expected to involve healthcare centre staff should there be actual self-harm, active suicide risk or possible mental illness. On referral, healthcare centre staff make an appropriate interim assessment for care on the residential landing or for admission to the healthcare centre. An assessment is made by a doctor within 48 hours. A PAR1 is closed when the prisoner 'appears to be coping satisfactorily' and a multidisciplinary conference is held which also involves direct or consultative input from the prisoner.

¹⁵⁴ *The Hurt Inside* 2005 pp 75-76.

¹⁵⁵ Northern Ireland Prison Service 2003 *Self Harm and Suicide Prevention Policy (Draft)* NIPS, Belfast, p 3.

¹⁵⁶ Above.

¹⁵⁷ Above, p 4.

¹⁵⁸ Above, p 5.

Guidance Notes accompanying the PAR1 booklet establish the following: the PAR1 is a team document with access given to all staff and agencies 'working to care for the prisoner'; it establishes the care to be provided to prisoners at risk and, in consultation with them, plans the way forward; it provides a healthcare assessment, daily log documenting 'any relevant events or information regarding the prisoner's mood and/or behaviour appertaining to the overall care of the prisoner' and a full record of multidisciplinary case conferences. Case conferences 'share information and evaluate the prisoner's progress' and should be 'used to prevent a crisis, manage a crisis and to plan continuing care'. Each prison's suicide prevention co-ordinator co-ordinates 'reviews with residential managers'.¹⁵⁹ In opening a PAR1, staff are reminded that its purpose 'is to ensure that as much help as possible is given to a prisoner during a difficult period when he/she may be at risk of self harm or following self harm'. Staff are also instructed to explain why they are concerned and to 'record what the prisoner says about his/her situation' and to make suggestions as to 'what you think should be done about it'.¹⁶⁰ Further, a PAR1 checklist details all aspects of the prisoner's access to bedding, clothing and other items.

In addition, the Prison Service has initiated a 'Self-harm/ Attempted Suicide Summary' document. It defines self-harm as 'any act where a prisoner deliberately harms themselves irrespective of method, intent or severity of any injury. Noose/ligature making should also be reported'.¹⁶¹ The summary document lists location; cell type; occupancy; self-harm method; ligature point; hanging/self-strangulation method; ligature type; location of cuts/scratches; type of instrument used; treatment required; self-poisoning/ overdose/ swallowing; type of burning; who administered treatment; resuscitation; inpatient healthcare; outside hospital; and PAR1 details. Hydebank Wood Healthcare Services also issues detailed forms for Crisis Support – Self-Harm, Short Mental Health Assessment and Full Mental Health Assessment.

In developing its policy for responding to self-harm and suicide, the Prison Service continued to marginalise the needs of women and girls. By late 2004, the new policy was operational and bedded in, yet the Inspectorates were concerned that a 'documented health needs assessment had not been undertaken' to meet the 'specific healthcare needs of women'.¹⁶² The Inspectorates found that broader policy and local responses failed to address the specific needs of self-harming or suicidal women remained. Noting that Ash House was responsible for 'some very difficult and damaged women and girls with high levels of mental health needs and traumatic histories', the Inspectorates found 'evidence of inappropriate care with little therapeutic focus' and 'a need for more specialist care and training for staff'.¹⁶³

In assessing the operation of PAR1s, the Inspectorates queried why, in some cases, PAR forms had been opened. They also questioned the levels of attendance at multidisciplinary conferences and lack of contact by the prison with families or friends in providing support for prisoners at risk. The most serious criticism concerned the 'inappropriate treatment of young women at risk, some of whom were children'. The Inspectorates found some young women 'held in unfurnished cells for long periods with few personal possessions'. There was too much reliance on 'anti-suicide suits' as a first response and one young woman had been in an anti-suicide gown for more than seven weeks.¹⁶⁴ The Inspectorates criticised a 'lack of therapeutic plans to address the underlying problems' and the use of punishment to manage women's 'problem behaviour'.¹⁶⁵ Consistent with well-established research, noted in Chapter 2, the direct consequence of punishing depressed or distressed women and girls was their reluctance to disclose 'feelings of vulnerability' because of 'fears how staff would respond'.¹⁶⁶

159 Guidance notes on PAR1 and Multidisciplinary case conference provided by NIPS.

160 Northern Ireland Prison Service (undated) Prisoner at Risk Booklet NIPS, Belfast, p 1.

161 Northern Ireland Prison Service (undated) *Self-harm/ Attempted Suicide, Summary* NIPS, Belfast.

162 Ash House inspection 2004 p 35. Although a 'Female health needs assessment' was conducted by a management trainee as part of his studies in November 2005, his report was not made available to the researchers until February 2007.

163 Above, p 24.

164 Above, p 25.

165 Above.

166 Above, p 26.

Although the Prison Service states that PAR training was delivered in June 2004 within a five day induction programme for all staff transferring to work in Ash House,¹⁶⁷ over two years later the Inspectorates concluded that staff had not been trained in the ‘new PAR process’. They also found that incidents of serious self-harm were not routinely investigated. Further, there were ‘generally insufficient specialist resources to respond to the needs of women’; ‘little counselling provision for victims of physical or sexual abuse’; ‘little help for prisoners who had left their children in the care of others and those with mental health problems who would have benefited from the services of social workers and mental health-trained staff’.¹⁶⁸ In February 2007, under cross-examination at the inquest into the death of Roseanne Irvine, the women’s governor stated that, while ‘all staff should be trained’ in PAR1 there had been ‘no formal training’. She reassured the Coroner that Ash House staff were ‘very able’ and trained ‘on site’ by senior officers’. She concluded: ‘I personally feel that formal training is not necessary’.¹⁶⁹

Healthcare practice at Hydebank Wood – findings from the current research

The healthcare centre in Hydebank Wood is a facility shared by boys and young men and women. It comprises a laundry room, dental unit, treatment room, kitchen, a male and female observation room (each with closed-circuit television); a holding room where all furniture is fixed to the wall; a ‘safe room’ with an open toilet, sink, plastic plinth with mattress and radiator; and a ‘safe’ shower and bathroom. Staff commented that a more private toilet in the ‘safe room’ would be preferable. There is a cell for an orderly and two, three-bedded dormitories. At the time of fieldwork, staff accepted that the dormitories afforded little privacy. There were plans to divide one of the dormitories into a ‘private’ two-bed dormitory with Velcro curtains and to divide the other to provide separate cells with *en suite* for women. The centre also has an ‘association room’ with plastic covered sofas, a television and table. Previously, there had been a ‘back cell’ but this was now used as a store room. There is a small garden at the rear of the centre. Upstairs are offices, medical rooms and staff rest areas.

Prior to the transfer of women and girl prisoners to Ash House, Hydebank Wood’s head of healthcare and its psychologist visited Mourne House. The personal history and health records of each woman were examined to establish personalised and appropriate provision. Priorities included obstetrics, gynaecology, smear tests, female services and provision of post-natal and baby care.¹⁷⁰ In interviews, several managers commented that it was difficult to secure health-related services and appointments because Hydebank Wood had been caught in the wake of ‘bad press’ surrounding Mourne House. A GP service was required from the first day and the Governor was committed to appointing a woman doctor and female mental health nurses. The Prison Service has confirmed that both the healthcare manager, and the nurse appointed to take the lead healthcare for Ash House, had previous experience of working with female prisoners.¹⁷¹ According to a senior healthcare manager, however, male nurses had to be “educated to work with women”. The post-transfer period was “to an extent on the hoof”, but she “knew the priorities”. There was no set training, “more mentoring, going through what women would need”.

The healthcare staff “dealt with the move as best they could”. Regarding residential mental health provision in the healthcare centre: “we had already started with the boys, providing anti-ligature rooms on the landings”. It was decided that the healthcare centre “cocooned” prisoners from life on the landings, thus creating problems for their return and, in the future, prisoners would be transferred to the healthcare centre only if the situation was “serious”. It was recognised that the healthcare centre offered a restricted and isolating regime:

167 Prison Service response to Human Rights Commission, February 2007.

168 Above.

169 Evidence of Women’s Governor to the Coroner’s Inquest, 5 February 2007.

170 At the time of writing, the Prison Service informed the Commission that smear clinics are offered monthly and breast screening, maternity and gynaecological matters are referred to local hospitals.

171 Communication with the Human Rights Commission, February 2007.

“Because we don’t have the mass there is an isolation feel here [healthcare centre]. It is a calm, tranquil atmosphere, a wee garden where we can take the women for walks, visit the greenhouses. But, if there’s only one or two down here, it’s hard to maintain wider contact and to go back to the landings for reintegration.”

On paper, time spent out of cell within the healthcare centre was similar to unlock on the landings. Thus, prisoners should have been unlocked between 8.00am and 12.30pm, 1.30pm and 4.00pm and 5.00pm and 8.00pm. Yet this could not be achieved if there was a mix of male and female prisoners. Further, 18 months after the transfer of women to Hydebank Wood, an occupational health timetable was still “under consideration”.¹⁷²

In comparison to the services available at Mourne House, there was increased access to psychiatric and psychological services in Hydebank Wood, but it remained limited. A female consultant psychiatrist provided two full-day sessions each week, split between women and the young men. There were also two psychologists, a principal and a graduate trainee whose duties to the young male and female populations, included individual referrals; generic needs analysis; anger management; anti-bullying; sex offenders; lifers; suicide prevention; working with vulnerable prisoners; resettlement; and ETS [enhanced thinking skills]. It was considered ‘unrealistic to be able to deliver to all areas a quality service’. The diversity of the prison population, age and gender differences, and the sheer weight of numbers of those considered vulnerable, mitigated against adequate provision.

The head of healthcare, reflecting a view shared by all managers interviewed, stated that many women prisoners suffered “complex behavioural problems” which could “not be dealt with adequately in prison”. Ironically, as one of the psychologists, stated, “we deal with those women who have been let down and failed by services in the community where facilities are dire”. Also reflecting a commonly-held view, she continued:

“The damning thing for more vulnerable women is that they have more care, more stability, more interest in them in prison than in the community. It’s the one place that you don’t think they’d have that care and appropriate resources.”

There were also problems in responding to those diagnosed as personality or behaviour disordered. The head of healthcare stated:

“They don’t always want to come over here. It’s difficult to know what to do in prison. It’s make them as safe as possible, we have a duty of care to keep them safe. It’s about talking through with them. Personality disorders are considered not treatable. This restricts who we can treat. Behavioural disorders are connected to mental health issues and historically they were treated together.”

One of the psychologists stated that legislation reinforced the division between mental illness – “services open” – and personality disorder – “services restricted”. She identified the need for more appropriate provisions for prisoners diagnosed as personality disordered. She continued:

“There is limited knowledge of what works and with whom. Sometimes doing nothing helps more than doing something. Being able to have systems that look at the needs of the individual and not the needs of the label. We shouldn’t be excluding people because of personality disorder. There is always cross-over with other issues, mental health,

¹⁷² Later, the Prison Service senior management explained that limited resources in the community frustrated plans to provide a full occupational service. At the time of writing, the Prison Service informed the Commission it had approached the South and East Belfast Health and Social Services Trust for extra provision but ‘unfortunately they do not have the resources available to accommodate any increase in provision within their current staffing levels’. Communication with Human Rights Commission, January 2007.

relationships, alcohol, and so on, and the systems and supports should be in place that are more responsive to needs. Borderline personality disorder is most common among women but not everybody shares the same features. The diagnostic tools broadly describe the condition but not everybody has the same characteristics. We need to get beyond the label and not repeat the rejections and failed attachments."

When women first arrived at Hydebank Wood "discipline staff had little training" and it was "almost black and white that therapeutic intervention clashed with discipline intervention". Some officers had "come to understand", while others "see themselves as just prison officers". A new direction was considered paramount:

"It took a period of time [to establish] that treating people negatively reinforces negativity. It is about saying that treating positively and constructively is not a reward but gives higher self-esteem ... The prison officer role has changed. A more therapeutic slant is needed to the discipline. Before, the officer was at the desk, the prisoner in the room. Officers should be in the room forming a professional relationship. It's about understanding people's day-to-day lives, picking up on issues. Part of the professional relationship is to integrate. One of the [officer's] duties is to integrate."

Medical provision for women had evolved and a nurse is allocated to the female house from 8.00am until 8.00pm.¹⁷³ In her evidence to the Roseanne Irvine inquest, the women's governor stated that psychiatric cover is available for women '70 per cent of the time' but it would be 'rare' at night, the most vulnerable time for those with mental health needs.¹⁷⁴ Whatever the problems at Mourne House, from a healthcare perspective the design of the unit with an on-site, discrete healthcare centre with residential accommodation was positive. The healthcare professionals were agreed that the only model for appropriate healthcare provision was a discrete women's facility with fully trained, designated staff on duty day and night.

At the time of fieldwork, the full complement of staff was four Registered Mental Health Nurses (RMNs), four State Registered Nurses (SRNs), and five Healthcare Officers (prison officers with six months Home Office training).¹⁷⁵ The head of healthcare considered the staff in post to provide a good service, but staffing fell far short of initial plans and of what was considered to be adequate:

"When the women [prisoners] came down here I asked for six female RMN staff who would know the complexities of women. Under equality that couldn't be guaranteed. I wanted it gender-specific. They did not agree ... the six staff. The first two were both male, psychiatric and general; the next psychiatric nurse was male. There are various reasons why it didn't work. I now have one female RMN ... Even three women RMNs would be preferable."

It was not possible for the healthcare centre to function autonomously because prison regulations and agreements with the Prison Officers' Association had set boundaries to working practices. The agreements constrained the appointment of female staff in the provision of psychiatric cover for women and the head of healthcare stated that provision fell short of that which could be provided within the community. Further, shift patterns were "not conducive to the delivery of appropriate healthcare". The healthcare centre "can operate as a therapeutic community but only when there are enough staff". There was uncertainty and staff demoralisation regarding the future management of healthcare across the Prison Service as healthcare trusts in the community prepared to assume responsibility.

¹⁷³ Prison Service communication, February 2007.

¹⁷⁴ Evidence of Women's Governor to the Coroner's Inquest, 5 February 2007.

¹⁷⁵ In a communication from the Prison Service, February 2007, it was claimed that three Nurse Officers had a psychiatric qualification. That qualification was not specified.

The introduction of PAR had been “forward thinking”, with the PAR1 a “very active and workable document utilised every day”. The process had “helped staff understand that self-harm is not attention-seeking”. Yet there was still a concern regarding restrictions on professional experience and knowledge:

“We should be able to make our own clinical assessments based on our experience. We should be able to make a judgment for the benefit of the person. Healthcare officers have a limitation on training and they will not go against the PAR. They work to the documentation.”

From June 2005, Cognitive and Behaviour Therapy (CBT) was introduced. Provision of three part-time CBT nurses and a female psychiatrist were sourced from the South and East Belfast HSS Trust. From September 2005, the CBT nurses took female referrals and from then until August 2006, 34 female prisoners were referred to CBT. At the time of writing, the Prison Service senior management informed the Commission that 16 staff in Ash House had received CBT training. According to the Prison Service, ‘CBT has proven to be one of the most positive developments in Healthcare.’¹⁷⁶ Observations of the PAR process (detailed below), however, demonstrated the difficulties of providing appropriate mental healthcare within the existing prison environment.

In response to the recommendations of its ‘re-integration survey’,¹⁷⁷ the Prison Service also made available CRUSE Bereavement Care facilities for women prisoners.

Women prisoners’ experiences

Women with drug and alcohol dependencies, often a combination of both, arrived at the prison not only in poor physical health but also in highly disturbed, emotional states. They required specialised, coherent and personalised medical care sensitive to their social as well as psychological and physiological circumstances. Yet provision was arbitrary and inadequate. The Prison Service states that ‘each female prisoner is required to undergo a clinical assessment on committal to prison. Treatment is administered according to clinical need’.¹⁷⁸ Yet a sentenced prisoner stated that on reception, “I was asked if anything had changed with my notes. Then it was off to the cell and nothing to help me sleep at night ... Women coming in need something to calm them down and help them through the first night”. A remand prisoner summed up the frustration shared by several others:

“While you’re doing your detox it’s not in your compact to go to the gym. But the psychiatrist hasn’t seen me for 26 days. They go on about the teams they have. They make it sound like the ‘Priory’. But when you get here, the harsh reality is you’re left to do it on your own.”

A woman admitted with a known drug dependency stated that, since her previous experiences of prison, there had been “no improvement over medication”. On arrival, her medication had been discontinued; there “was no prescription waiting for me and they wouldn’t give me the prescription I came in with”. She did not see the doctor immediately and had “a really bad first night, it was a nightmare, I was hot and cold and started withdrawing ... it took me back to when I first came in [to prison]”. She was concerned at what she perceived as a lack of communication and consistency with prisoners’ doctors and healthcare in the community. In her experience the policy was “as soon as women come in they want them off drugs and there needs to be some sort of a substitute to help with withdrawals”. Without an out-of-hours general practitioner service, women admitted to prison after the surgery had closed were refused a prescription or access to the drugs prescribed outside prison. They were left to withdraw overnight and sometimes for longer periods. At the time of writing, out-of-hours access to the GP was by telephone only with no out-of-hours visits by doctors to allow for prescribing.

¹⁷⁶ Prison Service communication with Commission, February 2007.

¹⁷⁷ Northern Ireland Prison Service (2005) *The re-integration needs of women prisoners in Northern Ireland* NIPS, Belfast.

¹⁷⁸ Prison Service communication with Commission, February 2007.

In July 2006, after the end of the fieldwork, the Prison Service published its 'Policy on Alcohol and Substance Misuse', outlining 'clear protocols for detoxification'.¹⁷⁹ Within the 28-page policy document there is no mention of the circumstances or needs specific to women. It states that 'each establishment is required to formulate a local policy on Alcohol and Substance Misuse' under the direction of a 'local drugs co-ordinator'.¹⁸⁰ It would appear that gender-specific needs are to be identified at the local level. In the section, 'Treatment, Rehabilitation and Public Health', the Policy discusses a brief selection of relevant research regarding the 'central link between crime and alcohol and drug use'.¹⁸¹ Yet in this discussion there is no reference to gender or to the research that establishes the need for gender-specific interventions. This is a strong illustration of the Prison Service writing a generic policy that leaves responsibility for identifying and acting upon matters specific to women to the discretion of local managers and staff. Put another way, the policy fails to meet the requirements of gender specificity.

The distress of living in a volatile atmosphere and the potential for the debilitation of women attempting to develop coping strategies was well illustrated by a settled, sentenced prisoner.

"I had a hard time on the 2s [landing]. One of the prisoners there tried to hang herself. We knew something was wrong, she was making funny noises and I pressed the panic button. [Prison officers shouted] 'It's only Mad [name]; 'She could have at least set it up properly'. They C and R'd [Control and Restraint] her and put her down the Block. You're behind the door and don't know what to do. I wanted her to be treated with respect. She needed help. It only took a few seconds to treat her as a person, not a piece of scum. A week later, she set herself on fire – she was on a PAR1. I asked why she didn't have a suicide suit on. We had to live with the smell. I couldn't stop crying for days and I was moved. I have lost about five friends and it brought it all back. It was the feeling that they didn't want to help her. Even when I didn't want to cry the tears kept coming."

Women entering prison identified 'at risk' have a PAR1 opened to ensure constant monitoring. The committal landing, accommodating new arrivals, fine defaulters and others on very short sentences does not lend itself to a settled and therapeutic regime for those entering the prison in a particularly distressed and vulnerable state. The following account demonstrates the contradiction and the consequences:

"Reception was OK. I had to strip and have a shower. I was embarrassed. I seen the nurse when I was down there. They said they'd put me on a PAR1. I was in on Friday and stayed 'til Tuesday until I'd seen the psychiatrist. I was put on the 3s [A3 Committals Landing]. I tried to strangle myself and they brought me to the 1s [A1: Special Support Unit and Segregation Unit]. I tried to strangle myself – I still get days like that. My moods are all over the place. I felt as if the staff were against me. They put me into a camera cell and made me wear a canvas dress and took everything off me. The things don't fit you; they're not tight on you. I just felt embarrassed. You need staff who understand and they know what you are talking about. I've started to open up. Some seem genuine." (Remand prisoner)

The researchers made eight return visits to observe the operation of the A1 regime and held up to four repeat interviews with women held there. They also attended PAR multidisciplinary meetings and observed the transfer of one woman from A1 to the healthcare centre and her return to A1. During this period, the woman asked to be re-interviewed on several occasions. The first impression on entering A1 during unlock was that of few women occupying a large, spartan recreation room. Floors, walls, furniture and facilities were basic and no attempt had been made to create a warm, therapeutic space. Three women sat on hard chairs at

¹⁷⁹ Prison Service communication with Commission, February 2007.

¹⁸⁰ Northern Ireland Prison Service (July 2006) Policy on Alcohol and Substance Misuse, p 9.

¹⁸¹ Above, p 16.

utility, canteen-style tables, smoking roll-ups. A television was occasionally switched on; the regime appeared to consist of doing nothing.¹⁸² Once a week, a craft class was delivered in the recreation room. The women enjoyed the class and stated that they would benefit for more classes. Sporadically, the women interacted with one of the two officers on the landing. Officers spent most of their time at the desk in the open area between the recreation room and the cell corridor.

The tension of having the punishment unit located on the same landing as the special supervision unit (SSU) was raised in an A3 focus group. One woman commented that she was transferred to A1 “for cannabis”: “They took my underwear and bra and gave me a track suit. There was male officers there.” A young woman (Young Offender) who had been on A1 for ‘bad’ behaviour stated, “People for punishment shouldn’t be put in A1 with vulnerable people”. A professional worker confirmed that A1 was being used “as punishment ... a punishment wing”. She believed that “A1 should only be used if there’s a serious risk of harming themselves”. A sentenced woman prisoner summed up her experience:

“They punished me for cutting myself. I’m still hearing the voices and I’m not on the right medication. When I’m unlocked I’m doing nothing at all, just sitting here smoking. The nurse comes and gives me tablets, but I’m not getting the right medical help in here. The doctor says he can’t help me. I really need someone to talk to. I get no counselling whatsoever. When I was on 23-hour lock-up the staff didn’t even bother to talk to me. I was just stuck in the cell with a camera. Being in the cell with a camera there’s no privacy or nothing. Your dignity’s taken away from you. They just said, ‘It’s your own fault you’re behind the door’.”

A focus group held in Beech House A1, following the women’s transfer from Ash House, provided a snapshot of the regime. They felt there had been a marked deterioration and, as a relatively small group of vulnerable women, they were given significantly poorer conditions than women held on the other three landings. While other landings had evening association - “we’re often locked”. The focus group made the following comments:

“I asked if I could use the phone, but there was other people using our phone and we were locked.”

“Yeah. This is a vulnerables landing and we should be out [of the cells] more. When you’re in your cell things go through your head.”

“Because we’ve got problems, if we’re locked in our cell so long things get to us. You just dwell on stuff.”

“We get nothing, just two hours when someone comes over to do stuff each week. We don’t even have a radio in the [recreation] room.”

“And the only work we get is cleaning.”

A woman on the enhanced regime was frustrated that her progress was not recognised: “... because I’m on the 1s, they think I’m standard. I’m treated like I’m something bad”. At the time of the focus group interview, the women complained they were restricted to three cups of tea a day and there was a shortage of sugar.

In Beech House, in-cell sanitation had reduced contact with staff and their isolation was difficult to handle: “When you’re in your cell with the door closed, only if you’re really, really ill does the door open. From quarter-to-four to eight the next morning – that’s a bit of a lock-up”. Another woman talked of isolation as exacerbating her propensity to self-harm:

¹⁸² In response to this observation, the Prison Service stated that ‘although the regime on A1 was limited, prisoners had access to jigsaws, painting by numbers and games in the association room’. Communication with Commission, February 2007.

“I get a lot of thoughts and visions. It makes me down. It [self-harm] relieves the tension. [Outside] I used to go to a day centre which was helpful. You were among people. Sometimes in here I feel so isolated.” (Remand prisoner)

A lack of control over contact outside the prison heightened the feelings of isolation: “My Mammy phoned in to say that my sister had had a wee girl but I didn’t get the message. She leaves messages to be passed on but it doesn’t happen”. Such a fundamental lack of communication, particularly with close family, added to the distress endured by the women on A1: “It freaks me out, it gets me going to think they’ve read my letters about my son and the letter’s been sitting there in the office”.

Another example of being excluded from significant personal decisions occurred during an interview with a self-harming woman on A1. During that afternoon, her case was being heard in court and her solicitor was confident she would be granted bail. Constantly looking at her watch, at 4.50pm she was told by telephone that the case had not been heard and there would be no bail. She returned to the table crying. Minutes later a prison officer walked to the door of the recreation room: “That’s it for those for the gym, OK? The others – Lock-up”. The woman, clearly distressed, apologised, rose from the table and shuffled to her cell. Her cell door locked, she was left in isolation to reflect on the news she had just received. It proved to be the beginning of a particularly difficult period during which she self-harmed and was admitted to the healthcare centre observation cell (field notes).

The contradictions and tensions between treatment and punishment, between care and coercion, are well illustrated in the following account:

“All of us women are vulnerable, we’re all vulnerable. Three weeks I was on the 1s [A1] and it did my head in. I was there for punishment and it did my head in. Sometimes I go in [for counselling], but how do we know if she’s [the counsellor] talking to staff?”

“Where’s the care in healthcare? If I’m feeling down, they say there’s always someone available and there isn’t. If we display a problem they up the medication. If you start questioning anything, or you say you have a problem, they up the medication. They’ve made me dependant on anti-depressants and it’s not self-sustaining when I leave.”
(Focus group, A2)

Women with mental health problems regularly expressed their fear of isolation, both on A1 and in the healthcare centre. This common feeling was well illustrated by the following experience:

“They put me in the observation cell from Friday to the Monday. I’d gone through a great loss. I was just out [of her cell] for the shower, no interaction, nobody asking to speak with me. I’m shit scared of going back to the hospital. There’s nothing. So I say I’m fine. There’s no therapeutic help, nothing.” (Remand prisoner)

A young woman, admitted several times to the healthcare centre and held in the observation cell, stated:

“You didn’t get out at all but to get a shower. You were on your own. They only came to give you dinner and medication. That was it. It made you worse than you were.”
(Sentenced prisoner)

A woman interviewed in the healthcare centre had been admitted to prison following a period in hospital recovering from serious injuries. Her persistent pain and debilitation were apparent. She recalled the impact on her life of the death of her partner. Having been in hospital outside, she found the sudden transition to the prison healthcare centre emotionally shattering:

“It depends who’s on as to how much time you have out of your cell. It’s terrible how long you’re locked up in your cell. You get breakfast at 8.00 and you’re back in your cell at 8.15. You have supper and medication at 7.00 and that’s lock-up until 8.00 the next morning. You get 10 or 15 minutes association if you’re lucky. It’s up to them when you have a bath. [Name] comes once a week for an hour sewing. They say, ‘Maybe we’ll go out this afternoon’, but it never happens. They never tell you enough. I just don’t know anything. I don’t know what’s happening and it’s just taking one day at a time.”

The implications of these statements are obvious. Those women most in need of personal support, therapeutic interaction and constructive activity were fearful of A1 and the healthcare centre, the two places in the prison designated to respond to mental health needs. As one of the psychologists commented:

“Reduced lock-up would ease tensions. It’s often the quiet of night when there’s less activity. People are more reflective and introspective and vulnerability becomes magnified. Yet there’s limited access to support. Within the constraints of the prison, therapeutic work is limited.”

Staff views

Reception staff stated that many women arriving at prison “come in very distressed” and unsure, “frightened and worried”. A significant number were clearly suffering from mental ill-health, creating immediate problems that the officers considered could not be handled adequately or appropriately in a prison environment:

“I don’t think that I should be here dealing with people with mental health backgrounds. They’re unpredictable; trying to settle them down, it’s difficult. Ideally, they should have a specialist unit. Training in that area is not for us and there are not many people [officers] who would want to be delving into that. You can’t be seen to be giving so much time to single prisoners when there are other prisoners. You are employed as a prison officer – to do what goes with that is what is important. You can’t be all things to all people.”

An officer working regularly with vulnerable prisoners was concerned at the lack of training, and the reliance on officers’ personal initiative and commitment to developing self-awareness of working with women suffering from mental ill-health. The officer summarised the tensions and contradictions as follows:

“I see myself split. I’m a discipline officer but I’m also someone to talk to, to confide in, a counsellor. To be a good communicator you have to be a good listener. Having the unit [A1] split – segregation and vulnerable – is quite wrong. A volatile person can be disruptive to those who are vulnerable. Segregation is under a residential landing and alongside vulnerable cells. It’s also hard to police. To get to it, you have to walk through the vulnerable unit and it only takes one word. Vulnerables should be on a landing just for vulnerables.”

An example, given by a member of A1 staff regarding conditions under which the most vulnerable women were held, is instructive:

“I contacted [Name] Hospital. They have a vulnerables unit. I organised a trip for A1 staff and others. We got the idea for the furniture, sofas, pictures on the walls, to have nice pictures throughout.”

It is remarkable that it took a visit by staff to a hospital unit outside the prison to raise awareness that the immediate social environment experienced by vulnerable, self-harming and suicidal prisoners had a significant

impact on their sense of well-being and worth. Other examples of staff initiative also demonstrated a personal commitment to providing meaningful experiences for women held on A1. A prison officer received permission and support from the Governor to bring her pedigree dogs onto the landing. Initially, the idea was to stimulate interest as a vehicle for developing meaningful interpersonal contact in the longer term, oriented towards therapy and skill acquisition. The women prisoners responded positively. Observing a woman prisoner's response, a prison officer remarked, "Twenty minutes with a dog – if that saves her from self-harming". Of course, there were no illusions that complex issues underpinning self-harm could be resolved by such contact, but there was recognition that for some prisoners there were benefits, not least in establishing good interaction between staff and prisoners. The officer involved stated: "The dog makes it easier. I'm not giving therapy because I'm not trained to give therapy". While recognising the officer's commitment to initiating a worthwhile experience for prisoners, such inventiveness was lacking within the prison as a whole. It reacted to initiatives, often positively, rather than taking a proactive lead.

An officer stated that working with vulnerable prisoners was "a privilege" and a context in which trust was vital:

"We are encouraged to get to know prisoners. If you can do something to help them to deal with problems or issues. You don't repeat what they say to you. If they think that then they come to you in confidence."

Officers also recognised that there were tensions within the staff regarding contact with prisoners. A typical comment was:

"The hardest issue is when you work [on shift] with someone who works differently. I compromise on most things but won't compromise on everything. We cope with each other's cultures [prison background prior to Ash House]. We did a week's team building. The managers are very good and the training was good. Anything I've gone to them about, they've responded to."

Another officer commented that the two key attributes for prison officers were that they should be "approachable" and "professional". The role of the discipline officer on the landings was clear:

"I say to the women, 'If you need anything then come and tell me'. I will sit with them and talk about all kinds of things. That's how you find out their problems. I'm not a counsellor but if they need the nurse I'll refer them on."

The same officer, however, was adamant that gender-specific training was not necessary for work with women and girl prisoners: "When you are trained you are trained for the full range of duties as a prison officer and that includes women". This position was not shared by other staff, particularly those working with self-harming women. A prison officer with over a decade's experience of women in prison considered that women prisoners "have far greater emotional baggage than men".

Prisoner at Risk in operation

The researchers attended several Prisoner at Risk (PAR) meetings and observed their operation. A woman held on A1 was already subject to a PAR1, and staff had noted her depressed state after the Christmas period. She continually expressed a need to self-harm and there was no constructive activity regularly available that might lift her mood or deflect her negative thoughts. When locked, she was allowed to keep her lighter and would pass it out as a precaution against self-harm. She had normal bedding in her cell and any clothing was kept in an adjacent cell. Her Cognitive Behaviour Therapy (CBT) sessions had brought back distressing memories and A1 staff had advised her that she needed to face these events in her life. She then watched a television programme on self-harm and was very low. She put a ligature around her neck, seemingly torn from her gown.

There was recognition at the PAR meeting that January is always a difficult month for prisoners. The emphasis was on encouraging the woman to return to a landing offering normal association and for her to become involved in activities. It was considered vital, particularly by the psychologist, that she should have more freedom and be encouraged rather than compelled to have greater interaction with prisoners and staff. Association and a return to work, possibly in the gardens, should be the objectives but within a framework of feeling safe and confident that her situation was being effectively managed.

Soon after the PAR meeting ended, a landing officer informed the Senior Officer that the woman had made it clear that if she had the opportunity she would take her own life. She felt unsafe, a threat to herself, and wanted all temptation and opportunity to be removed. The Senior Officer decided that the PAR meeting should be reconvened in the afternoon after the woman had been to her CBT session. The meeting was informed of the changed circumstances. The CBT concluded that increased medication had contributed to her 'dips'. She had been assessed as 'impulsive' and could very well take her own life.

All at the meeting agreed that the risk was significant and imminent. There was discussion about putting her in an anti-suicide gown while emphasising that this was not a 'punishment' for making the threat but a precaution. There was also a reluctance to take anything from her, particularly jewellery that she treasured. Concern was expressed regarding the "messages that she was giving out", particularly regarding the ligature. She had previously secreted material for making ligatures and it was agreed that if she was determined to hide ligatures she would succeed. An officer stated, "She's crying out for help and she says she'd feel better in the hospital – couple of days in the hospital".

The meeting considered why she wanted a move to the healthcare centre and whether she should be given what she wanted. The landing officer was clear: "She wants out of the house. She just wants a change of environment". The CBT staff had stated that she should be kept fully occupied. Yet there was even less available to occupy her in the healthcare centre than on the landing. There was also the problem that the healthcare centre was staffed predominantly by male officers. A further issue was "having both sexes in healthcare at the same time". The woman prisoner would be locked in a strip cell without association and it was agreed that an adequate level of interaction could not be achieved in the centre.

There followed a discussion of what would constitute an appropriate period of accommodation in the healthcare centre and whether it could be used as a base for the woman to work in the gardens. It was decided to review the move in 24 hours. The landing officer did not "want to go back to square one by taking all her clothes from her and using the canvas dress". The healthcare centre staff reported that a young male prisoner, who had threatened a female member of staff and had threatened to attack women, was currently in the centre and it "would not be a good time" for the woman prisoner to be transferred.

The woman prisoner was invited into the meeting. Outside, she had sat alone, uncommunicative and shaking her legs. In the meeting, she was deeply distressed and stated she did not feel safe. She said there had been no threat from other prisoners and the landing staff had been supportive. Given her present state of mind, she felt there was too much opportunity to self-harm and she risked taking her own life. She wanted to leave the house "just for a couple of days", to be alone. While she was aware that male prisoners might be in the healthcare centre making a noise, she stated that she needed respite from A1 for a short while. She was adamant and very upset.

The psychologist stated that it was paramount to listen to her self-assessment. The landing officer stated that she could be given her meal on A1 and then taken across to the healthcare centre, but "she'll be behind the door and she should know that". Despite reservations shared by all at the meeting, the healthcare centre nurse was clear that she would have to wear the canvas gown and leave her jewellery on A1. Other staff commented that she found the anti-suicide gown uncomfortable. The nurse replied, "If you're bringing her across you'll have to go the whole way and put her in the canvas dress".

The woman was brought back into the meeting and told that to keep her safe overnight she would have to wear a canvas dress but it was not a punishment: “You want to be safe and we want to keep you safe. We know you don’t like it”. She responded that she did not want to wear the dress “because it doesn’t fit me”. However, the nurse was unequivocal and she was admitted to the healthcare centre on condition she wore the gown and left her jewellery behind. It was agreed that the PAR meeting would review the situation the following afternoon.

The researchers visited the woman prisoner in the healthcare centre the following morning. She was unlocked and mopping the floor outside the observation cell in which she had been held. On being admitted to the healthcare centre, two women officers had come across from the Ash House to supervise her changing into the canvas gown. Her cigarette lighter was removed and she complained. The duty governor had instructed that she could not have a lighter but if she required a cigarette any time during the night she could knock for night staff to give her a light. She stated that she had done this on several occasions, throughout the night, until her hands hurt. No one came. Between 7.30pm and 8.00am she did not have a cigarette and this had increased her anxiety.

She had not slept during the night. The young male prisoner, held in the adjacent cell, had played music until late. The bed was hard and uncomfortable. By morning, she was desperate to return to A1. The landing officer, who had participated in the PAR meeting, had visited her in the healthcare centre and she had asked for the return of her own clothes. The healthcare centre staff told her that she had to remain locked in the observation cell, in the canvas gown, until the PAR meeting was reconvened that afternoon. As the researchers left after interviewing her in the healthcare centre, the nursing officer asked her if she had enjoyed her “*tête a tête*”.

There was no contact or conversation between the woman and the healthcare centre staff, no activity available and no counselling. Officers in Ash House requested that she be returned to A1 as soon as possible and the principal officer rang the healthcare centre to inform staff that an officer would collect her. The healthcare centre staff stated that she could not be released from her isolation in the observation cell until a decision had been taken by the PAR meeting. Yet it had been established at the PAR meeting the previous day that her return or work in the gardens would be left as options. The healthcare staff refusal kept her locked, distressed, until the PAR meeting that afternoon.

This sequence of events revealed the contradictions and serious concerns in the administration of PAR1s. The time, effort and informed discussion that went into the meeting were considerable, and all staff involved demonstrated a real concern for the woman’s emotional condition and personal wishes. The meeting, however, was reactive rather than developing proactively a regime that could respond to her needs, particularly those identified as essential by the CBT staff. Her threat to take her own life was addressed as a real and dangerous risk but, outside the formal CBT session, there were no strategies for implementation on the landing to counsel her underlying problems. The only alternative to the landing, which she found unbearable at that moment, was the isolation and desolation of a bare observation cell in the healthcare centre, dressed in an ill-fitting gown and lying on a hard mattress.

Consequently, a woman with a history of abuse and low self-esteem who persistently self-harmed was, against her wishes, dressed in uncomfortable clothing and put in a bare cell in isolation and with no psychological support. She was deprived of social interaction, denied cigarettes and was left without access to her jewellery. She felt that the experience was so negative that it served as a warning to her and others not to repeat the request. Certainly, it amounted to a punitive regime in an inhospitable location where several staff were unsympathetic and less-than-appropriately qualified to respond to her healthcare needs. For all the effort that went into the PAR process, the subsequent professional practice fell far short of that required and exposed the woman to greater risk and, possibly, long-term damage.

Person-centred review

The relationship between care in the prison and care in the community was well illustrated by the convening of a Person Centred Review held to identify and provide for the needs of a young woman prisoner. In and out of prison over several years, held as a child both in Mourne House and in Ash House, diagnosed personality disordered she had been managed recently on A1 but had also been held in the healthcare centre. She regularly self-harmed, heard voices and was occasionally aggressive to staff. Her self-esteem was low and she found it difficult to cope with life in her home town. When released, her alcohol and drug use together with an unstable home life brought her into conflict with the law and, inevitably, a return to prison. The conditions under which she had been held previously, particularly as a child in strip conditions in the Mourne House punishment block, had been extreme and unacceptable.

In Ash House, she had assaulted staff and been put in the observation cell. Things had moved on and relationships with several staff were positive, a number of whom had expressed a desire to provide help and support. The Review was held in the prison and convened by an outside Social Services' person centred planning co-ordinator. It was attended by the young woman prisoner, landing staff, healthcare nurse, prison managers, psychologist, chaplains and aftercare workers. It set out to identify, collectively and in consultation with the young woman, her present and future needs and to consider the potential for meeting them through available services. Although progress had been made towards positive staff relations, it was agreed that the prison was not the appropriate location to respond effectively to her problems. It was felt that complex cases involving personality disorder or mental illness should not be dealt with in the prison system. Prisons had neither the facilities nor the expertise necessary for full-time care and support and such cases took a disproportionate amount of time, effort and resources.

Within the community, the young woman required a comprehensive support package including a safe drug and alcohol free place to live, the regulation of her medication, specialist care and a key worker. The meeting heard that in making appropriate provision for her outside prison, there was inconsistency and disagreement as to how she should be managed, which services held responsibility and, consequently, a deficit in her care. That representatives of Community Services did not attend the review was taken as illustrative of low commitment. An immediate priority identified at the meeting was her need for mental health services' support on release. While this was considered essential, mental health services' response had been negative because she was not diagnosed as mentally ill. The case, yet again, highlighted the lack of available mental health provision for young people diagnosed as personality or behaviour disordered. The review reaffirmed the importance of a secure therapeutic community for children and young people rather than resorting to imprisonment.

In discussing her management in the prison, it was proposed that she had been given 'too much choice' and not enough direction which could be doing her a 'disservice'. A senior manager suggested 'a timetable schedule' based on mutual understanding and acceptance of an 'agreed structure'. This would enable her to assume 'responsibility' and be better prepared for release. While this initiative was agreed and accepted at the meeting, it failed to materialise. Subsequent interviews with the young woman on A1 found her spending hours each day, either locked in isolation or unlocked with little to do other than occasional work in the gardens or a gym session. The Review emphasised the gap, both in prison and in the community, between the identification of need and its realisation through adequately resourced provision. Whether in prison or in the community, the young woman was well aware of her needs: "Knowing that there is somebody there, somebody to talk to".

Towards a therapeutic regime

“We could spend 24/7 in Ash House and still not get everything dealt with. Women have a lot more needs, they are more complex needs and there is an interaction between their needs.” (Psychologist)

The head of the healthcare centre emphasised an underlying commitment to the establishment of a therapeutic environment, particularly for those women diagnosed as having personality disorders. There had been an attempt to establish therapeutic initiatives based on the development of activities involving the gym, but it had been hindered by restrictions on staffing levels and adequate resources. A further initiative – a residential unit – had emerged and the proposal was under consideration at the time of the research. According to the head of healthcare, it was based on an assumption that “everybody would buy into it ... commit to it and understand it”.

“It would involve all disciplines, be multidisciplinary ...it was about treating everybody who came onto the landing as equal, including discipline staff. It would be hierarchical in terms of security – but we would take away the primary emphasis on security. We had it set out so that it would be easily transferable from women to the males.”

The initiative, ‘Therapeutic Disorders and Therapeutic Accommodation’¹⁸³, was intended as a day care and residential unit accommodating a maximum of six prisoners. Targeted primarily at prisoners defined as ‘vulnerable’, ‘personality disordered’, ‘disruptive’ or ‘dangerous’, it was based around personalised care plans and engagement in therapeutic work: ‘Participation in the unit is voluntary, individuals who no longer wish to engage in services can leave and return to ordinary location’. In recognition of existing problems associated with the mix of punishment and vulnerables, it stated that, should A1 be ‘considered for this environment it is essential that the SSU functions and accommodation are relocated’. Proposed activities included occupational therapy, life skills programme, therapy (group, individual, CBT, art, music), education (essential skills and recreational), work, and physical activity (indoor and outdoor).

Staff would be appointed through a voluntary application process and the Unit’s ‘culture’ and ‘management’ would be secured through ‘extensive training’ followed by ‘support and supervision’. The ethos would be therapeutic, behaviourally oriented, generating a ‘climate of mutual, therapeutic and social understanding and respect ... self help’ promoted by ‘group meetings involving staff and prisoners’. The proposal noted that collective responsibility and decision making ‘involves all staff and users of the unit equally where issues such as new admissions, rule infractions and discharges are being considered’. Regarding the expectations on staff and users:

“It would be anticipated that staff and users form appropriate attachments/ relationships with one another and staff. This enables the development of a supportive community spirit. By doing so users get to emotionally experience a sense of belonging, which is usually what has gone wrong in their earlier life experiences.”¹⁸⁴

In setting ‘boundaries’ for acceptable behaviour within the unit, the proposal shifted emphasis considerably from established custom and practice. First, it would ‘have its own agreed rules’. Second, ‘behavioural issues’ would ‘be addressed through the group meetings, where inappropriate behaviour or attitudes of staff or users can be challenged in the supportive environment of the group meeting’. Third, it invoked a ‘culture of enquiry’ within which ‘neither staff nor users’ would be ‘immune from their behaviour being challenged’. Given the evidence of how the existing regime operated, many staff would find their authority undermined by an open and public challenge to their behaviour. As the psychologist involved in writing the proposal stated:

¹⁸³ Wright M and Smyth V ‘Personality Disorders and Therapeutic Accommodation’ unpublished proposal, December 2005.

¹⁸⁴ Above.

“There are those staff who will say it’s not their job, that it’s a prison not a therapeutic environment. There are those who have felt vulnerable in their job because they don’t have the skills.”

As stated in the introduction to this chapter, the Prison Service Review Group recommended that those diagnosed as mentally ill should not be sent to prison, where there were neither the resources nor the staff expertise to respond to their needs. They required specialist psychiatric healthcare. The Review Group also recommended separate provision for the management, assessment and treatment of those diagnosed personality disorder. It identified that across all of Northern Ireland’s prisons their needs were neglected and the attention they received amounted to a disproportionate drain on resources. The proposal to provide therapeutic accommodation for women diagnosed personality disorder reflected the Review Group’s recommendations and was a constructive attempt to realign resources to deal appropriately with the healthcare needs of a particular group. The problem remains, however, with the reliability of diagnoses and concern that the distinction between mental illness and personality or behaviour disorder is not derived in unambiguous scientific analysis.

Bringing about reform to ensure that women with mental health problems are provided with appropriate services is unquestionably one which goes beyond the prison gates. It will necessitate legislative change, development of appropriate services in the community and a transformation of the care provided within prison establishments.

The transfer of responsibility for prison healthcare from the Prison Service to the health department (DHSSPS) provides a unique opportunity to bring about positive change in prisoners’ healthcare. The importance of this transfer cannot be overstated as it should guarantee that prison medical services are appropriately and adequately funded according to clinical need criteria. It is well-established that for a range of reasons, not least the debilitating impact of imprisonment, healthcare needs particularly regarding mental-ill health and psychiatric morbidity, proportionate to population, are greater in prisons than in the wider community. As the above discussion has emphasised, there are additional gender-specific issues that add to the complex needs of women prisoners. It is essential that prisoners, particularly those identified as most vulnerable, are provided with healthcare equivalent to best practice in community primary healthcare.

It is evident from the Human Rights Commission’s research that prison service responsibility for the provision of healthcare often creates tensions and conflicts of interest between security and care priorities. It is hoped that such conflicts and tensions will be ended, that continuity of care, on admission and on release, will be secured and that health will be the paramount consideration in responding to the care needs of prisoners. A further issue identified within the debates over prison healthcare has been the dilemma often faced by prison doctors and fully trained nurses in meeting best practice standards while being under-resourced. This issue is well illustrated by a conference held by the British Medical Association (BMA) on 8 February 2007. The BMA’s Civil and Public Services Committee stressed the need for adequate levels of funding to meet clinical need, that an investigation into the health of the prison population be conducted to ‘combat the most serious medical conditions’, and that all prisoners are examined by a doctor on arrival at prison. The BMA expressed extreme concern ‘that confusion and conflict over the provision of services is arising between Primary Care Trust Commissioners who are charged with providing prison health services, and prison managers, who still operate the prison health care budget’.¹⁸⁵

Clearly the issue of effective and appropriate governance independent of the Prison Service is essential in establishing and meeting clinical need. Dr Raymond Walsh, a prison doctor, told the conference:

¹⁸⁵ British Medical Association press release 8 February 2007 ‘Prison health care sliding towards crisis’ [Online] Available: <http://www.bma.org.uk/pressrel.nsf/wlu/SGOY-6Y7GQY?OpenDocument&w=wfmms> [1 March 2007].

“What concerns prison doctors is that there is not just one problem facing our profession, but a whole raft of serious challenges that begin the very moment the offender enters the system and continue even after they are released into the community. Prison doctors, and indeed, offenders are facing a constant battle against a range of deep seated health problems in prison, from drug dependency to mental health, without the resources or suitable systems in place ... [offenders] sometimes don’t see a prison doctor immediately after conviction and irresponsible that they are not registered with a GP after release. The whole situation is chaotic and getting worse.”¹⁸⁶

Recommendations

A coherent and multi-agency strategy is required to respond to the needs of women and girl ‘offenders’ diagnosed mentally ill and ‘behaviour’ or ‘personality’ disordered. (Recommendation 19)

Government and relevant agencies should ensure the development of community-based therapeutic facilities offering age-appropriate and gender-specific programmes to identify and meet the needs of women and girls. (Recommendation 20)

The operation of the healthcare centre, particularly its residential care and accommodation should be reviewed urgently to ensure the delivery of a gender-specific, therapeutic, constructive and interaction-based programme for vulnerable prisoners. (Recommendation 21)

The health needs of women prisoners, particularly mental healthcare, should be fully assessed and counselling should be integrated into a comprehensive therapeutic regime. (Recommendation 22)

Out-of-hours medical provision should be arranged. (Recommendation 23)

Following the proposed transfer of responsibility for prisoners’ healthcare from the Northern Ireland Prison Service to the DHSSPS, all staff working in prison healthcare should be employed by, and accountable to, the relevant healthcare department/trust. (Recommendation 24)

There should be an age-related, gender-specific and multi-agency policy and practice to identify and meet the mental healthcare needs of women whose offences require a prison sentence. (Recommendation 25)

All women should see a doctor on admission, regardless of time of committal. (Recommendation 26)

Special provision should be available to women admitted to prison experiencing drugs, medication or alcohol withdrawal. (Recommendation 27)

A ligature-free, safe cell should be available on each landing to enable women on observation to remain on general association. (Recommendation 28)

The use of unfurnished cells and anti-suicide clothing and blankets should be limited to exceptional circumstances. (Recommendation 29)

Professional healthcare staff should accompany women with severe mental health problems during transport. (Recommendation 30)

Chapter 8

Immigration detention and 'foreign national' prisoners

Human rights standards

Asylum seekers are people seeking protection as refugees but who are not yet formally recognised as having refugee status. Refugees and asylum seekers have the special protection of the UN Convention relating to the Status of Refugees (the Refugee Convention 1951). The UN Declaration of Human Rights also states that 'everyone has the right to seek and enjoy in other countries asylum from persecution (14(1))'. Migrant workers are protected by the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (1990, implemented 2003) although this Convention has yet to be ratified by the UK.

Context

The Institute for Conflict Research describes how 'migration and migrant communities have been facts of life for Northern Ireland for some time' and 'the historic patterns of migration have been diverse and varied'.¹⁸⁷ Patterns of migration have changed considerably especially since EU enlargement in May 2004, and Northern Ireland is now home to a growing number of migrant workers, some arriving to pursue economic opportunities and to improve their situation and opportunities for their families. Others are escaping poverty, unemployment or conflict in their home country.

Responsibility for immigration matters in Northern Ireland lies with the Immigration and Nationality Directorate (IND) of the Home Office (UK). Immigration continues to be a 'reserved' matter and does not come under the authority of devolved government in Northern Ireland (when this is operational). The IND is in the process of recruiting and training a 'dedicated enforcement unit' and 'holding centre' in Northern Ireland. The Immigration Act 1971 provides powers for immigration officers to detain asylum and immigration applicants under certain circumstances. Since 2005, there has been a significant increase in the number of detentions under immigration legislation and also in the process of detention. Until June 2004, female detainees were held in Mourne House, Maghaberry and male detainees in Crumlin Road, Belfast Prison. From June 2004 until February 2006, female detainees were held in Ash House, Hydebank Wood. In February 2006, the Immigration Service initiated a policy under which immigration detainees, male and female, are transported from Northern Ireland to Immigration Detention Centres in Scotland or England within 24 hours of being detained.

Prior to winter 2005, only a small number of female immigration detainees were held in Northern Ireland. Since 2005, the IND and the Garda National Immigration Bureau (GNIB) have consolidated 'Operation Gull', a multi-agency, cross-border exercise targeting the 'common travel area' between Northern Ireland and the Republic of Ireland and between Ireland and Great Britain.¹⁸⁸ This involves the arrest of 'foreign nationals' travelling allegedly without appropriate documentation, across the Irish border or travelling between Great Britain and Ireland. Although focusing on air and seaports, arrests are made in other locations. The operation involves teams comprising immigration officials, PSNI officers and officers from the Garda Síochána.

Immigration detainees in Ash House

During the initial fieldwork, in December 2005 and January 2006, there was a marked increase in the number of women detainees arriving at Hydebank Wood. A chaplain explained the complexity and difficulty of the situation facing detainees and those charged with their care:

¹⁸⁷ Jarman N (2005) *Changing Patterns and Future Planning: Migration and Northern Ireland* Institute for Conflict Research, Belfast pp 3-4.

¹⁸⁸ Organised Crime Task Force (2006) *Annual Report and Threat Assessment 2006: Organised Crime in Northern Ireland* para 2.45 [Online] Available: <http://www.octf.gov.uk/index.cfm/section/publications/page/publicationList/viewArchives/true/month/Jun/year/2006> [29 June 2006].

“There are eight detainees – one woman is in hysterics, she wants to be deported but it’s not likely until [later in December]. The other lady from Nigeria, her condition is deteriorating. Another lady from China [with no English] – we’re trying to get someone to talk to her ... It is very traumatising to be picked up by immigration, taken by the police and then taken to prison. The prison officers have been excellent but it’s hard for them.”

Immigration detainees and one ‘foreign national’ prisoner, a white South African woman, were interviewed for the research. Although not an immigration detainee, the South African woman’s experiences are included in this chapter as there is substantial overlap of issues. At the time of the fieldwork, detainees included women from South Africa, Nigeria, Brazil and China. Their understanding of the English language varied. The young woman from China spoke no English and was interviewed through an interpreter. The detainees had different histories and reasons for coming to Northern Ireland, but they shared similar experiences of arrest by immigration officials, police custody and transport to prison. They considered their incarceration in prison to be inappropriate and a violation of their human rights and were concerned that prison service documentation made no distinction between detainees and prisoners.

The Nigerian woman was thought by staff to be suffering from mental health problems and was in a distressed state. Threatened with deportation to Italy, where she had previously resided but did not wish to return, she had been assessed in a Belfast hospital. Believing she was being transferred to a mental health facility, she was shocked to arrive in prison custody. She informed staff that she had mental health needs and had requested psychiatric assessment but this had not happened:

“There’s always noise here. I don’t sleep at night. I run around my room. I see people in my cell and hear voices in my head. I have high blood pressure and I need help. I haven’t seen a psychiatrist ... As I’m talking to you now my head is turning around. It is spinning. I need a psychiatric doctor.”

A senior member of the prison staff acknowledged that the woman could be deported prior to receiving a mental health assessment. The researchers intervened and when the list was checked they were informed that she was due to see the prison psychiatrist later that day for assessment.

A young Black South African woman had been living in England for several years when her father had died suddenly in South Africa. His funeral was imminent and she was desperate to attend: “I will do anything to get home”. She intended to return to live in South Africa to look after her family. Before making the journey she flew to Belfast, where she had lived previously, to collect belongings. She planned to return to England to take a pre-booked flight to South Africa. Distressed about her father’s death she wept throughout the interview.

The young woman had been detained at Belfast International Airport by immigration officials: “at the airport they were picking on Black women. If you’re white you can go straight through. If Black they stop you”. She claimed that immigration officials told her it was “game over now”. She was angry at how other non-English speaking detainees had been treated by immigration officials:

“The other ladies who can’t speak English – they [immigration officials] just ignored them... They couldn’t express their feelings. They wanted a Portuguese translator, but they just said ‘no’. They didn’t get any translator from immigration or here. The other girl keeps on crying ...”

After being taken into custody at a police station, where she had nightmares and “couldn’t cope”, the woman was transported to Hydebank Wood and strip searched on reception: “It was my first time to be in a situation like that. It was too much, too much.” She was offended at being compelled to have a shower. Reception staff wanted her to remove the weave from her hair and she explained it was not possible which was accepted. The prohibitive price of phone calls to South Africa prevented her from calling her family and she was angry at being refused access to her mobile phone: “No-one at home knows what has happened to me”.¹⁸⁹ Neither was she given the opportunity to make calls to official bodies regarding her missing passport, although she was afforded access to an immigration lawyer. She was concerned that her family would be waiting at the airport, distressed by the death of her father and worried about her whereabouts. Hydebank Wood staff, she said, were “OK”, although she “hadn’t seen them much”. There had been little contact with the prisoners on the landing but they were also “OK”. “I will do anything to get home”, she repeated. “We are illegal but we are people as well ... We’re illegal but we didn’t commit a crime”.

Another detainee, also a Black South African woman, had been working in Belfast as a sales assistant since July 2005. The immigration team had been looking for a former tenant at the house she was renting, but asked to inspect her passport and papers. Her visa had expired in September. She was “so shocked” at what happened next. “At least six” police officers were involved in the operation and she could hear them upstairs searching her room. She was told to pack her belongings and taken to Antrim police station where she was held in a police cell - “That was the most horrible part. I kept on thinking about everything”. She was held for two hours and then taken in a private security van to Hydebank Wood. On reception, she was asked to strip. This was “absolutely horrible” although reception staff and the nurse were “really, really nice”. She was frightened when she was taken to the landing: “So scary, all the bars, so, so scary”; “I cried and cried but saw the other South African girl and pulled myself together”.

Most of the women had been taken into custody by immigration officers at Belfast International Airport. They had been on different flights and were not connected to each other:

“I was just visiting my sister. I had my South African identity book.”

“They discovered I’m getting married to an EU person. My solicitor said I shouldn’t be here.”

Some of the women had recently expired visas; some had travelled to the UK on holiday while others had been living in England for some years with established family and social connections. As Northern Ireland is part of the UK, they had been unaware of potential problems in visiting the jurisdiction. They were not offered access to legal advice when detained in the airport. Some were referred to duty solicitors by the police: “They [police officers] were ticking boxes about me without explaining what it meant”. Some women experienced the attitude of immigration officers to be hostile and racist. One woman, a deeply religious person, was offended that immigration officers had accused her of involvement in prostitution. Another described how:

“One of the [immigration] officers was searching my diary. The immigration officer questioned my identity. I asked her why she was laughing at me – she was making fun of me. She kept asking me, ‘Are you going to cry?’. I started crying. I said, ‘I feel bad about this’. I was really hurt.”

The strip search on reception at Hydebank Wood added further upset to women already confused and distressed:

¹⁸⁹ Mobile phones are ‘considered an unauthorised article (PR33)’ and prisoners are not permitted to have them in their possession after committal. Communication from the Prison Service to the Commission, February 2007.

“In reception I had to strip and be naked for search. I had to be naked in front of two ladies. They searched me and then said, ‘Get naked’.” (Immigration detainee)

“You have to take off everything and be checked. It was not good. I was very sad. Never in my life I thought I would be in prison.” (Immigration detainee)

“I was so embarrassed to take off all my clothes. I was choked and embarrassed to be searched. It was just so bad. I have been upset and depressed.” (Immigration detainee)

The ‘full search’ involved the women using a white sheet to cover alternately the top and bottom-half of their bodies. Several stated that the sheets used were dirty and one refused to use the sheet: “If you want to look at my body just look”. The women then had to shower, offending some who had showered already at the police station. One complained that the shower was “filthy by my standards”. She also complained that she had not been allowed to wear her own clothes.

The South African ‘foreign national’ prisoner had been arrested by immigration officers at the airport and held in a police station for two days before her transfer to Hydebank Wood. She described “the most horrendous strip search in the airport with customs, where I had to squat and do all sorts of things. So coming through here I was petrified of having to go through that again. They do give you a strip search but it’s quite dignified”.

All immigration detainees interviewed were offended at being held in a prison:

“They said they were taking our clothing – according to Prison Rules we had to leave our clothes. We said we were not prisoners We were given prison clothes.”

“If not a criminal then why am I locked up? I am very upset. Never in my life I stay in prison. I’m no criminal.”

“They say we’re not criminal but don’t allow us to ask questions I say we’re not prisoners and haven’t committed any crime. They say they’re not going to treat us different. They told us to have a bath. We’ve heard we are going to be taken to Scotland. Why would we be taken there?”

Some women refused to fill in reception forms that classified them as ‘prisoners’:

“If this is used as a detention centre, there should be some way of distinguishing us from prisoners and from the prison rules. I said I wouldn’t fill the form because we are not prisoners. I don’t think I’m a prisoner, you’re making me feel like a criminal for heaven’s sake.” (Immigration detainee)

One woman was too anxious to sign as her solicitor had warned, “Don’t sign anything unless you know what you’re signing”. Refusal to complete the forms prevented access to the telephone. She stated that initially staff had failed to explain the forms and why detainees were in prison and not a detention centre:

“You would think the warders would sit down and talk to us and treat us like a human being. But they didn’t. They locked us up for most of the day.”

“We felt we were being punished for not signing the form.”

On the second day, a male officer explained that they were in prison because there was no detention centre in Northern Ireland. This information relieved some of their anxieties. One woman told the officer, “I like the way you’re treating us now, like human beings”. A solicitor subsequently confirmed that the forms could be signed and a female member of staff had been “nice enough” to let the women use the telephone.

The detainees considered they were held in unnecessarily high security conditions:

“We are not high risk I wanted to call my son. But, because it wasn’t a number on their records, it wasn’t acceptable. They said no, you can’t use the number. We asked to see a senior officer. I was given three minutes. Nobody told us the regulations. It is as if I was a troublesome person.”

“We are subjected to an hourly check at night. We said we are not high-risk or at risk of suicide. They shine it [a light] every hour.”

“We are not allowed to ask questions and we are not told why things are like they are. Why can’t I read a text message? They know we’re not prisoners.”

The women considered that they were locked in isolation in their cells for very long periods of time:

“Sometimes they lock us in because they don’t have enough staff.”

“We are always being locked in. You cannot even think straight. You keep meditating. The final lock-in is 7.00 [pm] until the following day but you can’t sleep. Sometimes I don’t eat because I go to the toilet.”

“After eating, they lock you up. When I saw the doctor I said I was depressed. They said, ‘What’s wrong?’ The doctor told staff I was depressed and asked could I make a phone call.”

“I hate getting locked up at 7.30 and hate buzzing for the toilet. They gave me my guitar today. I hate being locked. We get locked up a lot I feel like I’ve spent all day in the cell.”

“I’m getting depressed already at being locked up. Makes you feel like a criminal.”

“I am not sleeping: lock-up, lock-up, lock-up. Not all the time, but sometimes. I have blood pressure.”

The women had been locked up because the “little girl” from China was sick. At the time of the interviews, they reported being unlocked for only an hour-and-a-half during the previous twenty-four hours. Several had been unable to sleep because staff shone a light into their cell on a regular basis throughout the night to ensure they were safe. One woman “had a chest infection since I got here. I can’t sleep. My chest is heavy. They only give you a tiny bit of Benylin. My heart is heavy. My chest hurts”.

The women were concerned at the lack of in-cell sanitation and problems with the buzzer system:

“I was standing by the door and it was for 20 minutes. I almost peed myself. If there is one person at the toilet the door won’t open for others.”

“Yesterday night I was going regularly and went four times in the night.”

“You have to wait at night. This has been very difficult.”

One woman, who was menopausal, needed running water and a wash-basin due to heavy periods. She had to take a small glass of water to her cell to wash herself at night and to cool her hot flushes. She was allowed two sanitary towels in the cell at one time but found these inadequate in dealing with her blood flow.

Contact with families, friends and legal advisers was difficult and the cost of international phone calls was prohibitive. Like all women in Hydebank Wood, detainees had to inform the Prison Service of the telephone numbers they wished to put on a card.

"The meter is very fast – more than a public phone. Money runs down before you even talk."

"I lost five pounds. The phone is very different from on the outside. I can't speak to my family in Brazil. Outside, I could do it for a couple of pounds. ... Now I only have nine pounds and that is the end of my money. They won't change the Euro."

"I have spent a week here and I've spent thirty-five pounds in that week. Phone calls to family."

"We all have some money – but our calls and all other costs are taken from our money. If we didn't have money we would be stranded."

"I have complained about numbers for days and they still haven't put the numbers. I couldn't give my boyfriend's number because he is Muslim and looks like an Arab and that would put him at risk."

"The calls keep you going, makes you sane. We cannot use each other's pin."

"It's [£1], not enough for me to phone [home] and say 'I'm in jail' so that was very, very stressful."

One woman, resident in England for several years, was especially anxious because her young son had been sent to stay with another family and she had not been able to enter the number on her phone card. A sympathetic officer had allowed her to make a three minute call from her mobile. Another woman had been waiting for five days for her pin numbers to be processed. Another wanted to talk to her boyfriend but was not prepared to give his name to the prison authorities. The prison chaplains put money on the women's phone cards which was greatly appreciated.

Lack of information about the prison regime posed a further problem:

"Nobody tells you the rules. How am I supposed to know the rules? For example we're not allowed night cream. I'm not allowed my prayer mat. We're not the first set of detainees!"

Despite the fact that some of the detainees did not speak any English, the Prison Service provided no leaflets or information on the regime in other languages.

The women agreed that some officers were friendly and assisted with information and phone calls:

"Some of them treat us like humans."

"[staff name] is wonderful."

"Warders are good but the system is not good."

Other officers, however, were "intimidating", unhelpful, and the women considered that some were racist:

"If one person argues with an officer they say they have to lock us all up."

"The attitude is racist without saying anything. They talk to us as if we are babies."

"When you want an explanation they act like you're giving them so much bother."

One officer, in particular, was described as "nasty, intimidating" and "makes you feel like a criminal". The detainee continued:

"I get the impression it's because we're Black. Even if you say 'Good Morning', she replies in a way like it's a trouble."

Some of the detainees believed that: “When we’re locked up I get the feeling that some of the white girls are out”. One detainee had asked officers to speak to a woman prisoner who was “quarrelsome”. She commented: “Instead of doing that they waited until there is a problem. No one acted before trouble started”. Others felt too intimidated to question this prisoner’s behaviour, fearing it would lead to trouble for themselves.

For the detainees prison food was unfamiliar and some found it hard to tolerate:

“Not five-star food but it’s OK. Yesterday I couldn’t eat it. Today I ordered salad and fruit and it’s OK.”

“... it might be hard for them to get African food but they won’t give us pepper. We just want a tin of pepper. It’s just rice with chicken pie. Rice every day.”

“I’m asked why I’m not eating pork when I’m a Christian. But I don’t like pork. Every time you say why, it’s like you’re being troublesome.”

“The food is terrible. There is nothing good about it.”

The women had been asked by staff, “How do you guys eat?”. Despite the prison catering team’s efforts some continued to find the food unpalatable: “If potatoes, it’s dry potatoes”. The Chinese woman ate rice and little else.

Lack of appropriate products for Black women’s skin and hair was a significant issue. Some women stated that they needed balm but it was not available in the tuck shop. One woman had requested soap from her toilet bag but this was refused.

“We cannot take our things from downstairs. The tuck-shop list has nothing that a Black person can use. No Vaseline, no shampoo for black hair or products for skin, no hair food. The toothpaste doesn’t clean my mouth. They haven’t prepared staff at all about immigration.”

A prison officer commented that:

“Dark skin can be dry so they [the women] will ask about conditioners. The policy is that if we don’t know what’s in it then it can’t come in, but they can order quickly from the tuck list.”

Detainees were surprised that they had to purchase juice and coffee. Only milk was free of charge.

The women stated that none had been offered the opportunity for outside exercise. One thought that detainees were “not allowed” access to the grounds. There was particular concern about a young pregnant detainee who had been in prison for two days, was bleeding, feeling unwell and unable to eat. Despite requests she had not been seen by the doctor. One woman commented: “the pregnant girl needs air”. A doctor arrived for a consultation as the fieldwork interview was being conducted.

One woman, while very critical of the regime, stated that:

“In South Africa things would not be like this at all. Compared to South Africa, it’s alright. But we shouldn’t be here because we’re detainees.”

Another, however, commented that the experience was making her feel “like Nelson Mandela”. The situation endured by the young woman from China was particularly bleak. With no English vocabulary, she had been six weeks in prison and was very lonely and depressed. She was interviewed for the research using an interpreter. She stated that the language barrier made life difficult. She had been given a Chinese-English dictionary and communicated by pointing at words. Early in her imprisonment she was very distressed and

was referred to the doctor but [in the interpreter's words]: "She got the idea they think she is just a prisoner. After two or three times the doctor said, 'Why is it her all the time?'. Attitudes are very bad".

Initially she had been detained in a police station which was "OK". She did not know she was being transferred to prison. When she arrived at Hydebank Wood, she was asked to remove her clothes and her property was searched. Standing without clothes in front of prison officers felt "very, very bad". Some officers had been positive but others consistently ignored her. Despite not understanding what was being said, she sensed dislike from some staff. On arrival, the language line was used to provide information. Once officers thought she was familiar with the routine they did not continue using language line: "Now she knows you shouldn't bother staff if it's not necessary".

Unable to communicate with other prisoners, she was lonely and had difficulty sleeping. A few weeks earlier, other prisoners on the landing treated her "very badly" making her wash their dishes and taking her food. The bullying women had now left and the "new girls were quite friendly", trying to communicate with her using the dictionary – "It makes you feel much better." She "feels now that they view her as a friend", and: "Some of the girls help her to make inquiries from the staff so it's not as bad as before". They invited her to join them when taking exercise outside and going to the gym but she did not accept as she was unsure about what was expected. She had only been to education once as she "doesn't have the mood to do things". She did not like the prison food but was not hungry as she ate rice and bread.

The chaplains put money on her telephone card and she was able to contact a friend who sent money. She was keen that the researchers pass on her thanks to the chaplains and asked them not to put further money on her card. She intended to apply for asylum and had attempted to inform the Immigration Service, but she had received no response. The young woman had received no visitors since entering the prison, and no arrangements had been made for her to access reading material, magazines or books. She had nothing to occupy her time. Through contact with the Chinese Welfare Association, one of the researchers arranged reading material and visits from local Mandarin speakers. Similarly, it was only through the initiative of another prisoner, who had access to a computer, that details of the prison regime were translated into Portuguese and reproduced for the Brazilian detainees.

In January 2006, a further group of women detainees were imprisoned as a consequence of an 'Operation Gull' trawl. They arrived at the prison in a private security van and, disembarking from the van with considerable luggage, they were escorted to reception (fieldnotes).

The Prison Service response

The Inspectorate's expected outcomes on 'equality, race and foreign nationals' are:

***'All prisoners experience equality of opportunity in all aspects of prison life, are treated equally and are safe. Diversity is embraced, valued, promoted and respected. Foreign national prisoners should have the same access to all prison facilities as other prisoners. All prisons should be 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.'*¹⁹⁰**

At the time of the unannounced inspection in November 2004, the Inspectorates were critical that 'although the prison held immigration detainees, there was no specific policy for them and no foreign national prisoners or race relations policy'.¹⁹¹ All staff had received equal opportunities training.¹⁹² Following a delay of five months, the prison had accessed appropriate hair products.¹⁹³ The Inspectorates recommended that policies

¹⁹⁰ Ash House inspection 2004 p 27.

¹⁹² Above, para 3.47.

¹⁹¹ Above, para 3.46.

¹⁹³ Above.

for immigration detainees, race relations and foreign national prisoners should be agreed; that regular monitoring by religion and ethnicity should take place; that an equality and diversity committee should be established; and that an equality and diversity officer should be appointed.¹⁹⁴

Prison staff and professionals interviewed for the research, agreed that the arrival in the prison of so many women from different cultures had created challenges for the Prison Service. An officer considered that while “language is a huge barrier ... we can use Language Line if we need it”. He continued:

“Sometimes they don’t know where they are. They often think it’s a detention centre. We explain it’s the only place they can be committed. They sometimes have a huge amount of luggage which takes us longer to process.”

Prison managers had contacted a company specialising in products for Black and minority ethnic women with the intention of extending tuck shop provision. Discussion took place between managers about security considerations arising from detainees’ needs. This included whether to allow hair extensions or certain culture-specific headwear. The seconded Governor ‘mentor’ advised managers how Black and minority ethnic women’s needs were met in prisons in Great Britain.

Prison catering staff made efforts to provide appropriate food by sourcing products at a local Chinese supermarket. However, the limited budget created a barrier to buying different products as did the unplanned nature of immigration detention. The catering manager had brought an interpreter to the kitchen to give advice on particular foods. He explained: “If someone comes in and needs Halal meat then we can get it no problem. It used to be difficult when the supplier was in Dublin”. Prison cooks had completed courses in “ethnic cooking”.

An ‘Ethnicity and Diversity Committee’ was established from April 2005, involving representatives from Ash House, the Chaplaincy, Education, the Refugee Action Group, Law Centre (NI) and a Traveller representative group.

At the time of writing, Prison Service headquarters had also begun work on the development of a generic policy on foreign national prisoners, which was expected to be published for consultation early in 2007. On 1 February 2007, the Prison Service issued an initial guide for staff on the management of ‘foreign national prisoners’, covering information and support, barriers to language, procedures, faith, culture and traditions. It noted that diversity training was under review and that diversity and equality training would be included in the Management Development Scheme. Future policy would emphasise resettlement, reintegration and training. While officers had been appointed within all other prison establishments to develop the equality strategy, the position at Hydebank Wood for women remained vacant but was being ‘trawled’.

Transporting the ‘problem’

The Human Rights Commission, the Chief Inspector of Prisons and non-governmental organisations working on asylum issues have consistently opposed the holding of asylum-seekers and immigration detainees in prison custody.

At the end of January 2006, Immigration and Nationality Directorate (IND) policy on immigration detention in Northern Ireland was dramatically changed, apparently without consultation with any organisation other than the Northern Ireland Prison Service. Since February 2006, people arrested for immigration offences in Northern Ireland and failed asylum-seekers are transported directly to Immigration Detention Centres in Scotland (Dungavel) or England (Yarlswood and Harmondsworth). A letter to the Human Rights Commission

¹⁹⁴ Above, paras 3.51-3.53.

from the IND, dated 28 March 2006, stated that changes introduced in Northern Ireland were 'as a consequence of discussions between IND officials and the Northern Ireland Prison Service (NIPS) in mid-January'. Following arrest, individuals would be transferred to a Detention Centre in Great Britain, 'most usually Dungavel on the day of their detention or within 24 hours and are, if necessary, held in police custody suites pending transfer'.

Dungavel Immigration Removal Centre is managed within the private sector. It is located in an isolated, rural area, more than 20 miles from Glasgow and can accommodate up to 148 detainees (including single men, single women, children and families). In 2004, the Prisons Inspectorate inspected Dungavel. It commended much of the work done by staff and managers, but was highly critical of the lack of appropriate welfare and legal support for detainees and condemned the Centre as unsuitable for accommodating children and families.¹⁹⁵

In June 2006, three representatives from the Northern Ireland Human Rights Commission visited Dungavel. The Commission publicly highlighted concerns about the new policy and raised these concerns directly with Lin Homer, Director of the IND. Chief Commissioner, Monica McWilliams commented:

'The decision to move potentially vulnerable individuals in this way has raised very serious human rights concerns. Some people may have family or social connections with Northern Ireland and their needs must also be considered We have serious questions about the extent to which people have access to expert legal advice whilst held in local police cells before being transported from Northern Ireland. There is a clear lack of transparency and no publicly available information on such basic questions as the number of individuals who have been transported from this jurisdiction to Dungavel, the number seeking asylum and whether any children have been moved and detained.'¹⁹⁶

Commissioners also visited Yarlswood and Harmondsworth in England in autumn 2006. The Commission is currently conducting an investigation into the process of immigration detention.

Recommendations

'Immigration detainees' should not be held in Prison Service custody and government should legislate accordingly. (Recommendation 31)

The policy of transporting immigration detainees to immigration removal centres in Great Britain should be reviewed by the Immigration and Nationality Directorate (IND), in consultation with all relevant bodies to ensure human rights compliance. (Recommendation 32)

There should be a gender-specific policy for 'foreign national' women. (Recommendation 33)

Befriending services should be established for 'foreign national' female prisoners in consultation with NGOs and other representative bodies. (Recommendation 34)

Prison staff working with 'foreign national' prisoners should receive appropriate training. (Recommendation 35)

Special information about access to legal advice should be provided to 'foreign national' prisoners. The Prison Service should consult with immigration legal practitioners, statutory bodies and NGOs in providing this advice. (Recommendation 36)

¹⁹⁵ Her Majesty's Chief Inspector of Prisons (2005) *Report of an unannounced inspection of Dungavel Immigration Removal Centre 14-16 December 2004* HMIP, London.

¹⁹⁶ NIHR Press Release 'Visit to Dungavel Removal Centre' [Online] (11 May 2006) Available: http://www.nihrc.org/index.php?page=press_news_details&category_id=2&press_id=262&item_id=65 [11 April 2007].

Chapter 9

Children and young people in prison

Human rights standards

Everyone aged under 18 years is defined as a child in international human rights law and is protected by the United Nations Convention on the Rights of the Child (CRC). Key CRC principles recognise that the child's 'best interests' must be a paramount consideration; that children should be free from discrimination; and that children have the right to participate in all decisions affecting them.¹⁹⁷ Custody should be imposed only where a child is found guilty of a serious act involving violence against another person or persists in committing other serious offences and where there is no other appropriate response.¹⁹⁸ Remanding children to custody is limited to exceptional circumstances and every effort must be made to apply alternatives.¹⁹⁹ Detained children must be afforded respect and dignity and cared for in an age-appropriate manner.²⁰⁰ The state should provide 'semi-institutional' arrangements such as 'half-way houses' or day training centres, and life inside detention centres should be as close as possible to life in the community.²⁰¹

Children in custody should be detained separately from adults unless it is considered in their best interest to do otherwise.²⁰² They maintain the rights inherent in the CRC and in the European Convention on Human Rights (ECHR), including the right to life; freedom from inhuman and degrading treatment; the right to health and healthcare; the right to education; the right to play and leisure; the right to freedom of association and to private and family life.

'Juveniles should be allowed to communicate with their families, friends and other persons or representatives of reputable outside organizations, to leave detention facilities for a visit to their home and family and to receive special permission to leave the detention facility for educational, vocational or other important reasons'.²⁰³

UN Rules state that on entering a place of detention children should be given a copy of the rules in a language they understand and given help to understand the procedures and daily life of the centre.²⁰⁴ They must be fully assessed to ensure that their psychological and social needs are met and a programme of care established.²⁰⁵ Girls and young women should receive 'special attention as to their personal needs and problems'.²⁰⁶

Disciplinary measures in detention must 'be consistent with the upholding of the inherent dignity of the juvenile and the fundamental objective of institutional care, namely, instilling a sense of justice, self-respect and respect for the basic rights of every person.'²⁰⁷ Prohibited measures include 'placement in a dark cell, closed or solitary confinement or any other punishment that may compromise the physical or mental health of the juvenile concerned'.²⁰⁸ The aim of custody for children is their rehabilitation and earliest possible reintegration into society.²⁰⁹ Services should be provided to ensure that, on release, the child has somewhere safe to live, employment, clothing and adequate maintenance.²¹⁰

The Prisons Inspectorate has published expectations, based on human rights standards, of how children and young people should be treated in custody.²¹¹ The Inspectorate recommends that no child under 18 years of age should be detained in prison service custody.²¹² Children must 'travel in safe, decent conditions to and from court' and during travel the individual needs of young people should be 'recognised and given proper attention'.²¹³ On reception, children should be helped to feel safe and given adequate information about the regime. Their individual needs must be identified and plans developed to help them.²¹⁴

197 United Nations Convention on the Rights of the Child, Articles 3, 2 and 12. Also, European Convention on Human Rights, Article 14.

198 Beijing Rules 17; CRC Article 40.

199 Beijing Rules 13; UN Rules 17.

200 CRC Article 37.

201 Beijing Rules 29.1; UN Rules 87.

202 CRC Art 37(c); UN Rules 8(2).

203 UN Rules 59.

204 UN Rules 24 and 25.

205 UN Rules 23 and 28.

206 Beijing Rules 26.4.

207 UN Rules 66.

208 UN Rules 67.

209 CRC Article 40.

210 UN Rules 80.

211 Her Majesty's Chief Inspector of Prisons (2005) *Juvenile Expectations: Criteria for assessing the conditions for and treatment of children and young people in custody* HMIP, London [Hereafter, *Juvenile Expectations*].

212 Her Majesty's Chief Inspector of Prisons (1997) *Young Prisoners: A Thematic Review by HM Chief Inspector of Prisons for England and Wales* HMIP, London.

213 *Juvenile Expectations* p 7.

214 Above, p 12.

In custody, the Inspectorate requires that children 'live in a safe, decent and stimulating environment within which they are encouraged to take personal responsibility for themselves and their possessions'.²¹⁵

Staff must treat children and young people respectfully and take their views into account. An appropriate balance between care and security is considered essential to keep children safe.²¹⁶ The Inspectorate requires that healthcare in custody be equivalent to provision in the community.²¹⁷ Young people at risk of self-harm or suicide must be identified at an early stage and a support plan developed and implemented.²¹⁸

The United Nations Committee on the Rights of the Child (UNCRC or 'the Committee') has consistently criticised the low age of criminal responsibility (10 years) in England, Wales and Northern Ireland. In its Concluding Observations on the UK (2002), the Committee stated that the principle of 'primary consideration for the best interests of the child' is not consistently reflected in youth justice legislation.²¹⁹ The Committee welcomed initiatives on restorative justice and community-based disposals for young people,²²⁰ but was concerned about the increased use of custody for children, fearing that 'deprivation of liberty is not being used only as a measure of last resort and for the shortest appropriate period of time, in violation of article 27(b) of the Convention'. It was critical of conditions for children in detention including inadequate protection in young offenders' institutions and the poor staff-child ratio; high levels of violence, bullying, self-harm and suicide; inadequate opportunities for rehabilitation; and being held in an adult environment.²²¹ Concerns included the frequent use of physical restraint and the placement of children in solitary confinement.

The Committee recommended a review of the use of restraints and solitary confinement in custody and other settings.²²² The Committee considered it inappropriate that children in custody did not have a statutory right to education and that education was not the responsibility of community-based education departments.²²³ It also recommended the establishment of independent advocacy services for children in custody.²²⁴

Context – children in custody in Northern Ireland

The Hurt Inside described serious breaches of human rights regarding the treatment of girls aged under 18. There was a separate landing for girls and 'young offenders' in Mourne House but no age-appropriate regime or policies. The Commission was profoundly concerned at the treatment of a 17-year-old, self-harming girl detained in the punishment block for lengthy periods with only a child's potty to use for a toilet.²²⁵

A comprehensive review of children's rights in Northern Ireland, carried out on behalf of the Northern Ireland Commissioner for Children and Young People (NICCY), found serious breaches of children rights regarding use of custody.²²⁶ Noting that Northern Ireland locks up proportionately less children and young people than other UK jurisdictions, the research found that 'clearly, the evidence suggests that diversionary strategies and the provision of alternatives to custody have been markedly successful in NI when compared to Scotland, England and Wales'.²²⁷ However, the report was critical of the imprisonment of children under 18 in Hydebank Wood and also of the lack of special policies or provision for these children.²²⁸

The NICCY research found that until the 2002 inspection there was no discrete policy in operation in Hydebank Wood to identify and respond to the needs and requirements of children under 18. A Child Protection Policy Statement and a Management Instruction Manual were introduced in 2003, but not all staff working with under 18s were trained in child protection.²²⁹ The report raised concerns about the inappropriate imprisonment of children with mental health problems concluding:

215 Above, p 25.

216 Above, p 31.

217 Above, p 81.

218 Above, p 48.

219 UNCRC Concluding Observations on UK (2002) para 25.

220 Above, para 59.

221 Above

222 Above, para 33.

223 Above, para 47.

224 Above, para 62.

225 *The Hurt Inside* 2005.

226 Kilkelly *et al* (2004) *Children's Rights in Northern Ireland*, NICCY, Belfast chapter six [Hereafter, NICCY 2004].

227 Above, p 233.

228 Above, p 235.

229 Above, p 235.

***'This situation is not solely the responsibility of the Prison Service and there is evidence also that managers have attempted to improve the situation in often difficult circumstances. What is required is an alternative disposal for children suffering from serious mental health problems. It is inappropriate that some of the most vulnerable children, in need of therapeutic mental health support services, are placed in custodial settings where they are often managed in punishment cells.'*²³⁰**

Still in Our Care: Protecting children's rights in custody in Northern Ireland (2006) reported on the Human Rights Commission's follow-up investigation into the care of children in the Juvenile Justice Centre in Northern Ireland. The Criminal Justice (Children) (Northern Ireland) Order 1998 provides for the detention in Prison Service Custody of children from the age of 15 years old, deemed likely to injure themselves or others. The Justice (Northern Ireland) Act 2002 (enacted in 2005) placed 17-year-olds within the jurisdiction of the youth court. However, only those 17-year-olds who will not reach the age of 18 during the period of the Order, and who have not received a custodial sentence within the previous two years, can be accommodated in the JJC. 17-year-olds not meeting these criteria must be sentenced to serve their period of detention in Hydebank Wood. Courts can remand children under the age of 17 years and six months to the JJC if they have not received a custodial sentence within the previous two years.²³¹ Concern was expressed in *Still in Our Care* that, despite the provision of a new Juvenile Justice Centre in 2007, some children will be sent to prison. The report recommended that the Northern Ireland Office (NIO) and the Youth Justice Agency review the needs of all children remanded or sentenced to custody, including 17-year-olds, and that a strategic plan be developed to address identified needs.²³²

The 2004 CJINI/HMCIP inspection of Ash House found that 'in general, punishments, including for children, were very severe'. Inspectors found that the small number of children in Ash House tended to be girls who had been initially detained in the Juvenile Justice Centre but considered difficult to manage. Two children and one 18-year-old in Ash were 'prolific self-harmers'.²³³ On arrival, inspectors found two women including a juvenile (under 18) held in 'anti-suicide suits' in unfurnished and cold cells. The Inspectorates judged child protection procedures to be 'seriously deficient' and recommended urgent senior management attention and effective liaison with Social Services. The inspectors found no policies, or risk assessment procedures, for managing the mixed population of children and adults 'some of whom were Schedule One offenders' [offence against a child]. There was a lack of co-ordination and no overarching strategy incorporating anti-bullying, self-harm and suicide and child protection.²³⁴ Ash House 'did not have the skills or resources to deal with very troubled adolescents ...'.²³⁵ The inspection report recommended the introduction of a safeguarding committee to co-ordinate child protection, self-harm and suicide and anti-bullying in relation to girls under 18 years and a child protection policy, taking account of the specific issues for women and girls.

The report noted that holding girls under 18 years of age on a separate landing would be very isolating given the small numbers.²³⁶ It concluded: 'more fundamentally, we do not believe that Ash House was, or can be, a suitable environment in which to hold girls. Their educational and developmental, as well as safeguarding, needs were not being met, and could not be, within such a mixed and constricted environment'.²³⁷

The Prison Service Action Plan, drawn up in response to the inspection, stated that a consultant was drafting 'a strategy to deliver policies and services addressing offending by women, juveniles and young male adults on a mixed site'. At the time of writing, this strategy had not been published. The Prison Service Action Plan noted that in response to the Inspectorates' recommendations a full multi-disciplinary risk assessment had been introduced to be completed within 72 hours of a girl under the age of 18 being admitted

²³⁰ Above, p 238.

²³¹ For discussion of this legislation see Convery U and Moore L (2006) *Still in Our Care: Protecting children's rights in custody in Northern Ireland* NIHR, Belfast, chapters 2 and 3.

²³² Above.

²³³ Ash House Inspection 2004 p 32.

²³⁴ Above, p 32.

²³⁵ Above, p 10.

²³⁶ Above, p 31.

²³⁷ Above, p 5.

to Hydebank Wood. The Prison Service stated that by February 2006, ten staff from Ash House had completed training in child care and resuscitation methods and 31 staff had been trained in child protection. A Safer Custody Committee was established in August 2005, with the role of co-ordinating child protection, suicide and self-harm and anti-bullying issues. The Inspectorates recommended that girls under 18 years should be represented at adjudications by an independent advocate. The Prison Service Action Plan noted that Opportunity Youth was fulfilling the role of independent advocate.²³⁸

Girls and young women in Hydebank Wood: findings from the research

At the time of fieldwork (December 2005 to March 2006), there were no girls under the age of 18 in either Ash or Beech House. Throughout the fieldwork, there were several young women aged 21 and under, who were sharing a landing with other women. One young woman was held on A1, the landing accommodating vulnerable prisoners. A manager confirmed that 17-year-olds were admitted to the prison although less frequently than previously. There had been a relatively recent (end of 2005) admission of a child who had “been in care homes all her life, in sheltered accommodation. She turned to prostitution to buy drink”. Prison Service figures suggest that in 2006 there were no girls under the age of 18 in prison but eight ‘female juveniles’ were detained in Hydebank Wood.²³⁹

The Child Protection Policy and Procedures for Hydebank Wood, developed in September 2005, were not gender-specific and were not responsive to the issues experienced by girls in Hydebank Wood.²⁴⁰

‘Young offenders’ (those aged 18 to 21) experienced abuse during transport to Hydebank Wood in mixed gender and mixed age group vans. It was not guaranteed that girl children would not be transported with young men. Girls and young women also experienced strip searches on reception. There was no age-appropriate information pack available for children or young people about the regime, nor was there a special support strategy for their first night in custody.²⁴¹ The Prisons Inspectorate requires that children and young people should be inducted in a designated area that is ‘quiet, age appropriate and free from interruption’,²⁴² but at Hydebank Wood children and young women were received on to a busy adult landing.

One young woman interviewed spoke of her shock at being sentenced to custody. She had gone to court expecting a community sentence: “It was a bit of a nightmare. ... I’ve never been away from my family before. Never!” She continued:

“It rips you apart. ... not even being able to see your parents like, and I couldn’t even look round at my dad then ... I just looked at the police officer and he held my arm, carried me out. ... And then to be brought straight here, and my Mum and Dad phoned this prison constantly because they never got to hear from me then until six o’clock. ... I’m their baby. I’m their youngest and they know when I got arrested I didn’t cope with it well. ... I rely a lot on my Mum and Dad and maybe this is a good thing because now I won’t anymore. But when you’re the youngest in the family you’re used to it.”

Her parents would not visit at Christmas because “they’ll walk from here in tears having to leave me here”.

“You’re separated from them [parents] by the table and every time you hug them you’re looked at. ... There’s no need to separate us. I understand why they do it. See, I keep forgetting that there is other people that will try and pass stuff and that will do stupid things. And you’re sitting there going, but I won’t, I won’t. But how do they know that?”

²³⁸ Northern Ireland Prison Service (2006) *Ash House CJINI/HMCP Action Plan* February 2006.

²⁴⁰ Northern Ireland Prison Service (2005) Hydebank Wood: Child Protection Policy and Procedures.

²⁴² Above, para 31 p 19.

²³⁹ Communication from Prison Service, February 2007.

²⁴¹ See *Juvenile Expectations* para 18 p 16.

Despite her negative feelings about aspects of the regime, she felt that the experience, particularly the shock of entering custody, had made her determined to change her life:

“It has taught me a lot about the kind of person that I was and that it really was my fault, like I blamed everybody for what happened but it was my fault when it came down to it. I’m closer to my family now, even closer than I was Because me and my sisters didn’t really get on because of what I done, because they said I broke Dad’s heart and all that there, but we’re all OK now and when I come out of here I know that the crowd I was with weren’t good for me, and I know the kind of person I want to be now.”

Several ‘young offenders’ considered staff more punitive towards them in comparison to older women. Adult women confirmed this:

“Staff seem to close in on you this time. Treating us like shite. When they say, jump, you’re supposed to jump. I don’t let my parents tell me what to do so I’m not letting them! If you put in a complaint, that’s you...! I like the gardens, it gets us fresh air.”

“They treat the YOs [young offenders] different. ... They mess about with the young women. They wind them up over wearing vesty tops, or over visits. A wee girl ended up in lock-up for wearing a vesty top which she’d borrowed from me.”

“They pick on [name] because she’s a wee girl. She’s not a bad kid, but they wind her up. They know the way she is. She lost association and wasn’t allowed to wear tops like the other women.” (Focus group, 2s)

Adult women complained that if there were young women under the age of 18 on the landing, they were not allowed to watch their usual videos or use ‘18’ certificate computer games. There were restrictions on women’s access to showers when children or ‘young offenders’ were present: “You’re not allowed in ablutions if there’s a YO”. The women considered it unsuitable to have under-18s on adult landings and the mix between teenage and older women was difficult to cope with:

“Younger ones would say things. They don’t mean it but the older ones would take it the wrong way.”

One young woman found it difficult to settle. She did not find prison officers helpful and was anxious about what faced her on release. Unable to gain Housing Executive accommodation because of her criminal behaviour and disqualified from the Housing Association, she was unable to ‘sign on’ for benefits from her parents’ address as they were living in a hostel and “the manager wouldn’t allow it”: “They expect me to live on no benefits. How do they expect me to live?”.

Another young woman stated that she had regular contact with an Opportunity Youth worker who had been visiting weekly. The contact was difficult to handle because of the issues it raised: “Seeing her does my head in She’s alright to talk to but you couldn’t let it all out”.

Both young and older women were profoundly concerned about child protection given that Ash House had held female sex-offenders. This had been particularly difficult when a woman convicted of sex offences (the conviction was later quashed) was held in Ash House: “[She] was in with the YOs. There was no separation”. Women reported that when staff attempted to separate this woman from the girls, the girls were disadvantaged: “They took the YOs off the gardens so she could go in the gardens”. Clearly, the Prison Service failed to anticipate the implications for young women of a convicted child sex-offender being admitted to already restricted accommodation. The primary issue was child protection, the second was withdrawal of their only regular work opportunity.

Recommendations

Legislation should be amended to ensure that children under 18 years of age are never held in prison service custody. (Recommendation 37)

Legislation should be introduced to increase the age of criminal responsibility in line with other European states. (Recommendation 38)

The Youth Justice Agency should carry out a review of the needs of girls under 18 years of age who are remanded or sentenced to custody. (Recommendation 39)

A last-resort, separate young prisoners' unit for young women should be established, providing age-specific regimes and programmes. (Recommendation 40)

Chapter 10

Mothers and children

Human rights standards

Prisoners and their children are entitled to a family life.²⁴³ Where possible, prisoners should be accommodated reasonably close to home.²⁴⁴ Positive measures designed solely to protect the rights of women, particularly pregnant women and breast-feeding mothers, are not deemed discriminatory.²⁴⁵

The provisions of the UN Convention on the Rights of the Child (CRC) apply to children whose parents or carers are imprisoned. States are required to respect the right of children separated from one or both parents to 'maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests'.²⁴⁶

The authorities have a duty to provide assistance to prisoners' children.²⁴⁷ States should create conditions to enable prisoners to undertake meaningful employment, allowing them to help financially support themselves and their families.²⁴⁸

In acknowledging the adverse effects of imprisoning mothers the Council of Europe Parliamentary Assembly recommended that states 'develop and use community-based penalties for mothers of young children'; avoid the use of prison custody; ensure that custody for pregnant women and mothers of young children is a last resort and restricted to those who have committed the most serious offences and who represent a danger to the community.²⁴⁹

Women's prisons must provide special accommodation for pre-natal and post-natal care and treatment. There should be a nursery available for babies in prison run by fully trained staff.²⁵⁰ The Revised European Prison Rules (2006) state that infants can stay in prison with their parents, but only when it is considered to be in the child's best interests.²⁵¹

The Council of Europe also recommended the development of education programmes for criminal justice professionals regarding mothers and young children; small scale secure and semi-secure units with social services support for the small number of mothers requiring custody 'where children can be cared for in a child-friendly environment and where the best interests of the child will be paramount, whilst guaranteeing public security'; appropriate staff training in child care; flexible visiting rights for fathers; and appropriate guidelines for courts.²⁵²

Context: mothers and babies in prison

In the UK, babies are permitted to remain with their mothers in prison until they are aged between nine and 18 months. This age limit is lower than in most other European jurisdictions where the age limit ranges from six months in Hungary, to seven years in Turkey. Most European jurisdictions set the age around three years (for example, Ireland, Italy, Portugal, Spain and Germany).²⁵³ In open prisons in Germany the period is extended until the child is six years old. Belgium, Finland, Greece and Luxemburg all have a limit of two years old (although this can be further extended in Finland). In Denmark, male or female prisoners can keep children with them if they are to be released before the child reaches three years of age (in practice it is rare for

243 ECHR Article 8; UN Body of Principles, Principle 19.

244 UN Body of Principles, Principle 20.

245 UN Body of Principles, Principle 5.

246 UNCRC Article 9.

247 UN Body of Principles, Principle 31.

248 UN Basic Principles for the Treatment of Prisoners, 8.

249 Council of Europe Recommendation 1469 (2000) on Mothers and Babies in Prison, adopted by the Parliamentary Assembly on 30 June 2000 [Online] (21 January 2004) Available: www.legislationonline.org/legislation.php?tid=160&lid=4957 [22 June 2006].

250 UN Standard Minimum Rules for the Treatment of Prisoners, Rule 23(1) and (2) and Revised European Prison Rules 28, 2.

251 Revised European Prison Rules, 36.1.

252 Council of Europe Recommendation 1469 (2000), above.

253 Edge D (2006) *Perinatal Healthcare in Prison: A scoping review of policy and provision*, on behalf of the Prison Health Research Network, Department of Health, London, Appendix 3.

children to be held in prison). In some Canadian prisons, children stay with their mothers until four years old and in Australia, up to five years, in community corrections units or in open centres.²⁵⁴

The organisation, Women in Prison, however, notes:

'Opinion is divided about the desirability/necessity of mother and baby units. They do provide some continuity of care and setting – children separated from their mothers by imprisonment may experience a succession of different carers and be less likely to be reunited with their mothers on return. However, there is a lack of stimulation in a prison environment, limited access to wider support networks and concerns about how the mother's control over the care of her baby is compromised. There is also some concern that the existence of mother and baby units may encourage courts to send more women to prison.'²⁵⁵

Similarly, Scotland's Chief Inspector of Prisons has commented: 'It is good that mother and baby are together, but it is not good that a baby is in prison'.²⁵⁶

Edge's review of perinatal healthcare in prison concluded that, 'in the current climate' it 'may not be to the fore when reconfiguring and redesigning services to meet new government targets'.²⁵⁷ Her research found that pregnant women in prison are predominantly poor, under-educated and single, and are likely to have experienced childhood neglect, trauma and victimisation. Their experience of pregnancy, childbirth and early motherhood in prison was generally negative and they reported feeling 'unsafe, uncared for, uncomfortable and hungry'. 'Imprisoned women experienced significant levels of emotional and psychological distress during the perinatal period'.²⁵⁸ They responded positively to health promotion advice. Edge found that women prisoners have less choice regarding the care and services they receive than women in the community and she challenged the (England and Wales) Prison Service's claim that women are supported according to need.²⁵⁹

Media coverage of the birth of a baby in Hydebank Wood demonstrated clearly the lack of legal protection offered to pregnant women and their babies in Northern Ireland. The baby was born to a Romanian mother remanded to Hydebank Wood for alleged non-violent offences. Following the birth, the mother and baby were transferred to hospital but were returned to prison several days later. Later, they were granted non-custodial bail. Human rights standards clearly establish the importance of guarding against childbirth in custody.²⁶⁰

The Inspectorates' report on Ash House described arrangements for mothers and babies as 'rudimentary' with 'no policies and no special accommodation other than a larger cell with integral sanitation in which babies would be locked with their mothers'. At the time of the inspection there were no babies in prison, but the inspectors examined the 'mother and baby' cell which contained a screened toilet, fridge, storage facilities, a bed and a cot. There was one pregnant prisoner in Ash House during the inspection and the inspectors complimented the 'comprehensive arrangements' made for her ante-natal care. Their report, however, recommended the development of policy and procedures for mothers and babies including child protection arrangements and links with social services; the use of the 'mother and baby' cell by pregnant women not already occupied; and that babies should not be locked in cells.²⁶¹

Following the inspection the Prison Service established a multi-agency working group, tasked with developing policies for mothers and babies and, in 2006, it published a draft policy for consultation on the care of mothers

²⁵⁴ Caddle D (1998) *Age Limits for Babies in Prison: Some Lessons from Abroad*, Home Office Research, Development and Statistics Directorate: Research Findings No 80, Home Office, London.

²⁵⁵ Women in Prison (2004) *Response to Quaker Council for European Affairs Questionnaire*, WIP, London.

²⁵⁶ Andrew McClellan Chief Inspector of Prisons Scotland cited in HM Inspectorate Prisons *Follow up inspection of HMP and YOI Cornton Vale 2-3 February 2005* Scottish Executive, Edinburgh.

²⁵⁷ Edge D (2006) *Perinatal Healthcare in Prison: A Scoping Review of Policy and Provision*, on behalf of the Prison Health Research Network, Department of Health, London.

²⁵⁸ Above, p 6.

²⁵⁹ Above, p 19.

²⁶⁰ UN Standard Minimum Rules for the Treatment of Prisoners, Rule 23.

²⁶¹ Ash House inspection 2004 p 20.

and babies in prison. The final policy allows for babies to stay with their mothers until nine months old, although this is dependent on a process of application. If it is considered in the baby's best interests she or he will be removed from the mother before the age of nine months. Discussing the most appropriate time to separate mothers and babies, the policy document acknowledges that 'there is rarely a perfect solution' and that 'it is commonly a matter of finding the least bad option for the child'.²⁶²

The policy concedes that Hydebank Wood is 'not equipped to cater properly for children above 9 months'. A multi-agency admissions board has already been established to determine whether a mother may keep her baby in prison through a process of application. Women making applications can be accompanied by a friend during deliberations but the 'friend' must be another prisoner or a prison officer. The Human Rights Commission, in responding to the draft policy, has recommended that women be given other options, including taking relatives or friends from the community to provide support. The Commission also recommended the development of an independent advocacy service.

The policy requires a minimum of one member of staff on duty on landings which are housing mothers and babies, should have received child protection training, first aid and resuscitation training.²⁶³ The 'best interests of the child is the primary consideration, but, in the prison context, not the only one':

'Good order and discipline in the prison may have to take precedence over the interests of an individual child where his/her mother's conduct is such that it presents a risk of serious disorder and/or harm to other children and/or other prisoners.'²⁶⁴

The Commission has requested that the policy include information about available services for mothers separated from their babies, and those separated from older children. While, for example, the policy states that support 'may include' counselling for the mother, more detailed information is required on available services and their providers and whether women will have access to independent counselling and advice services.

An information brochure for mothers and babies warns that while cell doors will not be locked, mothers with babies are expected to remain in their cells during lock-up and not take advantage of the unlocked door. The containment of mothers and babies within cells for lengthy periods of lock-up is a considerable concern in terms of the mother's mental health and the best interests of the child.

While the Prison Service will provide some larger items, mothers are expected to supply their own equipment. It is evident that the Prison Service places responsibility on individual mothers to ensure their baby is adequately stimulated. This is a high expectation given the absence of a nursery facility, the lack of access to external day care and long periods of time confined to the cell.

In answer to the question: 'Can I breastfeed in the association area?', the policy states: 'Yes, as long as you are sensitive to other people's feelings, both male and female'. This pre-empts the forthcoming policy on breastfeeding to which the Prison Service is committed. It is also not compliant with Article 3 of the UN Convention on the Rights of the Child (CRC) regarding the 'best interests' of the child. Mothers should not need permission or approval from on-lookers to breastfeed. Breastfeeding has both physiological and emotional benefits for babies as well as having health benefits for the breastfeeding mother. The World Health Organisation recommends, where possible, that babies should be fed exclusively on breast milk for six months from birth, and should continue receiving breast milk as part of their diet for up to two years and beyond. The Committee on the Rights of the Child has commented on low breastfeeding rates in the UK.²⁶⁵

²⁶² *The Management of Mothers and Babies* [Online] (June 2006)
Available: <http://www.prisonsservice.gov.uk/publications/policydocuments>
[28 April 2007] para 3.20.

²⁶³ Above, para 7.7.

²⁶⁴ Above, para 3.10.

²⁶⁵ *United Nations Committee on the Rights of the Child Concluding Observations: United Kingdom of Great Britain and Northern Ireland* 9 October 2002, CRC/C/15/Add.188 at paras 41 and 42.

Recent research for the Health Promotion Agency for Northern Ireland found that lack of social acceptability for breastfeeding is a key reason why mothers resort to bottle feeding.²⁶⁶ Further, human rights standards require that ‘no male member of staff shall enter the part of the institution set aside for women unless accompanied by a female officer’, and that ‘women prisoners shall be attended and supervised only by women officers’.²⁶⁷

Fieldwork: mothers and babies

At the time of research fieldwork, there was one woman in Hydebank Wood with a young baby. The woman was sentenced to two years. In prison since early in the pregnancy, she had also suffered the tragic loss of her only child in the year prior to imprisonment. The woman talked researchers through her experiences from her first arrival in Ash House:

“I came in at eight weeks pregnant you see, and when I arrived I went to reception, I had to get a shower and they just asked me different questions and then they brought me up to the landing.”

Being pregnant the strip search was “very degrading”: “[Y]ou have to strip search. ... Just all the clothes off and done a burl around”. After two days she was moved over to the ‘4s’ (A4 landing for those on the enhanced regime) because of her pregnancy. The other prisoners on the landing were “very nice” but “I just cried my eyes out.” Of her first days in prison she stated:

“They gave me nothing. Like I had just lost my son at the age of 14, eleven months before that, not even a year. And nobody came to see me.”

These early days were filled with despair:

“I was grieving bad. I had to grieve on my own. The jail did not help me whatsoever. Because they think I smile, but you can put a brave face on. There was many nights I just wanted to kill myself. And that’s the truth. But I couldn’t tell them ones that because you’d be put down in the block.”

Q: “Were you afraid of that?”

“Aye, because the block’s not a nice place to be and I didn’t want cameras watching me all the time. Because I was pregnant I just had to be strong for the pregnancy. There’s many a night I just wanted to bang the doors and scream. Because when you’re locked up on your own you do a lot of thinking. There’s no one there to talk to or help you. A member of staff – I says: ‘I need to speak to someone’. He says, ‘What’s wrong?’, I says, ‘I’m not coping very well thinking of my wee boy’. And he sort of laughed at me. And I says, ‘What do you find bloody funny?’”

The pregnancy provided a focus for her life during that period:

“... to be honest like, if I hadn’t’ve been pregnant ... I probably would’ve killed myself in jail because I probably couldn’t’ve coped, because I was in a bad way at the very start. You know, I broke my heart and I just didn’t want to be here.”

Scared to open up to anyone associated with the prison, for fear of being placed in the “block” (SSU), she felt that counselling from an independent outside agency may have helped her to cope:

“ ... I just wanted to scream and shout and it was like something really building up inside me and I needed to get it out of me, you know. And I think that if somebody hadn’t come in to help me, it would’ve helped me. Definitely.”

²⁶⁶ Health Promotion Agency for Northern Ireland (2006) *Examining changes in knowledge and attitudes towards breast feeding in Northern Ireland 1999-2004* HPA, Belfast.

²⁶⁷ UN Standard Minimum Rules for the Treatment of Prisoners, Rule 53.

Being moved from landing to landing had unsettled her during her stay in Ash House. Having become settled on the enhanced landing, she was moved to a committal landing when five months pregnant:

“I was on a committal landing where anybody could come in and throw a tantrum. What if somebody had’ve threw a chair at me? They were using plastic plates and plastic cups. And you know ... when you’re pregnant things like that would turn you [make you feel sick] and I couldn’t really eat, only what I bought out of the tuck shop. I couldn’t use plastic plates or anything like that. And I says to [a manager], ‘Why have I got moved?’ And [the answer was] ‘because everybody’s being moved’. I says, ‘Do you realise I’ve a lot of problems?’ And that move really, really hurt me.”

As punishment for a failed drug test (a decision later revoked) her television was removed. It was the first anniversary of her son’s death:

“You know, the day of my son’s anniversary, it was breaking my heart, and they took my TV off and I’d to lie in the 3s breaking my heart. You know, I could have done myself [committed suicide] then or couldn’t have coped. But they didn’t seem to care. I says, ‘Do you owe me an apology?’ They says, ‘We have to do it’. I says, ‘but understand it was my son’s anniversary on the Saturday and you just put me over to the 3s, took my TV off me and just left me lying in the cell’.”

Following the birth of her baby in hospital, the woman returned to prison. The birth had intensified the feelings of bereavement:

“... you know it brought it all back to me and it’s just a terrible, terrible feeling, you know. My heart is broke in two and it’s never re-healed. ... I think you just can’t explain how you feel. But when I get out of here I’m going to [a bereavement service] ... ‘cos that’s what I think, I’ll need the help. ‘Cos I don’t want to explode you know. I just don’t want to crack up.”

Having been “really depressed and down”, she was diagnosed by the prison psychiatrist as suffering from post-natal depression and was prescribed anti-depressants. Her life history – raised in a children’s home following her mother’s death – and recent history of bereavement, had contributed to her depression.

Women on the enhanced landing had received parenting classes from Barnardo’s staff prior to the arrival of the baby on the landing. The mother herself and other women spoke very positively about the Barnardo’s project and worker. During fieldwork, the mother worked in the prison gardens and the child was cared for devotedly by other women, in the mother’s presence, while she worked.

Inevitably, having a mother and baby on a landing impacted on women other than the mother. A crying baby brought sleepless nights for others on the landing and, for some, was a poignant reminder of separation from their own children. One woman recommended a separate mother and baby unit for the benefit of all women, as mothers with babies “are leading a different life”. Many women in Hydebank Wood had become deeply attached and missed the baby after the mother’s release.

Context: mothers and children separated by imprisonment

Each year within the European Union an estimated 700,000 children are separated from an imprisoned parent.²⁶⁸ Research by the Social Exclusion Unit (SEU) found that approximately 125,000 children in England and Wales were affected by the imprisonment of a parent each year. Two thirds (66 per cent) of women prisoners had dependent children under the age of 18, and 39 per cent of female young offenders were mothers.²⁶⁹

²⁶⁸ Cited in EUROCHIPS (European Committee for Children of Imprisoned Parents) [Online] Available: website www.eurochips.org/presentation [28 April 2007].

²⁶⁹ Social Exclusion Unit (2002) *Reducing re-offending by ex-prisoners: report by the Social Exclusion Unit* Office of the Deputy Prime Minister, SEU, London, p 112.

Although children of prisoners are defined as ‘children in need’ in Northern Ireland’s Children’s Services Plans in each health trust area, no records are available on the numbers of children routinely affected by the imprisonment of a parent. It is evident from the Human Rights Commission’s research²⁷⁰ and NICCY’s research²⁷¹ that the UN Committee on the Rights of the Child’s request, made in its reporting guidelines, for disaggregated information on the children of prisoners is not met. This renders compliance with Article 20 of the Convention on the Rights of the Child (CRC) – special protection and assistance to children temporarily or permanently deprived of his or her family environment – inconsistent at best. Given the number of prisoners held in prison at any one time, and those passing through prison over a twenty-year period, it is reasonable to assume that the overall number of children affected at some point in their childhood by the imprisonment of one or more parent extends to tens of thousands.

Research by the Social Exclusion Unit, reported difficulties for families maintaining contact with prisoners; lack of involvement of families in sentence planning; inflexibility about visiting times resulting in children missing school to visit parents; lack of special training for prison officers in dealing sensitively with the needs and concerns of families; and little support for families when prisoners are released.²⁷² Women prisoners were more likely to be held further away from home; few children remained at the family home once their mother had been sentenced; and few mothers were able to stay with their babies in specialist mother and baby units.²⁷³ Mothers whose children were placed in care while they were imprisoned often found it difficult to regain custody.²⁷⁴

The charitable organisation, Kids VIP (visiting in prisons) described the loss of a parent to imprisonment as similar to bereavement:

‘Physically the parent is not there to do all the things they did with them before, such as watching or playing football together, telling them off, hugging them or whatever else they did at home. They may exhibit regressive behaviour – bed-wetting, temper tantrums, have problems at school, become withdrawn etc.’²⁷⁵

Children may experience emotional problems such as fear, anger, loss, shame, low self-esteem and confusion (especially as most children are lied to, or told nothing, about their parent’s whereabouts).²⁷⁶ For some children, the imprisonment of a parent who has been violent, or a problem user of drugs or alcohol, comes as a relief and respite from danger. Social problems for children regularly include stigma, behaviour problems, school difficulties, financial pressures, housing issues, isolation and health problems.²⁷⁷ The experience of Kids VIP is that children can find the ‘official security-conscious environment’ of prisons ‘overwhelming and frightening’. Both meeting and departure at visits are particularly difficult for children and adults.²⁷⁸

In her study of the experiences and needs of children of Loyalist political ex-prisoners in Northern Ireland, Spence distinguishes between psychological, social and physical effects.²⁷⁹ Children suffered depression, anxiety and panic attacks, and reported being ‘bombarded by a variety of strong feelings, which left them more confused and worried’. Typically, these included ‘loss, sadness, guilt, fear, anger, helplessness and loneliness’. Children, their mothers and teachers, ‘noted changes in their [children’s] normal behaviour’. Most significant among these changes were an increased propensity to violence and a ‘withdrawal from social interaction and the company of friends’. Often, they lacked trust in others and the capacity to build new relationships. Physical effects included ‘sleepless nights, weight loss or gain, headaches, stomach upset, recurring illness and bedwetting’.²⁸⁰ Spence found that a number of children in her study ‘were made to feel

²⁷⁰ *The Hurt Inside* 2005.

²⁷¹ Kilkelly U *et al* (2005).

²⁷² SEU (2002) pp 113-118.

²⁷³ Above, p 119.

²⁷⁴ Above, p 118.

²⁷⁵ Kids VIP (2005) *Children Visiting Prisons: Sharing Good Practice* Section One HM Prison Service, National Offender Management Service & Kids VIP, London.

²⁷⁶ Above, Section One.

²⁷⁷ Above.

²⁷⁸ Above.

²⁷⁹ Spence L (2002) *Unheard Voices: The Experiences and Needs of the Children of Loyalist Ex-prisoners* EPIC, Belfast.

²⁸⁰ Above, pp 20-21.

that they had “done something” or been guilty of something themselves’. There was a marked difference ‘between the treatment of ex-prisoners’ children in urban and rural settings’, with all participants from rural locations believing ‘there was less stigma suffered in urban areas’. Children felt that they were not considered as ‘individuals with their own views and opinions’ but labelled as an ‘ex-prisoner’s child’.²⁸¹

Jamieson and Grounds note that most children of politically motivated prisoners knew of their imprisonment, but it was not clear whether the children ‘had been told of the offences for which their absent parents had been imprisoned’.²⁸² They state: ‘studies of prisoners’ children emphasise that withholding the truth has potentially harmful effects on the child later on, for example, if the child is given a partial or distorted account of the circumstances at school from other adults, or from the media’. While poverty in meeting basic needs such as housing, food and clothing was a material consequence, the emotional struggle involved attempts to maintain meaningful family contact in the inhibiting and punitive situation of prison visits.²⁸³ A number of the ex-prisoners ‘reported that they previously had, or were continuing to have, difficulties in their relationships with their children’.²⁸⁴ Jamieson and Grounds’ findings are consistent with McEvoy et al who recorded that ‘63% of prisoners’ partners reported that their children were experiencing problems relating to their parents’ imprisonment (e.g. disturbed behaviour, anger, depression)’.²⁸⁵ Scraton and Moore confirmed the despair and loss of autonomy felt by mothers in prison in Northern Ireland, compounded by limited access to telephones and absence of child-centred visiting arrangements for women in Maghaberry prison at that time.²⁸⁶

Bosworth’s research notes that ‘many of the women appeared to define their sense of self and their needs, as well as their experience of imprisonment, in relation to their identity as mothers’.²⁸⁷ While accepting that male prisoners also experience a sense of loss, specifically with regard to their assumed role as material providers but also as partners/husbands/fathers, Carlen raises the particular responsibilities of women as carers/tenants/mothers. For the mothers in her study the maintenance of meaningful relationships with children, through letters and visits, was a recurrent source of tension.

The persistent and shared issues recorded by Carlen included loss of contact and participation in day-to-day decisions affecting their children; the distances travelled for visits; strip searching of women before and after visits; and intrusion of discipline officers during visits. Taken together, the pressures constituted a ‘very specific maternal pain’.²⁸⁸ Whatever the claims made for social and cultural shifts in gender roles, women remain the primary carers for spouses/partners and children. Imprisoned fathers rely on their wives/partners for childcare. For most imprisoned mothers, however, the responsibility for childcare, all or in part, falls mainly on other women within their family.

The 2004 CJINI/HMCIP inspection of Ash House found that 39 per cent of women prisoners responding to its questionnaire were mothers. At that time, there were no special children’s visits or formal arrangements for family support such as qualified family liaison officers. The Inspectorates recommended that special family and child visits should be initiated.

Research carried out for the Northern Ireland Prison Service found that 60 per cent of women surveyed in Hydebank Wood were mothers and, of this group, one-third was on remand. Between them, the mothers had 30 children and eight grown-up children. Of these, the remand women taken together, were mothers of 16 children all aged under 14 years.²⁸⁹ The authors could not ‘underestimate the impact of a parent being sent to prison’:

281 Above, pp 61-63.

282 Jamieson R and Ground A (2002) *No sense of an ending: the ethos of long-term imprisonment amongst republican prisoners and their families* SEESYU Press, Monaghan.

283 Above, p 40.

284 Above, p 39.

285 McEvoy K, Lynn O and Horner C (1999) ‘The home front: the families of politically motivated prisoners in Northern Ireland’ in *British Journal of Criminology*, Vol 39, Number 2, pp 175-197.

286 *The Hurt Inside* 2005 chapter 4.

287 Bosworth M (1999) p 106.

288 Carlen P (1998) p 39.

289 Northern Ireland Prison Service (2005) *The re-integration needs of women prisoners in Northern Ireland* NIPS, Belfast p 15.

***'The majority of women prisoners were mothers and these women often felt keenly the impact of being separated from their children. Those on remand have the additional problem of not knowing how long they'll be separated from their families ... some mothers interviewed were not allowed access to their children either through a court order or a decision made by the father of their child.'*²⁹⁰**

The study was critical of the 'limited child-contact within the formal setting of the prison environment' and 'restricting visiting hours appeared to make many of the mothers uncomfortable'. It concluded: 'It is not clear that the existing facilities for visits provide an environment that encourages parental bonding'. It was noted that women have to meet their families surrounded by 'young offenders' and their visitors.²⁹¹ The study also documented positive developments including child-centred visits and a family room with soft furnishings and toys in the main visits area. However, take-up of child-centred visits was low and staff were 'looking into this'. Prison Link (a service run by NIACRO) had volunteered a childcare service for prisoners who wished to see their children individually.

The Prison Service study recommended that 'there should be increased contact between mothers and children, in a more sympathetic setting and children should be involved throughout the mothers' sentence'; 'future accommodation for women prisoners should incorporate provision for children to stay overnight with their mother in prison'; 'family centred visits should be further developed for the women in Ash House'; and 'the needs of fathers as substitute carers should be considered when organising visits and other parental issues'. Prison Link 'should consider relevant services specifically for male carers'; and 'families should be included in the reintegration process wherever possible to negate a risk of family break-up or estrangement during sentence'.²⁹²

Current research: mothers in Hydebank Wood

The work of non-governmental organisations is central to services for families in prisons in Northern Ireland. Hydebank Wood Visitors' Centre, run by NIACRO, was opened in December 2004, providing a comfortable waiting area for visitors. As part of its 'Family Links' programme, funded by the Probation Board and other agencies, staff from NIACRO are available to offer advice and support to visitors. Services provided by Family Links include transport to and from prisons; childcare support for child-centred and other visits; and advice and information.²⁹³ The children's charity, Barnardo's Northern Ireland, has produced three accessibly written information booklets for mothers coping with prison, children separated from their mothers by imprisonment and carers of children whose mother is in prison.

When visiting mothers in Hydebank Wood, children are security screened including being sniffed by a 'drugs dog'. Mothers reported this to be a frightening experience for some children. The visits area is comprised of tables at which prisoners and their visitors sit, and a small play area for young children supervised by NIACRO staff. Mothers reported dissatisfaction at sharing the main visits area with male 'young offenders'. They were not allowed to leave the visits table to accompany young children to the vending machine and some felt this undermined parental authority and contact. They also commented on negative opinions voiced by some prison officers in front of their children. The absence of toilet facilities for children once through security was of concern to both mothers and professionals.

Child-centred visits had been introduced for women in Hydebank. Prisoners can receive two child-centred visits a month. A mother described the arrangement:

²⁹⁰ Above, p 16.

²⁹¹ Above, p 16.

²⁹² Above, p 10.

²⁹³ 'Family Link' services are provided by NIACRO to the families and children of prisoners [Online] Available: <http://www.niacro.co.uk/our-services/working-with-prisoners-their-families-and-children/projects/16/family-links/> [6 February 2007].

“The children can go into a wee room with me. The wee room’s fairly well kitted out ... Play Station and all, available inside the room. You can get photographs taken. Children [have] privacy in the room with me.”

Telephone contact is vital for mothers separated from their children. In Hydebank Wood, mothers can phone their children but children cannot phone into the prison to speak to mothers. Barnardo’s recommends that carers try to plan for children to be at home at an agreed time to receive calls as ‘sometimes getting use of the phone may be difficult for mum’.²⁹⁴ The information booklet for children urges them not to be upset should their mother not be able to talk for long ‘as there may not be much money left on her card or others may be waiting to use the phone’.²⁹⁵ Information for carers recommends using an answer-machine so that mothers can record a message that children can replay any time they want to hear her voice.²⁹⁶

Mothers interviewed in a focus group spoke of their sense of loss at being separated from their children:

“I’m a mother and I can’t get to see my children because they live too far away. It wouldn’t be fair on them but it drives you mad sometimes when you’re in your cell so much and all you do is think and think. You have conversations with yourself. I get worked up sometimes after phone calls to home, but then when you’re in your cell you get paranoid and upset and you feel useless, especially when you’ve no control over things in your life. I lost so much when I came in here.”

“The first real lesson of being in prison was not to see your daughters for five weeks and then to see them [daughters and husband] expecting one-and-a-half-hours on a Sunday and then to be cut short to 45 minutes: ‘your time is up’. But I’d been enhanced from the Monday before the visit. They said, ‘It doesn’t state that here’. When I got back on the landing they said it took two weeks for that to go through. Everybody was devastated. My husband tried to say it was alright because he didn’t want to make it difficult for me. There were so many personal things I wanted the girls to do for me that I’d left to the end of the visit and suddenly I was away. They just told me I’d have to go and I was completely shocked. Then I knew what being in prison really meant.”

“My child is my best friend as well as my son. I’ve had no contact with him since I’ve been in prison. I’ve written letters for a visit. He’s under a care order. But I don’t know anything.”

“My children can’t come and visit because they don’t have ID. They have no driving licence and no passport so they can’t come. They couldn’t get here anyway because it’s too far to travel. The worst thing of all is them not being able to visit.”

As identified by the Prison Service’s resettlement research, some mothers were separated already from their children through loss of custody or through bereavement. A mother whose children had been taken into care commented, “You’ve no-one to talk to”. She intended to:

“... keep to myself until I get out and then let it out. The Court said I was like a bomb waiting to explode. I’ve never been to prison so much as when they took my kids into care. They’ve ruined my life. I don’t care if I commit crime.”

²⁹⁴ Sloan, D *Family Ties: Information for carers when mum is in prison*, Barnardo’s Northern Ireland, Belfast, p 34.

²⁹⁶ Above, p 35.

²⁹⁵ Above, p 21.

Another mother told how:

“Social services came down and told me I would never see my kids again. Said I was a danger to my kids. ... [I] used shoe laces, attached them to bars on the window. ... They [Social Services] say they don’t have resources to do supervised visits. ... They won’t give me the telephone number to talk to the children. ... I’m feeling suicidal about it. It’s hard. Knowing the kids need me keeps me alive. ... If I hadn’t kids I’d have been dead weeks ago.”

Some mothers stated that the fear of losing contact with children was being used by officers to gain compliance. A mother of young children on remand commented that a prison officer had spoken threateningly to her about the length of sentence she might receive:

“He says, ‘You’re going to get twenty years and do ten’. I’m only going to get to see my kids when they’re 30 years old and that I can’t cope with. I tried to kill myself that night. He pushed me over the edge.”

An issue raised by women, and in which the Human Rights Commission has taken a particular interest, is media intrusion into the lives of mothers in Hydebank Wood and the consequent impact on their children. The publishing of photographs of women in Hydebank Wood, in stories often unrelated to their cases and the use of sexualised commentary can only add to the hurt experienced by prisoners’ children. The Hydebank Wood chaplains were so profoundly concerned about the impact of tabloid coverage that they wrote collectively to a newspaper imploring the editor to ‘think hard about what you have done’ to women and their families.²⁹⁷ The Chief Commissioner of the Human Rights Commission also approached local editors and journalists to remind them of the potential harm to children by the continued coverage, and of children’s rights in this situation. Children have a right to privacy under Article 8 of the European Convention on Human Rights (ECHR) and also a right to be protected under the UN Convention on the Rights of the Child (CRC) at Article 19.

Recommendations

Community-based disposals should be developed for mothers of young children as an alternative to imprisonment. (Recommendation 41)

Custody for pregnant women and mothers of young children should be used as a last resort for women who have committed the most serious offences and who ‘represent a danger to the community’. (Recommendation 42)

In exceptional circumstances where a mother is imprisoned with her baby, the age limit for children held with mothers should be raised to three years. (Recommendation 43)

There should be adequate crèche and nursery provision for young babies, including links with crèches in the community. (Recommendation 44)

Family-friendly policies should be developed and visiting arrangements introduced to maximise children’s contact with their mothers. This should include extended child-centred visits in the privacy of family rooms. (Recommendation 45)

Chapter 11

Release and resettlement

Human rights standards

From the outset of a prisoner's sentence consideration should be given to their rehabilitation and release.²⁹⁸ As soon as possible, an appropriate training programme should be established.²⁹⁹ Statutory and non-statutory agencies should ensure that released prisoners have 'suitable homes and work to go to, are suitably and adequately clothed ... and have sufficient means to reach their destination and maintain themselves in the period immediately following their release'. Approved agencies' representatives should be given access to prisoners and consulted about plans for their future. Activities must be co-ordinated to secure the best outcome.³⁰⁰

'Meaningful remunerated employment' in prison should be used in preparing prisoners for reintegration.³⁰¹ Activities involving contact with the outside community should be available to enhance the prospect of resettlement.³⁰² Community and social organisations should be involved in assisting with prisoners' reintegration.³⁰³

For prisoners serving long sentences there should be a gradual return to 'society' using, for example, pre-release schemes or conditional release under supervision with adequate support.³⁰⁴ Effective healthcare is recognised as a vital element of preparing prisoners for resettlement.³⁰⁵

Context

In 2001, in the first joint thematic report on resettlement by Her Majesty's Inspectorates of Prisons and Probation, *Through the Prison Gate*, the Inspectorates concluded that although there were examples of good practice, there was no overall strategy for resettlement and 'the resettlement needs of many prisoners are being severely neglected and further, many offenders continued to be released without having addressed their offending behaviour, a deficiency that is seldom made up following release'. The report used the term 'resettlement', but it is acknowledged, however, that the concept is problematic:

'There will be those who look to older terminology – such as aftercare and throughcare – and who may see the use of resettlement as an example of a general tendency to introduce less tender or morally more neutral language. Others may feel that resettlement is as much open to objection as rehabilitation and reintegration on the grounds that it implies restoration of a condition that never was: many imprisoned offenders were not habilitated, integrated or settled prior to their incarceration.'

The core recommendation was a call to develop and implement a national strategy.³⁰⁶

Research published in 2002 by the Social Exclusion Unit (SEU), highlighted the link between social exclusion and offending and re-offending. In a foreword the Prime Minister, Tony Blair wrote that problems of social exclusion 'do not excuse criminal behaviour' but 'they do begin to show how we help people put a stop to it'. Promising to 'redouble our efforts to rehabilitate prisoners back into society effectively', he argued for a 'new contract' with prisoners offering 'greater support in return for quitting crime'.³⁰⁷

298 UN Standard Minimum Rules for the Treatment of Prisoners Part II B 80.

299 The European Prison Rules, Revised European Version of the Standard Minimum Rules for the Treatment of Prisoners (2006) Rule 10.1.

300 UN Standard Minimum Rules for the Treatment of Prisoners Part II B 81(3).

301 UN Basic Principles for the Treatment of Prisoners (1990).

302 The European Prison Rules, Revised European Version of the Standard Minimum Rules for the Treatment of Prisoners, Rule 66.

303 UN Basic Principles for the Treatment of Prisoners, Principle 10.

304 The European Prison Rules, Revised European Version of the Standard Minimum Rules for the Treatment of Prisoners, Rule 88.

305 Above, Rule 32.

306 Her Majesty's Inspectorate of Prisons and Her Majesty's Inspectorate of Probation (2001) *Through the Prison Gate: A Joint Thematic Review by HM Inspectorates of Prisons and Probation* Home Office, London, at Foreword by Rod Morgan and Anne Owers.

307 Social Exclusion Unit (2002) *Reducing re-offending by ex-prisoners: Report by the Social Exclusion Unit* Office of the Deputy Prime Minister, London, p 3.

The SEU found that a high proportion of prisoners had lifetime experiences of social exclusion and on release would endure social exclusion again. In many cases, therefore, 'the task is not to resettle prisoners in society, but settle them for the first time'.³⁰⁸

The SEU referred to some positive initiatives but found provision uneven. Most prisoners, particularly those on short sentences, received little practical support before or after release.³⁰⁹ The report acknowledged additional problems facing female prisoners whose needs were often overlooked or considered only within a male-oriented system and context.³¹⁰ The way forward proposed by the SEU was to reduce the numbers of prisoners inappropriately remanded or sentenced to custody, including those inappropriately imprisoned on short-term sentences and those with severe mental illness. These factors were identified as contributing to over-crowding thus limiting the prison and probation services' capacity and ability to work effectively with prisoners. A multi-agency co-ordinated approach was required within prison, to be sustained long after a prisoner's release. It was recommended that government develop a National Rehabilitation Strategy.³¹¹ In 2004, the Home Office produced a national action plan to reduce re-offending, aimed at establishing an advice service in every prison, providing support and making arrangements for suitable housing on release.

In a review of gender and the criminal justice system, the Fawcett Society highlighted problems faced by women in achieving rehabilitation and resettlement.³¹² A high proportion of female prisoners serve short sentences of less than 12 months, allowing 'little time to address the complex needs that many women in prison have'. Women's histories of self-harm, high levels of drug dependence and mental health problems create particular challenges. The study found that 'unlike most male prisoners, the majority of women in prison are single and have no one on the outside keeping the home going'. In regard to mothers: 'many women lose their homes whilst inside and face the catch-22 upon release of needing a home to get their children back but they will only be a priority for housing if they have their children living with them'.³¹³

Niven and Stewart's Home Office research found that family and friends play a vital role in resettlement.³¹⁴ Those prisoners who received no visits during their sentence were less likely to have jobs or accommodation arranged on release. Men who had lived with a partner prior to entering prison were likely to return to that living arrangement, but prison had a significantly greater impact on women's relationships. Having a safe, drug-free environment on release was a key factor in helping people stay off drugs.³¹⁵ Formal intervention in prison was crucial in assisting prisoners arrange education, training and employment and accommodation, and, where possible and appropriate, families should be involved in the process. Overall, Niven and Stewart recommended:

'Prisoners tend to have more than one problem and the problems are often inter-related. Interventions, therefore, should not be made in isolation but should take into account the overall pattern of need.'³¹⁶

Harding and Harding, in their study of 'inclusion and exclusion in the re-housing of former prisoners', warn that 'the concern to exclude "undesirable" elements appears to have grown as crime control has become an explicit part of housing management in recent years'. They concluded: 'the apparent conflict between resettlement and housing policies represents a ... fundamental difficulty'.³¹⁷

Seymour's findings on the need to tackle homelessness for people leaving prison in the Republic of Ireland is instructive and relevant to the situation in Northern Ireland:

308 Above, p 8.

309 Above, p 8.

310 Above, p 139.

311 Above, p 9.

312 Fawcett Society (2006) *Understanding your duty: Report on the gender equality duty and criminal justice system* FS, London.

313 Above, p 14.

314 Niven S and Stewart D (2005) *Resettlement outcomes on release from prison in 2003: Findings 248* Home Office, London p1.

315 Above, p 3.

316 Above, p 6.

317 Harding A and Harding J (2006) 'Inclusion and exclusion in the re-housing of former prisoners' in *Probation Journal: The Journal of Community and Criminal Justice* Volume 53 Number 2 June 2006 pp 146-147.

***'Unless the challenge of reintegrating homeless prisoners into mainstream society is addressed the most predictable outcome is that homeless prisoners will continue to move between the street and the prison cell returning repeatedly to a costly system of imprisonment designed to punish but which in reality often provides the only form of respite from the chaotic and harsh realities of life on the streets.'*³¹⁸**

In 2003, the Northern Ireland Prison Service and the Probation Board carried out a review of resettlement. The review recognised the joint responsibilities of the probation and prison services.³¹⁹ It included a report of a meeting with 12 female prisoners in Mourne House, Maghaberry in March 2003. The women's criticisms included lack of access to the same opportunities as male prisoners; unavailability of workshop facilities; the educational focus on recreational activities over academic subjects; lack of structure to the prison regime; distrust between women prisoners and officers; poor visiting facilities; and high levels of lock-up due to 'staff shortages'.³²⁰ The review provided a brief analysis of the problems facing female prisoners on release, including difficulty maintaining housing, and highlighted problems in regaining custody of children placed in care. It noted the lack of opportunity to gain qualifications or work experience and, consequently, an associated lack of confidence. Finally, it revealed the high levels of substance abuse and mental health problems experienced by women, and the lack of approved programmes to tackle female offending.

The review was followed, in June 2004, by the publication of a resettlement strategy by the Prison Service. The Inspectorates criticised the strategy for its lack of focus on the particular needs of women. The inspection report found that residential staff from Ash House did not attend resettlement meetings taking place in Hydebank Wood. It recommended the development of 'a specific local strategy for women and girls, based on a needs analysis, with an action plan to ensure that all staff at Ash House are aware of their resettlement responsibilities'.³²¹

In response to the Inspectorate's recommendations, the Prison Service commissioned research (previously discussed in chapter 4) on the 're-integration needs of women prisoners in Northern Ireland'.³²² The report found that 60 per cent of the women would appreciate help with housing issues while in prison, and 44 per cent wanted assistance with housing on release. Almost half of the women (44 per cent) stated a need for immediate help with training, drug or alcohol issues and psychological problems (with around one-third wanting help with these issues on release). Over one-third required career advice and work experience while in prison and on release. One-quarter wanted help with family relationships and one-fifth, on managing money.³²³ Two-thirds did not feel safe returning to their community.³²⁴

Fifty-two per cent of the women felt that they were 'not encouraged to think about and plan for their release at Hydebank Wood', and they 'felt the support they received at Hydebank Wood would not help them stop committing offences when released'. The reintegration research found that 'although there was a sense of a good range of available activities' in the prison, provision was 'fairly mixed' and 'there was little sense that the activities had been tailored to meet the specific needs of the women or to improve their employability on release'. The research found that 'boredom and lack of occupation characterised the environment portrayed in the majority of responses', concluding that 'resettlement needs would be better met by a prison regime that included full daily occupation'.³²⁵

When asked what would help their return to the community, over two-thirds of the women opted for 'support services'.³²⁶ While half of the women would be released under probation supervision, others who would not

318 Seymour M (2006) 'The Recurring Cycle: Pathways of Homelessness, Crime and Imprisonment' in *Prison Service Journal* July 2006 No 166.

319 Northern Ireland Prison Service and Probation Board for Northern Ireland (2003) *Strategic Review of Resettlement Services* NIPS and PBNI, Belfast, p 5.

320 Above, p 138.

321 Ash House inspection p 51.

322 Northern Ireland Prison Service (2005) *The re-integration needs of women prisoners in Northern Ireland* NIPS, Belfast.

323 Above, p 32.

324 Above, p 34.

325 Above, p 30.

326 Above, p 33.

be released under supervision felt they would benefit from such provision. Support provision suggested by women included 'halfway house' options, graduated release, and day centres and support from mentors, peers and family. The report recommended a model consistent with the Phoenix Centre at the Dochas Centre (the women's unit at Mountjoy Prison, Dublin) as an alternative. Its key recommendation was that 'we should find ways to ease the transition for women from prison to the community'.³²⁷

Within most progressive prison regimes it is expected that following a risks and needs assessment, all prisoners should have a personal sentence plan regularly reviewed and modified during their time in prison. The principle being, from induction through to release, that personal development is planned, monitored and adjusted throughout sentence towards resettlement. In theory, sentence plans are constructed to provide a comprehensive and consultative approach to each prisoner's time in prison. The inspectors noted that initial resettlement plans were drawn up followed by more detailed reports commissioned later to include education, resettlement and probation. They commented that not all plans had been collated and 50 per cent had not been allocated. Further, there were 'no separate arrangements for women and girls and little ownership of the process among Ash House staff'.³²⁸

An important aspect of sentence planning in other jurisdictions has been the initiation of 'personal officer schemes'. Personal officer schemes have been the focus of considerable debate, mainly focusing on the potential problems, personal as well as practical, of having a professional relationship 'imposed' on prison officers and prisoners who might not relate well for a range of reasons. Personal officer schemes as part of planning and management sentences, however, are considered an effective means of securing good relations between staff and prisoners while also ensuring that prisoners have direct access to support. The inspectors were concerned that there was no such scheme in Hydebank Wood and 'no named individual member of staff to whom prisoners could go for help', with residential staff having 'little input into key decisions about prisoners'.³²⁹ The inspectors recommended the introduction of a personal officer scheme, concluding:

'...there was little engagement by residential staff with individual prisoners about their personal circumstances and that generally did not get involved in helping to deal with prisoners' resettlement needs. We were told that many prisoners stayed such a short time that assigning a personal officer was pointless but this overlooked the benefit of support that a named key worker could provide to both short and longer-term prisoners.'

Findings from the current research

An information booklet produced for women by the Prison Service states:

'Shortly after the Induction Programme a member of staff will help you complete a personal resettlement plan for how you are going to spend your time in custody. This plan will identify areas of work, education and programmes aimed at helping you address your offending behaviour.'³³⁰

In reality, however, opportunities for work and programmes were limited making it difficult to plan for resettlement, especially for those serving longer-term sentences.

The Probation Board and NIACRO provide services for women in Hydebank Wood, including support and advice on housing, training and employment. Probation contributes to the funding of the Family Link service run by NIACRO. The Probation Board has a permanent office within the prison grounds and although its statutory duty is limited, the Prison Service states that the Probation team 'provide services to all women and the role of Probation extends beyond those who are subject to statutory supervision'.³³¹ Probation staff meet with all

³²⁷ Above, p 35.

³²⁸ Northern Ireland Prison Service (2005) *The re-integration needs of women prisoners in Northern Ireland* p 52.

³²⁹ Above, p 21.

³³⁰ HM Hydebank Wood Training Team, *Hydebank Wood Prison and YOC, Ash Tree House NIPS* undated.

³³¹ Prison Service communication to the Commission, February 2007.

women on committal and 'resettlement plans, reviews and pre-release plans are completed'.³³² Probation staff are also involved in delivering offending-behaviour programmes to women including alcohol management and anger management. Probation staff were proud of art therapy work, introduced to Ash House in April 2005 and offered to all female prisoners.

NIACRO has a staff member dedicated solely to working with women on resettlement issues. Professional workers interviewed for the current research commented that issues relating to resettlement are receiving more attention within the Prison Service than previously, and that the non-statutory sector has an important role to play in providing resettlement services. Professional workers and service providers, however, also commented that deficits remain regarding resettlement services for women.

In interviews, prison managers stated an intention, where appropriate, to create opportunities for women to gain work experience outside prison. Figures later provided to the Commission by the Prison Service indicate that, during 2006, four women participated in 'Outside Work Schemes'.³³³ On the first day of fieldwork, the researchers were introduced to two young women about to be released and who had successfully taken part in external work experience. With the support of the Probation Service, one woman was about to enrol on a college course. In 2006, two women prisoners also participated in a 'working from home' scheme which was introduced in 2004.³³⁴ External work experience, however, was available for only a small number of women. Barriers to broadening opportunities were said by managers to include the possibility of adverse media reaction and security considerations, particularly where long-term prisoners were concerned. High numbers of remand prisoners and short-term prisoners were also identified as barriers to creating external employment opportunities.

Within Hydebank Wood, as at Mourne House, gardening was the main source of work experience for women prisoners. The gardens were a constant hive of activity as the women prepared Christmas wreaths and Mothering Sunday floral arrangements, with proceeds donated to a local charity. The Independent Monitoring Board Chair depicted work in the greenhouses and gardens as "the big success story", continuing: "When the women arrived and [prison officer from Mourne House] came it was a terrific advantage. They transformed the place, right throughout the year". However, he acknowledged that sentence planning was a problem particularly for prisoners on short sentences: "There is a particular problem when prisoners are in and out and there's no continuity".

Other work and training opportunities included computing and cookery classes in the education block and working as orderlies in the residential area and laundry. Unlike young men in Hydebank Wood, women were not able to train in the prison kitchens to gain qualifications towards a career in catering. Similarly, while boys were able to train in woodwork and building-related trades, these opportunities were not available to women some of whom expressed interest in training in joinery and building work.

The situation for women nearing the end of sentences, especially for medium to long-term prisoners, was very different and clearly unequal to that of male prisoners. At HMP Magilligan, where sentenced prisoners on short to medium-length sentences are accommodated, there is a dedicated resettlement unit, Foyleview. In Foyleview, selected male prisoners 'work out' in the community gaining valuable experience, in some cases leading to offers of employment on release. Similarly, long-term prisoners in Maghaberry towards the end of their sentence may have the opportunity to transfer to Crumlin Road 'working out centre'. Like Foyleview, prisoners in Crumlin Road work outside the prison returning to the unit in the evening. Prisoners in Crumlin Road and Foyleview can return home every other weekend in the period before release. No equivalent unit exists for female prisoners nearing the end of their sentence although at the time of writing the Prison Service was planning a less secure unit for long-term female prisoners in Ash House.

³³² Above.

³³³ Above.

³³⁴ Above.

Prison staff, professionals and women prisoners agreed that homelessness and lack of suitable accommodation was a major problem particularly for women with drug and alcohol dependence and/or mental health problems. The Housing (Northern Ireland) Order 2003 places a statutory duty on the Northern Ireland Housing Executive (NIHE) to provide temporary and/or permanent accommodation for certain groups of homeless people. Pregnant women and people with dependent children are assessed as being in priority need as well as young people at risk of financial or sexual exploitation. When an application is made to the NIHE, four tests must be met: homelessness, priority need, intention (the person should not have intentionally made themselves homeless), and acceptable behaviour. Legislation, introduced in 2004, allows the NIHE to refuse a person accommodation on the grounds of his or her, or a member of their household's, 'anti-social' behaviour.

Examples of housing issues given by professionals included an alcoholic ex-prisoner being unable to gain access to his or her boarded-up flat and, consequently, living in a shed for two days; an alcoholic older woman on release being taken to housing offices by a member of the clergy and subsequently having to sleep in a bus station because of a lack of supported accommodation; and a young girl spending Christmas day sitting under a tree in Belfast with only a duvet and cigarettes. The girl did not attempt to find hostel accommodation because she feared crowds of people.³³⁵

A professional worker commented on the difficulties for women leaving prison:

"[name, woman prisoner] does not want to go out homeless. There are only four places in a hostel in Cookstown. ... If a woman has an addiction there are some places in Belfast they can go but these are the very worst. If women are on drink or drugs it's a big temptation to go back to them."

Prisoners must also manage to secure social security benefits. For example, having benefits stopped or rearranged on entering prison to avoid benefit arrears, sorting out housing benefits, negotiating debt and childcare benefits. NIACRO is committed to intervening to assist women with this process from the time of admission and at release. Professionals commented that women were not always given adequate information by prison officers on their entitlement to a discharge grant on release. In their experience, women just released from prison wait from three weeks to three months for job seekers' allowance, disability or sickness benefits. NIACRO and the Prison Service have jointly approached DHSSPS regarding provision of services to alleviate hardship and improve service provision to prisoners on release.

A chaplain gave examples of three women, each of whom had been out of prison for over three months and were suffering hardship. None had received the benefits to which they were entitled. Another woman was due for release that week but was ineligible to receive benefits until she had a residential address. It was proving impossible for her to establish an address as she had not been allocated a hostel place and was unable to access private accommodation. Professionals commented that bed and breakfast accommodation was not accepted as an appropriate residential address by the DHSSPS, thus making it extremely difficult for some women to receive benefits.

Women on remand commented on the lack of support for resettlement:

"I've been on remand for five months and I'm in court for my hearing on Thursday, so I should be sentenced maybe within six weeks depending on the courts, so I won't know until then. Probation has not come near me. The Probation Officer doesn't know I exist. ... If I'm sentenced and I'm here then I'll get home leave and Probation, I'm sure, will take something to do with me. But until it really happens, at the minute there's nothing. I'm in limbo, I'm just waiting." (Remand prisoner)

³³⁵ The Prison Service states that two of the women 'did not make themselves available' to meet with a benefit advice worker prior to discharge but that they were eventually assisted in completing the necessary forms immediately prior to discharge (Communication to the Commission, February 2007).

“You’re on remand too long, so when you get your sentence you’ve it nearly served. So Probation and all can’t do any work with you. There’s no time to sort out training.” (Remand prisoner)

“There is no resettlement help for prisoners on remand. It is so difficult for girls when they go out because they’ve had all responsibility taken from them. I’m dreading getting out of here – my strength is just ripped from me. Your integrity is destroyed. Nobody believes you. They don’t give you any self-confidence.” (Remand prisoner)

Longer-term prisoners commented on the difference between their situation and that of male prisoners, and on the lack of provision for women in Northern Ireland compared with Britain or the Republic of Ireland:

“Like the men in their last three years [at Maghaberry] are moved over to Martin House ... they don’t get locked till 11pm, they have their own room key and they’re allowed to make their own meals. Why can they not do something like that for women? ... we do need to get used to being out and about. Like even prices of stuff Like they hold all our money, we never see money. If I was in England I would be sitting in an open prison. They would be trying to get me working out in a working out scheme. I don’t know what they’re doing here. Nobody has come forward to say anything. I don’t think really they know because I’m female.” (Long-term prisoner)

Women with mental health problems require not only accommodation and benefits on release but also assessment of, and provision for, their mental health needs. A woman with mental health problems, diagnosed as personality disordered, stated that she was receiving assistance from a mental health specialist in the prison in preparation for further support in the community on release:

“[Psychiatrist] is sorting things out for me at the minute so she is. Accommodation and my psychiatry issues, she’s sorting out that for me as well ... down where I live there’s accommodation, like a hostel that’s meant to help mental health, in Derry where I live. There’s a doctor and two nurses and they’ve got a three bedroom house right beside it. ... They’re called the Action Mental Health flats and they’ve got doctors and nurses”

She had lived previously in the accommodation and found the services supportive:

“They [health professionals] make contact with you every day, asking you, you know, how you’re doing, how you feel, how I’m keeping. They ring up and enquire, they’re very good.”

Other women with mental health problems, especially those diagnosed as having personality disorders had experienced inadequate support on release and staff, managers and professionals in the prison confirmed the need for more effective mental health services for women leaving prison:

“We know we have got them to a certain stage, and then it’s lost when they go out again. ... Mental health teams need to accept responsibility for prisoners going back to their areas. Child and adolescent mental health is just not there. We have fought on this for years. We try to get services set up before someone goes out.” (Healthcare professional)

Following the inquest, in February 2007, into the death of Roseanne Irvine, a 34-year-old mother who died by hanging in Mourne House in 2004, Dr Raman Kapur, director of mental health charity, Threshold, and consultant clinical psychologist lamented the closure of Bridge House, a special unit in Belfast for people suffering personality disorders. Roseanne had previously lived in Bridge House. It was closed because of a lack of funds. Dr Kapur commented to the media: “I went round with a begging bowl for money from different

government agencies, including the prison, and I was turned away". He said, "I had to live with that decision ... knowing as a clinician that the likelihood was that some of the people who would leave that unit would take their own lives – I did not meet a lot of compassion in the system".³³⁶ Lack of appropriate accommodation for women with mental health problems, including personality disorder, was agreed by professionals and NGO workers to be an ongoing and serious problem.

Professionals commented on the need for a comprehensive resettlement service for women in prison funded by the state but run by an independent agency. Following the Prison Service's re-integration report, a proposal for a Women's Centre to include a hostel/day centre was presented to the 'multi-agency steering group'. In August 2006, the Probation Board for Northern Ireland (PBNI) presented the proposal to the Eastern Area Supporting People Partnership. The proposal was accepted and the Prison Service and PBNI were, at the start of 2007, working on a business case for the Supporting People Partnership.³³⁷

Recommendations

A comprehensive programme should be developed for sentenced women prisoners, particularly those serving medium to long-term sentences. The programme should cover reception, induction and assessment through accommodation, sentence planning and programmes, to pre-release and resettlement. (Recommendation 46)

The Prison Service in co-operation with relevant agencies should introduce effective sentence planning, administered by trained officers with specific responsibility for initiating sentence plans and monitoring their progress. (Recommendation 47)

³³⁶ See: BBC News online 'Suicide was "partly prison fault"' [Online] (14 February 2007)
Available: http://news.bbc.co.uk/1/hi/northern_ireland/6361081.stm [15 February 2007].

³³⁷ Prison Service communication to the Commission, February 2007.

Chapter 12

An 'ideal world' or implementing rights?

Taking rights seriously

Throughout the current research, issues identified by previous research, reports and inspections were raised with managers at Hydebank Wood and Prison Service Headquarters. Key issues, generic and specific, included a Northern Ireland Prison Service strategy for women and girls; site provision with discrete healthcare, work, recreation, education, staffing and resettlement; introduction of gender-specific policies; appointment of managers and staff fully and appropriately trained to work with the complex needs of a small but diverse number of women prisoners; accommodation suited to the diversity of prisoners and their needs; integration of therapeutic mental healthcare for women diagnosed as personality or behaviour disordered; significant increase in time out of cell and reduction in lock-up; ending the use of punishment cells and their replacement with appropriately designed 'time-out' accommodation; ending strip searching on reception and at random unless 'reasonable suspicion' can be demonstrated; provision of cheaper telephone contact and longer, more frequent visits to enhance the quality of prisoners' family lives; initiation of a fully active, creative and constructive regime to occupy women and develop their skills; introduction of sentence planning supported by a personal officer scheme geared to meeting the needs of individual women from their moment of reception through to their release; and integration of sentence planning into resettlement and post-release provision.

All managers interviewed agreed with the majority of the propositions, stating that in the period since the transfer to Hydebank Wood considerable progress towards their realisation had been achieved. When questioned on the specifics of these changes, however, managers were discernibly hesitant and inconsistent. The phrase most regularly used in interviews (often referenced in the earlier chapters) was 'in an ideal world'. Its significance was given substance in further comments such as there had to be a 'realistic' approach to women's imprisonment: the problem was one of 'accounting and resources', and the 'public won't accept spending money on women in prison'. It was also contextualised within a perceived 'hierarchy of need' operating generally in the criminal justice system and specifically in the prison estate. Managers consistently raised the issue of the conflicting demands on a wider prison estate which was not 'fit for purpose'. A typical comment was:

"What makes you think they'll put money into women when we can't even get Magilligan replaced? We were promised a new prison that would be the new Maghaberry and Maghaberry would be the new Magilligan, and Magilligan would be closed. But all that's gone."

This scepticism was a response to a statement made by the Director General in a press release in September 2005 in which he announced that 'a strategic review' was under way 'which will map out the future direction of the Service over the next 10-15 years'. The Prison Service, he continued, 'requires a minimum of two adult prisons. One of which will continue to be at Maghaberry. A second prison to replace the existing Magilligan Prison could be built either on the present site or at another yet to be identified site in Northern Ireland'.³³⁸ Both Magilligan and Maghaberry received critical inspection reports revealing serious problems regarding the condition of much of the prison estate. Subsequently, the Prisons' Minister announced that a decision would be taken before the end of 2007 regarding the site of the new adult male jail. He expected that by the autumn a 'comprehensive Options Appraisal' would be published, 'explor[ing] potential sites, examin[ing] resource implications and re-examin[ing] prison population projections in the light of recent public protection sentencing announcements'.³³⁹

338 Northern Ireland Prison Service press release [Online] 14 September 2005. Prison Service Director addresses Council on future of Magilligan. Available: <http://www.niprisonservice.gov.uk/module.cfm/opt/10/area/Press%20Releases/page/pressrel/year/2005/month/09/pid/219> [9 May 2007]; communication from the Prison Service, February 2007.

339 Northern Ireland Prison Service press release [Online] 21 February 2007. 'Director welcomes announcement on replacement prison' Available: <http://www.niprisonservice.gov.uk/module.cfm/opt/10/area/Press%20Releases/page/pressrel/year/2007/month/02/pid/305> [28 April 2007].

Against this backdrop, and the considerable expense of introducing separation for politically-motivated male prisoners in Maghaberry, discrete accommodation for women and the provision of gender-specific regimes has suffered demotion in the priority list. Effectively this reduced women prisoners' rights to aspirations. Human rights, however, cannot be traded. They are not transactional, neither are they aspirational. Advanced democratic states place themselves at the forefront of rights discourses and rights provision for their citizens and those who seek asylum and refuge within their borders. They are signatories to international conventions and they support international law. In principle, they recognise that 'the state is obliged not only to refrain from committing certain acts against the individual but to carry out certain duties of an affirmative nature'.³⁴⁰

The language of rights is instructive. As stated elsewhere, rights are represented as 'fundamental', 'inalienable' and 'universal':

'It is a language of certainty which presents rights as obvious and as absolutes ... extend[ing] beyond the borders of sovereign states, universally declared and shared, internationally convened and agreed. Their implementation becomes a significant yardstick through which the progress of states in transition to democracy is monitored. Thus the legal and judicial procedures of rights implementation are derived in the political processes of rights affirmation.'³⁴¹

Central to that affirmation is the acceptance and implementation of international standards and principles not only in general by the State but in the policies, priorities and practices of its institutions. Rights take on a particular significance in establishing baseline provision for the most vulnerable and marginalised within society. As 'starting points' they are a 'practical guide to governance'³⁴² and whatever the 'chasm between Convention and practice ... a regime of rights is one of the weak's greatest resources'.³⁴³ In that context the articles that are the foundation of internationally agreed conventions, 'not only become the conduit through which certain actions are policed and specified freedoms guaranteed, but also they provide mechanisms through which culpability is established and redress delivered'.³⁴⁴

Thus the 'ideal world' scenarios referred to by managers in the course of the research must be recast within the expectation, indeed the duty, to implement appropriate human rights standards including those established in women's and children's conventions. While the Prison Service presents an image of accommodation, responsiveness and reform to criticisms directed towards its operational policies and practices, its optimism is not always realised. Following the unannounced inspection of Ash House, the Prison Service accepted most of the recommendations and published an extensive action plan to accompany the critical report. It consistently proclaims success in meeting the objectives and timetable established by the action plan. As outlined below, such claims can be contested.

The Inspectorates recommended the provision of a separate prison allowing 'women more opportunities for freedom of movement in less restrictive conditions than on a shared site'.³⁴⁵ The Prison Service responded by accepting that Ash House was 'a temporary facility' with 'long term provision ... the subject of a wider estate review'.³⁴⁶ Completion of that strategic review was scheduled for autumn 2005. At the time of writing, that review remains unpublished. Throughout the research, senior managers mooted that discrete provision for women prisoners would be purpose-built on land adjacent to Hydebank Wood Young Offenders' Centre. Yet women were moved from the Ash House Unit, refurbished for their arrival only in June 2004, to Beech House

340 Mendez JE (1997) 'In defence of transitional justice' in McAdams AJ (ed) *Transitional Justice and the Rule of Law in New Democracies* University of Notre Dame Press, Indiana p 5.

341 Scraton P and Haydon D (2002) 'Challenging the criminalization of children and young people: Securing a rights-based agenda' in Muncie J *et al* (eds) *Youth Justice: Critical Readings* Sage, London p 312.

342 Hudson B (2001) 'Punishment, rights and difference: defending justice in the risk society' in Stenson K and Sullivan R (eds) *Crime, Risk and Justice: The Politics of crime Control in Liberal Democracies* Willan Publishing, Cullompton p 166.

343 Freeman M (2000) 'The future of children's rights' in *Children and Society* Vol 14 (3) pp 279-80.

344 Scraton P and Haydon D (2002) p 312.

345 *Ash House inspection 2004 at Recommendations*, p 1.

346 Above.

now equipped with in-cell sanitation. Their move to Beech was also temporary while Ash underwent a second refurbishment in two years to install in-cell sanitation. The intention was, and remains, that women prisoners would be moved back to Ash House thus casting doubts on whether a separate unit would be developed in the foreseeable future.

These doubts were compounded in October 2006, when the women's governor was reported as being 'adamant in her opposition to the creation of a women-only prison for the North'. She was quoted in the national press:

"Because of the low numbers of women, it would not be an economical solution. That is not set in stone but for now I cannot see it happening. What we would like is to upgrade conditions on our committal landing for first night prisoners. It is then that they are at their most vulnerable and there is greater risk of self-harm."³⁴⁷

The two most recent inspections into women's units, Mourne House (published 2003) and Ash House (published 2005), were unequivocal in recommending a discrete, separate and self-contained facility for women. This was, and remains, the view of the Human Rights Commission. In responding to the 2005 Inspectorates' Report, the Prison Service stated 'Alternative accommodation will be considered as part of a wider strategic assessment of the Service. It is anticipated that CJINI, HMCIP (the Inspectorates) and other interested parties will be consulted as part of the review'.³⁴⁸ At the concluding meeting between the researchers and the Director General, in August 2006, he stated that it was a 'given' that the current Hydebank Wood facility is a temporary facility. There would be a separate women's prison developed at the site within the 'curtledge' of Hydebank Wood.³⁴⁹ At the inquest into the death of Roseanne Irvine, however, the women's governor told the Coroner under cross-examination that while a 'separate site would be nice' there would be no separate provision until at least 2011 or 2012: 'It may not even happen'. At the time of writing, therefore, the most significant recommendation made by the Inspectorates and endorsed by the Human Rights Commission is in jeopardy.

A central issue raised by the previous Human Rights Commission research and reflected in the subsequent report on the inspection at Ash House relates to gender-specific policies. On 20 February 2006, the Prison Service stated that in response to the Inspectorates' report 'significant progress' had been achieved 'against the recommendations'.³⁵⁰ It continued, 'many of the Human Rights Commission recommendations mirror those made by the Inspectors'. In fact, as the inspection occurred after the Commission's recommendations were published, the reverse was the case and this was acknowledged in the Inspectorates' report. The Prison Service noted that the 'special needs of women are being recognised in a strategic plan for the treatment of women in custody being developed and gender specific policies which are well advanced in 11 different areas including mother and baby, suicide and self-harm, drugs and alcohol and induction processes'. In February 2007, the Prison Service stated that 'Hydebank Wood has developed and is currently working on a number of policies specifically for women prisoners'.³⁵¹ It listed 11 policies and an overarching 'Policy and Strategic Plan for the treatment of women in custody'.

Consideration of the Prison Service policies that have been published provides some indication of the scope and meaning of gender specificity. As previously stated, the Alcohol and Substance Misuse Policy, introduced in July 2006, does not contain any reference to gender-specific literature or good practice regarding women and dependency/addiction. The Prison Service's Child Protection Policy and Procedures appears not to recognise the special considerations to be taken into account regarding gender (it also ignores culture,

³⁴⁷ Graham S (2006) 'Prison life today: worlds apart from that during the Troubles' *Irish News*, 31 October 2006 p 15.

³⁴⁸ Ash House inspection 2004 Appendix p 1

³⁴⁹ Final meeting with the Director General and others, Prison Service Headquarters, 15 August 2006.

³⁵⁰ Northern Ireland Prison Service press release 20 February 2006.

³⁵¹ *Hydebank Wood Female Prison*, document provided to the Coroner's Court, February 2007.

ethnicity, disability, etc.). These are well summarised, for example, in Save the Children's Child Rights Handbook, which states that 'a gender perspective should ... be integrated into all interventions, taking into account boys and girls different life situations in order to prevent discrimination'.³⁵² As with most rights-oriented children's sector organisations, Save the Children recognises and responds to the power differentials based on age and gender. The Prison Service's Anti-Bullying Policy is a further example of providing a detailed list of 'categories' of bullying, while not recognising those directly related to gender and sexuality.

In August 2006, the Prison Service's revised Self-Harm and Suicide Prevention Policy was published. It placed a responsibility on each prison to appoint a self-harm and suicide prevention team, a co-ordinator, a listener and peer support initiative, and put in place 'awareness training' for staff. It listed 12 'triggers' to be monitored but did not identify gender-specific indicators or the closely related issue of sexuality beyond this single reference:

'Female prisoners may be under additional pressures such as separation from children, or elderly relatives for whom they are primary carers, experience of previous sexual abuse or violence or clinical depression Patterns of female suicidal behaviour suggest that women may also think through the processes of suicide more systematically in terms of time, method, style and place.'³⁵³

The policy states that 'More detailed information and guidance on juveniles and females has been issued to staff at Hydebank Wood'. That information and guidance was not supplied to the researchers. The Prison Service's Safer Custody Strategy combines the Suicide and Self-Harm Awareness policy, the Child Protection Policy and Procedures, the Anti-Bullying Strategy and the Public Protection policy to 'challenge the deficits in information sharing' and establish a 'holistic approach in relation to safer custody'.³⁵⁴ Yet within this 'holistic' approach, the marked 'deficit' regarding women and girls in the context of each of the policies involved is not addressed. It is reasonable to expect that the Prison Service should provide a 'safer custody' strategy specifically responding to the needs, vulnerabilities and experiences particular to women and girls.

A final example of the invisibility of women and girls within policy formulation is found in the September 2006 document, Use of Force Operating Instructions. In the section entitled Equality Issues it states that 'if professionally and diligently applied' there are 'no areas where prisoners, staff or others may be disadvantaged'.³⁵⁵ The only references to gender are that pregnant staff should not participate in control and restraint training and that only officers of the same sex should supervise or remove clothing from women prisoners. Again, the literature on physical violence and restraint, not least in Northern Ireland and referenced early in this report, demonstrates the importance of women's specific histories of violence and their particular vulnerabilities. This is not reflected in the policy and cannot be lightly dismissed by a non-evidenced reassurance on 'equality'.

Women in prison: restating the issues

Earlier in this report consideration is given to previous and recent research concerning the imprisonment of women. That comparative material is included to demonstrate that the issues currently faced by the Northern Ireland Prison Service and those who apply sentencing within the criminal justice process are not new. The national and international research covered establishes a range of consistent and verifiable issues. Many fewer women go to prison than men. Because most prisoners are male, women's needs have been marginalised institutionally, particularly on sites where women's units are a satellite of larger male prisons. The research also shows that only a relatively small number of women are imprisoned for serious offences. In Northern Ireland between September 2005 and February 2007, 44 per cent of the women committed to prison

³⁵² Save the Children (2002) *Child Rights Programming: A Handbook for Save the Children Members* p 16.

³⁵³ Northern Ireland Prison Service (2006) *Policy in Self Harm and Suicide Prevention* p 22.

³⁵⁵ Northern Ireland Prison Service (2006) *Use of Force Operating Instructions* p 9.

³⁵⁴ Northern Ireland Prison Service (2006) *Safer Custody Strategy* p 4.

were fine defaulters.³⁵⁶ That figure, however, does not illustrate the full extent of the problem. The total receptions for 2005-06, for example, were 156 on remand, 45 sentenced to immediate custody and 119 imprisoned for fine default.³⁵⁷ In 2005, the Northern Ireland Office (NIO) published a consultation paper on sentencing to determine whether people should continue to be jailed for non-payment of fines.³⁵⁸ Many respondents 'expressed the view that custody should not be used for fine default, considering it ineffective and resource intensive'.³⁵⁹ It is incomprehensible to penologists and criminal justice practitioners in jurisdictions outside the UK and Ireland that women are imprisoned for non-payment of fines.

In explaining fine-default, it is imperative to consider the poverty and deprivation experienced by many women, alongside addiction to, and/or, dependency on legal or illicit drugs and alcohol. Economic marginalisation impacts heavily on many women in conflict with the law, leaving them vulnerable particularly if they have responsibilities as mothers or carers. Further, a significant proportion of women disclose histories of physical and/or sexual abuse or of witnessing violence within their families. It is also important to take account of the legacy of conflict in Northern Ireland and the lack of recognition given to families' unaddressed mental health needs over four decades. For many women (as the chapter on children of mothers in prison notes) these pressures and deprivations are dominant features of their lives. Each of these issues has been long identified in the research literature and should come as no surprise to those with responsibility for sentencing or for writing policy initiatives.

Also significant is the physical well-being and mental health of women. Again, the research demonstrates that women have gender-specific healthcare needs particularly relating to reproduction. Menstruation, pregnancy, childbirth, post-natal adjustment, infancy and menopause are each significant issues specific to women. Whether the focus is sanitation, ablutions, accommodation, counselling or facilities, provision should not fall below standards of physical healthcare offered to women in the community. Such provision should always be made available through a discrete service in a discrete location. Connected to physical well-being is the issue of mental ill-health in prisons. Again, gender-specific considerations are not reducible to women's 'biologies' but are rooted in the social, economic and cultural pressures and responsibilities disproportionately experienced by women and girls. A cursory glance at the international research literature on self-harm and suicide risk in prison indicates that the prevalent response is a combination of medication and punitive isolation. It is difficult to appreciate how strip cells in punishment blocks can achieve anything other than greater damage on the minds and experiences of those already vulnerable.

The contemporary history of women's imprisonment is also marked by the imposition of dull, repetitive and unchallenging work in regimes that offer few constructive opportunities. Again, work opportunities tend to be genderised, particularly emphasising domestic labour. Recreation and education are also limited, and this is exacerbated on sites where women have restricted opportunities to access the site or are compelled to 'share' facilities. A further issue raised in the literature relates to the availability of diverse regimes within units accommodating low numbers. Associated with this is the blanket use for all women, regardless of their regime status, of lock-up times. Dull labour is compounded by brief periods of social inactivity and long periods of in-cell isolation.

356 Figures supplied by the Prison Service, Communication to the Commission, February 2007.

357 Northern Ireland Prison Service Annual Review 2005/06 p 31.

358 Northern Ireland Office (2005) *Review of the Sentencing Framework in Northern Ireland: a Consultation Document*.

359 Northern Ireland Office (2005) *Summary of responses to a consultation paper: Review of the Sentencing Framework in Northern Ireland*.

Hydebank Wood

***'The Northern Ireland Prison Service failed to provide the necessary safeguards for female prisoners in a male prison in the Mourne house context and has not demonstrated that it can meet them at Hydebank Wood. In deciding to transfer women and girl prisoners to Hydebank Wood, little consideration appears to have been given to the central issues of concern raised by the Inspectorate and its [2003] recommendations.'*³⁶⁰**

The 2005 report by the Human Rights Commission, *The Hurt Inside*, commented that it was 'extraordinary that the problems stemming directly from holding women and girls in a discrete unit, within the outer walls of a high security adult male prison, have been tackled by a transfer to a house within the fences of a lower security male young offenders' institution'.³⁶¹ Many concerns voiced by the women prisoners and echoed by the Commission were realised. While the external physical environment at Hydebank Wood and the formal reduction in security levels were appropriate and necessary changes, the on-site restrictions of a shared prison immediately imposed major limitations on its use. Ash House was the furthestmost building from the healthcare centre, visits area, the gymnasium and the administration block. Walking across the front of the male houses, women were escorted at all times. The chain-link fences, indicating lower security, were a welcome contrast to the high walls of Mourne House, opening up a view of the immediate wooded environment. Yet women were not permitted to move around the site unescorted. Lower security as a category was undermined by restricted access.

Problems identified within Mourne House remained significant issues in Hydebank Wood. Despite reassurances from managers and transport staff interviewed, that women were rarely transported with male prisoners, they continued to share vehicles occupied by men. Although each prisoner was inside an enclosed cubicle, women continued to suffer verbal abuse and hostility. Responding to the Inspectorates' recommendation that women 'should be transported in clean vehicles separate from men and young male offenders', the Prison Service action plan responded 'Where practicable females will be transported in separate vehicles'.³⁶² This policy was recorded as implemented in January 2005. In February 2007, the Prison Service expanded on the Action Plan: 'the practice of transporting female prisoners in separate vehicles is determined by operational necessity'. It continued, 'following the implementation of PECCS [Prisoner Escorting and Court Custody Service] on 5 February [2007], and further changes, it is envisaged that NIPS will be in a position to provide separate transportation for the *majority* of female prisoners' [emphasis added].³⁶³

The abuse endured by women and girls in transit in the early days also extended to the site of Hydebank Wood itself. Notably, however, there was no evidence of regular abuse at the time of the research, and the young men appeared respectful of the women working in the gardens and the glasshouses. Healthcare centre provision and facilities, particularly accommodation, was, however, inappropriate for women not least because it was 'shared' and led to highly restricted regimes when women and young men were held in cells at the same time.

The physical layout of the houses in Hydebank Wood imposed further significant restrictions on regimes offered to women. With only four landings available, one landing was divided inappropriately between those women held on punishment (the block) and those who were vulnerable, or 'at risk' prisoners. Not only did this indicate a symbolic relationship between punishment and care but it also made it difficult to plan and administer a therapeutic environment for vulnerable women alongside cells used to house women who were often volatile and argumentative. The research demonstrates clearly how the remaining three landings operated, often mixing fine defaulters, committals, young offenders and sentenced prisoners. Any attempt to create a more settled regime for enhanced long-term and life sentence prisoners on A4 was continually undermined by accommodating other prisoners, including vulnerable women who had been located on A1.

³⁶⁰ *The Hurt Inside* 2005 p 176.

³⁶² Ash House inspection 2004 Appendix p 6.

³⁶¹ Above, p 177.

³⁶³ Correspondence, February 2007.

The impact of the two separate influxes of detainees caused considerable disruption as did the arrival of a highly publicised sex-offender. With lock-up reduced to the lowest common denominator and all women locked at the same time, it was difficult to appreciate how being enhanced brought any advantages. Without question, when compared to their male counterparts, 'enhanced' women prisoners experienced discrimination solely related to their gender.

While it was eventually resolved, the anticipated problems associated with lack of access to in-cell sanitation were also realised. The decision to equip Ash and Beech Houses with in-cell sanitation was a reversal of the initial decision to use electronic unlock for access to toilets and ablutions during lock-up. When this issue was raised by the researchers prior to the transfer of women to Hydebank Wood, it was stated that a combination of the complexity of structural modification to the buildings, cost and cell size prohibited provision of in-cell sanitation. The refurbishment went ahead and in February 2007 the Prison Service claimed that it was 'part of a strategic decision to install in-cell sanitation in all of Hydebank Wood'.³⁶⁴ Following their transfer to Beech House, in-cell facilities were generally, but not universally, welcomed by women prisoners. The downside being that the cells in Hydebank Wood are very small and the addition of a toilet and sink made space very limited. A modern cell would have appropriate sanitation but in a considerably larger cell.

Revisiting previous recommendations

The research published in this report clearly indicates that some of the worst excesses and deprivations of the Mourne House regime were successfully overcome at Hydebank Wood. As a minimum achievable objective that was to be expected. A combination of a more understanding and reflective Headquarters senior staff, and a highly committed and motivational Governor undoubtedly progressed provision and laid the ground for further developments. Yet there are serious issues that cannot be rectified whatever the commitment of the Governor and the goodwill of his staff. Returning to the Human Rights Commission and the Inspectorates' recommendations, it is unacceptable that so many necessary gender-specific policies have been delayed.

The primary recommendation made by the Inspectorates in 2005, as a reiteration of that made over two years earlier, was that the Prison Service should 'draw up a policy and strategic plan for the treatment of women in custody ... based on a full assessment of their specific needs'. In its Action Plan response, the Prison Service stated that a 'high level strategy for women prisoners will be drawn up ...'³⁶⁵ No date was given for implementation. At the final meeting with the Director General, the researchers were informed that the Prison Service was 'picking off' the priorities. It amounted to a pragmatic approach. The priority was dealing with the day-to-day management and putting together a 'corpus' of documentation to collectively represent the Prison Service approach to the management of women prisoners.³⁶⁶ No single strategic document had been produced. In February 2007, the Prison Service stated that the work towards a strategy for 'the management of women in custody' was 'underway internally', and would 'be developed in close consultation with key stakeholders, including the NIHRC'.³⁶⁷

Further, it is now the view of the Prison Service that a primary recommendation, that of introducing a strategic plan, is not to be enacted. Rather, the 'model' that is to be used is one of accumulating policies. Taken alongside what appears to be a retreat from providing a fully operational and discrete facility, this suggests that the core criticisms regarding strategy and facility remain unresolved. As explored earlier in this chapter, problems concern the formulation and enactment of appropriate policies. While some policies have been introduced, there is a clear deficit on others or in turning policies into appropriate practice. Crucial and urgent progress regarding self-harm, substance use, mental ill-health, therapeutic provision, counselling, occupational therapy and constructive work, and education opportunities is still required. While there are examples of improved staff-prisoner contact and relationships, an ethos of constructive and trusting interaction although

³⁶⁴ Correspondence, February 2007.

³⁶⁶ Final Meeting at Prison Service Headquarters, 15 August 2006.

³⁶⁷ Correspondence, February 2007.

³⁶⁵ Ash House inspection 2004, Appendix p 1.

regularly raised as the central aspiration, has not emerged. Provision of more appropriate procedures for sentence planning and personal officer support, and for establishing the foundations for resettlement has yet to be made.

Apart from the already identified limitations of the site and the accommodation, the narrow regime for women that obtained at Mourne House has yet to be addressed. Women remain locked in their cells for long periods; opportunities for engaged and positive interaction are severely limited; work and education provides little opportunity for personal development; and contact with families remains expensive by telephone, and relatively brief through visits.

As the primary research demonstrates, the experiences of women prisoners, particularly mothers, showed the extent of their distress in the maintenance of minimal contact.

The 'higher baseline of service provision', the proper administration of 'entitlements' for enhanced prisoners, a 'comprehensive programme for long-term prisoners', and 'detailed information packs' for new arrivals were each identified as important issues by the earlier Human Rights Commission research. At the time of the fieldwork, early in 2006, none of these issues had been progressed. In June 2006, however, women prisoners were issued with an information pack including committal procedures, first night introduction and rules and routines.³⁶⁸ This was a welcome and necessary initiative.

The previous report also recommended that sentence planning be administered by fully trained officers; the ending of long periods of cellular confinement; development of a coherent, multi-agency strategy for women diagnosed mentally ill or personality disordered; and the imposition of a time limit on the use of Hydebank Wood for women's imprisonment. The Commission stated that while it considered the development of alternatives to custody to be an urgent priority, a discrete women's custody unit should be based on 'minimum acceptable standards of accommodation'. Yet it appears that not only have alternatives to custody in Northern Ireland not been explored or developed but that more women are now sent to prison for fine default and minor offences than at the time of the Mourne House research. Further, despite the Prison Service's continuing claim that '80 per cent of recommendations made by the Inspectorate have been implemented and the remainder are in hand',³⁶⁹ the research presented here, including the documentary and policy updates, show that minimal acceptable standards listed in the Human Rights Commission's earlier report and endorsed by the Inspectorates have yet to be operationalised.

Recommendations

Viable alternatives to custody for women should be provided and legislation enacted to ensure that prison is a last resort for women. (Recommendation 48)

There should be an end to imprisonment for fine-defaulting. Legislation should be amended accordingly. (Recommendation 49)

The use of a residential unit within Hydebank Wood male Young Offenders' Centre should be regarded as a temporary and time-limited location for imprisoning women in Northern Ireland. (Recommendation 50)

The development of a comprehensive Strategic Plan, including guidelines for operational policies and practices, is a priority for the treatment of women in custody. (Recommendation 51)

A self-contained and separately managed women's custody unit should be constructed at Hydebank Wood offering site access, discrete healthcare and visiting facilities, kitchens and laundry, education, employment and gymnasium. (Recommendation 52)

Gender-specific programmes should be developed in consultation with relevant state agencies, NGOs and women prisoners. Gender-specific needs include separation from children, menstruation, pregnancy, post-natal provision, menopause, and the consequences of sexual, physical or mental abuse. (Recommendation 53)

Prison Service strategy and policies should demonstrate compliance with all relevant and applicable human rights standards, including those for women and children, establishing implementation baselines for the operational practices of their regimes. (Recommendation 54)

All managers, staff and professionals should receive training in those standards including the UN Convention on the Elimination of Discrimination Against Women (CEDAW) and the UN Convention on the Rights of the Child (CRC). (Recommendation 55)

Chapter 13

Recommendations

This final chapter draws together all of the recommendations in the report for ease of reference. The Human Rights Commission will monitor the extent to which these recommendations are implemented:

1. The government should initiate an independent public inquiry into the circumstances surrounding the deaths in custody of Annie Kelly (2002) and Roseanne Irvine (2004) and the deterioration in the regime at Mourne House, Maghaberry from 2002 to 2004.
2. The women's custody unit should establish a distinct, gender-specific identity supported by a discrete management structure.
3. As a minimum, the majority (baseline 80 per cent) of management staff, prison officers and professional service providers in the unit should be female.
4. Women prisoners should have access to women staff regarding any aspect of service provision at all times.
5. All management, prison officers and professional service providers within the unit should receive comprehensive gender-specific training, supported by a training 'tool-kit', for working with women in custody. Key curriculum issues include mental health; suicide prevention and awareness; self-harm; physical and sexual abuse; young prisoners; and human rights.
6. Women prisoners should never be transported in vehicles with male prisoners.
7. Strip searching (described as 'half and half' body searching) should not form part of routine procedures.
8. There should be an end to all strip searching except in situations where risk assessment demonstrates the necessity to protect the woman or others from serious harm.
9. On reception, all women should be provided with an information pack outlining, in accessible and informal language, the expectations and practices of the regimes, the rights of prisoners and the availability of help and support during the first days of imprisonment. Care should be taken regarding literacy and language. The pack should be developed in consultation with women prisoners.
10. The regime within the women's custody unit, regardless of the status of prisoners, should prioritise constructive and creative engagement with an emphasis on interaction between prison officers and prisoners.
11. Extended periods of lock-up and cellular confinement should be ended. Women prisoners should not be locked in cells for more than 12 hours a day, including Sundays.
12. A full review of regime progression (basic/ standard/ enhanced) should be initiated and the practice of offering access to basic facilities as 'privileges' ended.
13. While regime progression remains, women prisoners on the 'enhanced' regime should receive their entitlements.
14. The women's custody unit should provide for women prisoners held under separation arrangements.
15. Current telephone arrangements should be abandoned. Access to telephones, including lock-up periods, location and cost should be reviewed. A new system should respect women's right to privacy and maximise contact with family and friends.
16. Long-term and life sentence prisoners should be housed in separate accommodation enabling responsibility for the management of their daily lives.
17. Women prisoners should have access to a full range of education, work and rehabilitative programmes, including preparation for release and the 'working out' scheme.

18. There should be no gender discrimination in vocational training or work opportunities provided by the prison.
19. A coherent and multi-agency strategy is required to respond to the needs of women and girl 'offenders' diagnosed mentally ill and 'behaviour' or 'personality' disordered.
20. Government and relevant agencies should ensure the development of community-based therapeutic facilities offering age-appropriate and gender-specific programmes to identify and meet the needs of women and girls.
21. The operation of the healthcare centre, particularly its residential care and accommodation should be reviewed urgently to ensure the delivery of a gender-specific, therapeutic, constructive and interaction-based programme for vulnerable prisoners.
22. The health needs of women prisoners, particularly mental healthcare, should be fully assessed and counselling should be integrated into a comprehensive therapeutic regime.
23. Out-of-hours medical provision should be arranged.
24. Following the proposed transfer of responsibility for prisoners' healthcare from the Northern Ireland Prison Service to the DHSSPS, all staff working in prison healthcare should be employed by, and accountable to, the relevant healthcare department/trust.
25. There should be an age-related, gender-specific and multi-agency policy and practice to identify and meet the mental healthcare needs of women whose offences require a prison sentence.
26. All women should see a doctor on admission, regardless of time of committal.
27. Special provision should be available to women admitted to prison experiencing drugs, medication or alcohol withdrawal.
28. A ligature free, safe cell should be available on each landing to enable women on observation to remain on general association.
29. The use of unfurnished cells and anti-suicide clothing and blankets should be limited to exceptional circumstances.
30. Professional healthcare staff should accompany women with severe mental health problems during transport.
31. 'Immigration detainees' should not be held in Prison Service custody and government should legislate accordingly.
32. The policy of transporting immigration detainees to immigration removal centres in Great Britain should be reviewed by the Immigration and Nationality Directorate, in consultation with all relevant bodies to ensure human rights compliance.
33. There should be a gender-specific policy for 'foreign national' women.
34. Befriending services should be established for 'foreign national' female prisoners in consultation with NGOs and other representative bodies.
35. Prison staff working with 'foreign national' prisoners should receive appropriate training.
36. Special information about access to legal advice should be provided to 'foreign national' prisoners. The Prison Service should consult with immigration legal practitioners, statutory bodies and NGOs in providing this advice.

37. Legislation should be amended to ensure that children under 18 years of age are never held in prison service custody.
38. Legislation should be introduced to increase the age of criminal responsibility in line with other European states.
39. The Youth Justice Agency should carry out a review of the needs of girls under 18 years of age who are remanded or sentenced to custody.
40. A last-resort, separate young prisoners' unit for young women should be established, providing age-specific regimes and programmes.
41. Community-based disposals should be developed for mothers of young children as an alternative to imprisonment.
42. Custody for pregnant women and mothers of young children should be used as a last resort for women who have committed the most serious offences and who 'represent a danger to the community'.
43. In exceptional circumstances where a mother is imprisoned with her baby, the age limit for children held with mothers should be raised to three years.
44. There should be adequate crèche and nursery provision for young babies, including links with crèches in the community.
45. Family-friendly policies should be developed and visiting arrangements introduced to maximise children's contact with their mothers. This should include extended child-centred visits in the privacy of family rooms.
46. A comprehensive programme should be developed for sentenced women prisoners, particularly those serving medium to long-term sentences. The programme should cover reception, induction and assessment through accommodation, sentence planning and programmes, to pre-release and resettlement.
47. The Prison Service in co-operation with relevant agencies should introduce effective sentence planning administered by trained officers with specific responsibility for initiating sentence plans and monitoring their progress.
48. Viable alternatives to custody for women should be provided and legislation enacted to ensure that for women prison is a last resort.
49. There should be an end to imprisonment for fine defaulting. Legislation should be amended accordingly.
50. The use of a residential unit within Hydebank Wood male Young Offenders' Centre should be regarded as a temporary and time-limited location for imprisoning women in Northern Ireland.
51. The development of a comprehensive Strategic Plan, including guidelines for operational policies and practices, is a priority for the treatment of women in custody.
52. A self-contained and separately managed women's custody unit should be constructed at Hydebank Wood offering site access, discrete healthcare and visiting facilities, kitchens and laundry, education, employment and gymnasium.
53. Gender-specific programmes should be developed in consultation with relevant state agencies, NGOs and women prisoners. Gender-specific needs include separation from children, menstruation, pregnancy, post-natal provision, menopause, and the consequences of sexual, physical or mental abuse.

54. Prison Service strategy and policies should demonstrate compliance with all relevant and applicable human rights standards, including those for women and children, establishing implementation baselines for the operational practices of their regimes.
55. All managers, staff and professionals should receive training in those standards including the UN Convention on the Elimination of Discrimination Against Women (CEDAW) and the UN Convention on the Rights of the Child (CRC).