

Report on an unannounced inspection of

# **HMP Holloway**

by HM Chief Inspector of Prisons

**28 May–7 June 2013**

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# Introduction

HMP Holloway is the largest women's prison in Europe. Its size and poor design make it a very difficult establishment to run and in which to meet the complex needs of the often very vulnerable women held. Over many years, repeat inspections by this inspectorate have been very critical of the treatment and conditions of the women held there.

However, this inspection was the most positive we have yet made. Despite the constraints of the physical environment and its size, most women, particularly the most vulnerable, were held safely and treated decently – although some significant shortcomings remained. At a time when the women's custodial estate is being reviewed, the significant advantages of the prison's location should be set against its poor design. Women told us they valued being held close to their families and communities, and an exceptionally wide range of community agencies provided good support.

Escort arrangement vividly illustrated the need for services specifically commissioned to meet the needs of women. Women spent long periods in escort vehicles shared with men before arriving at the prison. Some vehicles did not have privacy screening, exposing women to the possibility of intimidation and abuse. Male prisoners were delivered first because the receptions at men's prisons had a fixed cut-off time; Holloway accepted women at whatever time they arrived.

Once at the prison, reception and first night arrangement were good: staff stayed until all women were processed and had settled down for the night. The content of induction was satisfactory but some women needed information to be reinforced.

There were few serious violent incidents and the prison was very proactive in managing problematic behaviour. The incentives and earned privileges (IEP) scheme was used robustly to tackle bullies, and multidisciplinary complex case meetings discussed individual women whose problematic behaviour was often linked to their mental health needs. Similarly, support for those who self-harmed or who were otherwise vulnerable was better than we normally see. The number of self-harm incidents had dropped from 143 a month at the time of our last inspection to 63 a month at this inspection. It was notable that there had not been a self-inflicted death since 2007. Levels of self-harm had decreased considerably but, as with most women's prisons, the actual number remained high. Where women did require high levels of support this was given sensitively; there was no use of strip clothing and there was interactive engagement with women who required continuous monitoring, rather than the bleak, passive observation through the bars of a gated cell which we saw too often in the past. The Timeline initiative, which involved the consistent, detailed analysis of wing observation books to identify risks to the safety of individual women from others or themselves, was good practice and should be used elsewhere.

Security arrangements were generally proportionate and discipline processes well managed. Use of force was low and women in segregation were well looked after. A large number of women were held in segregation while on an open assessment, care in custody and teamwork (ACCT) case management document for prisoners at risk of suicide or self-harm, and this needed better scrutiny to ensure the 'exceptional circumstances' criteria were always met.

The use of illicit drugs was relatively low and the potential for misuse of diverted medications well managed. Work to develop a recovery focus around substance misuse was developing, and support for those with substance misuse problems was good, although some prescribing issues needed to be resolved.

Despite all this, although most women told us they felt safe, more than at similar prisons told us this was not so. This was not surprising. Over half the women held told us that they were in prison for the first time. Holloway has a fearsome reputation and the unwieldy layout of the buildings make them difficult to supervise. The dormitory accommodation, now shared by a maximum of four, while

welcome by some for the companionship it provided, was stressful if those sharing were not compatible. Although levels of physical violence were low, verbal aggression, thefts and bullying could be very intimidating. Some women undoubtedly resented the robust use of the IEP scheme, although we accepted this was in the interests of the majority of women held.

Staff-prisoner relationships were generally good and personal officer work much improved, although links to resettlement were still limited. Equality and diversity work needed to improve for disabled and older women. Help was poorly coordinated, information was not effectively shared and there were significant limitations in the physical building for those with mobility issues.

Health care was reasonable and access good, although limited sometimes by the lack of escort staff. Mental health services were good but women had to wait too long for transfers to hospital.

Pregnancy and the care of children was a critical issue for many of the women held. The mother and baby unit was underused but decent and safe. Its environment was not as good as we have seen elsewhere but the central location of the prison facilitated the mothers' contact with their family, friends and community. During the inspection, one woman and her baby were released on temporary licence for the day so that they could visit her own mother; an important family contact that would have been much more difficult if the woman had been held further away from her home. Although health and social care planning for pregnant women was good, some practical matters – such as the provision of a comfortable mattress – were overlooked.

Although its location helped, the prison did not do enough to help women maintain or rebuild positive relationships with their children and families. Telephones lacked privacy, visits often started late and women had to wear bibs to identify themselves during visits. As at our last inspection, work to support prisoner's families and help women with their relationships was underdeveloped.

Purposeful activity was the weakest area of the prison. Time out of cell was reasonable for those in activities but much poorer for women who only had a part-time or no activity place and for those on the basic IEP level. Outside exercise periods were too short.

While there were enough activity places for the population, too few were used. A revised process to move prisoners to activities was not working – there was no shared understanding of where women were supposed to be and when, or of whether they actually got there. Consequently, punctuality and attendance were poor. Achievement levels and the quality of teaching also needed attention. There were too few vocational training places.

There was an impressive range of partner organisations involved in delivering the reducing reoffending pathways. Women had their needs assessed on arrival and pre-release, and although planning and coordination required improvement, the sheer scale and variety of provision usually meant women could access the support they required. The offender management unit had recently re-formed and was still settling down, but work with women who posed the highest risk was sound.

Some of Holloway's most significant strengths and weaknesses are outside its direct control. Its location is a major strength, its size and design a major weakness. However, there are things it can do to mitigate its weaknesses and build on its strengths. More needs to be done to ensure that the impressive progress on safety is securely embedded, and women's remaining and real anxieties better understood and addressed. Better provision of activity would make the prison a safer and more respectful place. Family support work is surprisingly underdeveloped and yet it is of critical importance to the women held, and something that Holloway should be well placed to deliver effectively. Nevertheless, overall, although there is still more to do, this remains the most positive inspection this inspectorate has yet made of HMP Holloway.

# Fact page

## Task of the establishment

A closed local female prison.

## Prison status

Public

## Region

Greater London

## Number held

444

## Certified normal accommodation

591

## Operational capacity

591

## Date of last full inspection

15–23 April 2010

## Brief history

Holloway is the largest female prison in Europe and is located in urban north London. In common with local prisons across the country, it experiences the difficulties of high population turnover. Holloway opened in 1852 as a prison for men and women but became an all female prison in the early 20th century. Rebuilt during the 1970s and 1980s in a style designed to meet the perceived needs of women prisoners, it is a hybrid between a prison and a hospital. There are single and double rooms and multi-occupancy dormitories. The needs of the women are many, varied and often complex, and the population is very diverse. Substance misuse and mental health issues are major problems. About a third of the population are foreign national prisoners and around 5% are young women aged 18 to 20. Forty-five per cent of the population are from black or minority ethnic groups, as are 46% of the staff.

## Short description of residential units

A3 – First night centre

A4 – Ordinary location residential unit

A5 – Lifer unit

B3 – Ordinary location residential unit

B4 – Ordinary location residential unit

B5 – Ordinary location residential unit

C3 – Ordinary location residential unit

C4 – Pregnant women's unit

C5 – Ordinary location residential unit

D3 – Opiate maintenance and recovery unit

D4 – Mother and baby unit

C1 – Mental health assessment unit (including day care)

D1 (also known as Ivor Ward) – Substance misuse unit

CSRU – Segregation unit

D0 – Enhanced/standard unit

D2 – Currently closed

**Name of governor**

Julia Killick

**Escort contractor**

Serco Wincanton

**Health service commissioner and provider**

Commissioner: NHS England (London)

Provider: Central and North West London NHS Foundation Trust

**Learning and skills provider**

A4E

**Independent Monitoring Board chair**

Janet Boston

# About this inspection and report

A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:

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

A4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- **outcomes for prisoners are good.**  
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **outcomes for prisoners are reasonably good.**  
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **outcomes for prisoners are not sufficiently good.**  
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for prisoners are poor.**  
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

- A5 Our assessments might result in one of the following:
- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
  - **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
  - **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.
- A6 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.
- A7 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection, unless these have already been reviewed by a short follow-up inspection.

## This report

- A8 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.
- A9 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.
- A10 Findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>1</sup>

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<sup>1</sup> The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

# Summary

## Safety

- S1 Women faced long delays at court and some arrived at the prison very late. Reception and first night arrangements were good although induction needed to be reinforced for some women. The prison had a very good focus on keeping women safe, and relatively few incidents took place. Despite this, in our survey more women than in comparator prisons reported feeling unsafe and victimised. Support for vulnerable women was good and safeguarding arrangements were appropriate and developing. Security was proportionate and the incentives and earned privileges (IEP) scheme was used proactively to manage poor behaviour. Use of force was low and segregation well managed. Substance misuse support was good. Outcomes for prisoners were reasonably good against this healthy prison test.*
- S2 At the last inspection in 2010 we found that outcomes for prisoners in Holloway were not sufficiently good against this healthy prison test. We made 41 recommendations about safety. At this follow-up inspection we found that 29 of the recommendations had been achieved, six had been partially achieved, five had not been achieved and one was no longer relevant.*
- S3 Most women experienced long waits at court. Women sometimes shared vans with male prisoners and had unnecessarily long journeys, sometimes arriving at the prison late in the evening.
- S4 Reception procedures were efficient and staff were welcoming. Irrespective of their arrival time women always received a first night interview before being locked up. Induction was delivered by peer supporters and covered a good range of relevant topics, although some prisoners complained about information overload. In our survey, women were negative about many aspects of their early days at Holloway. We did not find evidence to support these perceptions but they needed to be monitored carefully.
- S5 In our survey, more women than in comparator prisons, and those from some minority groups in particular, reported feeling unsafe and victimised. In contrast, women told us individually and in groups that there was little violence. The number of recorded fights and assaults was low. We thought the women's perceptions of victimisation by staff may have been a consequence of the robust use of the IEP scheme, but this needed further exploration. A range of other issues may have been behind these perceptions, including verbal bullying and intimidation by both staff and other prisoners. Most incidents were appropriately investigated and managed. Compacts were used for more problematic behaviour. There had been no prison safety survey since 2011. The safer custody team had a very good understanding of violence-related issues. The Timeline initiative, which closely monitored events likely to affect a woman's safety, was excellent. CCTV had been installed although the design of the units meant they were difficult to supervise effectively.
- S6 There had been no self-inflicted death since 2007 – a significant fact given that there had been six such deaths in the previous five years. Action plans had been developed to address recommendations from other death in custody investigations. The safer custody team worked proactively to identify risks and reduce isolation. A weekly meeting on complex needs identified the most vulnerable women and care plans were developed for them. Levels of self-harm were low. Investigations were carried out into the few serious incidents of self-harm at the prison and focused on improving care.

- S7 Assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were generally good. Most reviews included contributions from mental health nurses but were often chaired by different case managers. A good range of support and counselling was available for vulnerable women. There was no use of strip-clothing and few constant observations. Where required, an interactive approach to supervision was used. There was a small but well supported team of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and access to them was good. There was a limited focus on the strategic aspects of adult safeguarding but women in the prison with very complex needs were well supported.
- S8 Security arrangements were proportionate, and there was a reasonable flow of intelligence into the department. The random positive mandatory drug testing rate was low, but not all suspicion tests were completed. Strip-searching was rare.
- S9 Many women in our survey were negative about the fairness of the IEP scheme. The scheme was being used actively to support the violence reduction strategy and challenge problematic behaviour and we were generally satisfied about the safeguards and appeals procedure. Women on the basic level received a review every week, and we saw good examples of individual support planning and monitoring.
- S10 Adjudications were fair and management oversight was good. Use of force was low and proportionate when used. Reports were of a good standard and were appropriately scrutinised. The segregation unit was clean and carefully organised. Women understood why they were there and what to expect from the regime and their review. Women in cellular confinement all had something to do. Good order reviews were multidisciplinary, and there was evidence of individual care and reintegration planning.
- S11 Substance misuse prescribing was flexible, but there were inconsistencies between prescribers. Although the proportion of those on reducing methadone doses was low, this was increasing due to a developing focus on recovery. Clinical and psychosocial services were very well integrated. There was good joint working with mental health services. Group work opportunities for drug and alcohol clients were good and most prisoners were very satisfied with the support offered. Peer support and service user consultation were very good.

## Respect

- S12 *The prison was clean, but the layout presented challenges. The mother and baby unit was reasonable, although more needed to be done to support women who were pregnant. Staff-prisoner relationships were mostly positive, and women said they had someone they could approach for help. Personal officer work had improved but still did not support resettlement. Work with some minority groups was good, but disabled and older prisoners needed to be better supported. Faith provision was good. Complaints were well managed and legal services reasonable. Health services were reasonable. The prison provided those with mental health problems with some good care, but waits for hospital beds were often too long. Prisoners disliked the food and catalogue orders were not available to all. Outcomes for prisoners were reasonably good against this healthy prison test.*
- S13 *At the last inspection in 2010 we found that outcomes for prisoners in Holloway were reasonably good against this healthy prison test. We made 88 recommendations about respect.<sup>2</sup> At this follow-*

<sup>2</sup> This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

*up inspection we found that 41 of the recommendations had been achieved, 16 had been partially achieved, 25 had not been achieved and six were no longer relevant.*

- S14 With some exceptions rooms were reasonable and clean. Dormitories were now limited to four prisoners. The layout of the prison was confusing and presented some challenges, for example, in adequately supervising prisoners. Some showers offered prisoners little privacy and a number of women said that access could be difficult when there was no evening association. Applications were not logged or tracked, and prisoners complained of delays. Telephones did not provide sufficient privacy, and there were delays in post and parcel deliveries. Prisoners could wear their own clothes and laundry facilities were good.
- S15 The physical environment of the mother and baby unit was adequate, with appropriate day care facilities for the babies. The admissions boards was thorough and decisions justifiable. There was evidence of robust, yet compassionate care for individual women, but not all reviews were completed on time. Support plans for women separated from their children were reasonable. There was no formal care planning for pregnant women outside the health care department.
- S16 Most prisoners said that staff treated them respectfully and most said they had a member of staff they could turn to for help. We observed generally respectful and caring interactions, which were also reflected in electronic case notes. Personal officer work had improved and in our survey most women said personal officers were helpful. However, the focus on resettlement issues was limited.
- S17 Bimonthly, well attended equality and diversity meetings were chaired by the governor, but discussions did not cover all protected characteristics. Senior managers had been appointed in April 2013 as the lead staff member for each area to drive the work forward and improve coordination. Responses, investigations and scrutiny arrangements relating to discrimination incident reporting forms were good.
- S18 Most protected groups received reasonable support, but support for disabled and older prisoners needed to improve. The prison needed better information sharing and coordination to improve support arrangements for disabled prisoners, who were particularly negative in our survey. The small number of young adults were integrated with the adult population and staff knew who they were. They received some reasonable support and most we spoke to felt well looked after.
- S19 Faith provision was good, and all women could easily see a leader of their faith. The team provided very good pastoral care, groups, and through-the-gate support.
- S20 Many complaints were about staff but the majority related to minor issues. Most received an appropriate response and where needed, action was taken to address staff behaviour. Responses were legible and respectful, but not all answered the complaint fully, and there were no robust quality assurance procedures in place. Not all complaints received a prompt response. Legal services provision was reasonable, but there was no cover for absences, which caused delays.
- S21 The Wellbeing Health Centre was pleasant and the range of specialist clinics impressive. Access to a nurse and GP was reasonable but compromised by a lack of escorts. The management of long-term conditions was good. Access to women's health clinics and maternity care was reasonable. Access to routine dental care had improved.
- S22 Mental health services responded to needs and provided a wide range of therapeutic interventions. The mental health assessment unit offered constructive support for a small

number of women with acute mental health needs. Women had to wait too long for transfers to secure hospitals. Day services gave a small number of prisoners helpful therapeutic support.

- S23 In our survey most prisoners said the food was poor. There was a reasonable variety of meals but the lunchtime sandwich was unpopular. Prisoners could make a weekly canteen order and consultation with them was good. More were positive about the range of goods than when we last inspected, but catalogue shopping was only available to prisoners on the enhanced level of the IEP scheme.

## Purposeful activity

S24 *Time out of cell was reasonable for those undertaking activities. However, up to a third of women were locked up during the working day. Leadership and management of learning and skills and data analysis needed to improve. There were enough activity places for the population but too few of them were being used. The range of vocational training opportunities was limited and the quality of teaching mainly adequate. Punctuality and attendance were poor and achievements mixed. Library services were good. The gym provided a reasonable range of activities. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

S25 *At the last inspection in 2010 we found that outcomes for prisoners in Holloway were reasonably good against this healthy prison test. We made 18 recommendations about purposeful activity. At this follow-up inspection we found that one of the recommendations had been achieved, five had been partially achieved, nine had not been achieved and three were no longer relevant.*

- S26 Time out of cell was reasonable for those involved in activities full time. However, the third that were not in activities at any given time were locked up during the working day, and regularly had only five hours out of their cells. Prisoners on the basic level of the IEP scheme spent even less time out of their cells. Although the exercise yards were pleasant, outside exercise periods were too short and regularly curtailed by late starts and early finishes.
- S27 Leadership and management of learning and skills required improvement. The transition to a new contractor had been well managed. Information management systems had improved but data was not analysed rigorously so that managers could better plan the curriculum. The prison was unclear about which activities women were supposed to attend and whether they actually did. Attendance at classes was as low as 55%. Quality improvement processes were sufficiently focused on evaluating and improving the provision, but the self-assessment report lacked evaluation. Observation of teaching and learning did not concentrate enough on improving the learning experience. The virtual campus (internet access for prisoners to community education, training and employment opportunities) was inadequate and pay put prisoners in education at a disadvantage.
- S28 There were enough purposeful activity places for the population, but these were under-used. The range of education programmes was adequate. Higher level qualifications were available.
- S29 Standards of teaching and learning in education were mixed. In the better sessions, lessons motivated and engaged prisoners by referring to previous learning. In the weaker sessions, teaching was mundane and failed to ask prisoners questions to assess their understanding and challenge them. Behaviour management was good in many classes. Allocation arrangements for and punctuality at work and education were particularly poor. Lessons often started late and finished early.

- S30 The range of vocational training places was insufficient. Multi-skills workshops provided useful and appropriate qualifications and some good individual training took place. However, in some areas facilities were poor. Achievements and success rates were mixed. Most courses were short with unit accreditation where appropriate.
- S31 The library was welcoming and held an appropriate range of books and resources, including a reasonable collection of foreign language books and magazines. There were a small number of well-established reading groups and access to legal texts was good.
- S32 Induction arrangements for the gym were adequate. Regular sessions were held for substance users. All prisoners had appropriate access to the gym, which provided a very good range of recreational activities. The gym showers lacked privacy.

## Resettlement

S33 *Strategic management of resettlement needed improvement. Some offender management structures were new. The relatively small number of women subject to offender management arrangements were well supported, although there were backlogs in some assessments. All prisoners had their needs assessed on arrival, and again pre-release. A variety of community agencies offered good reducing reoffending pathways provision. Work in the children and families pathway was reasonable but unimaginative. Outcomes for prisoners were reasonably good against this healthy prison test.*

S34 *At the last inspection in 2010 we found that outcomes for prisoners in Holloway were reasonably good against this healthy prison test. We made 20 recommendations about resettlement. At this follow-up inspection we found that five of the recommendations had been achieved, four had been partially achieved and 11 had not been achieved.*

- S35 The reducing reoffending strategy did not describe the resettlement role of the prison and was not based on a needs analysis. There were regular and well attended reducing reoffending policy committee meetings.
- S36 The offender management unit, which had been reformed in April 2013, was in an early stage of development and not yet fully operational. There was some anxiety among the team but everyone understood their role and was positive about their work. Work was allocated according to risk. A small backlog of offender assessment system (OASys) documents was being addressed. Work with in-scope prisoners (those serving 12 months or more and classified as posing a high risk to the public) was generally positive with some good outcomes. Formal casework supervision and management needed to be available to the whole team.
- S37 Managers had recognised the need to improve public protection work with the re-introduction of a single point of contact. Categorisation work was reasonable and indeterminate sentence prisoners received a reasonable range of support.
- S38 The resettlement pathway needs of all women were assessed promptly after arrival and referrals to partnership agencies followed up by an offender supervisor. Women also received a review pre-release. A wide variety of services provided by specialist resettlement agencies were available through the resettlement unit. Women we spoke to knew how to access this help.

- S39 Excellent accommodation support was available. Nearly 7% of prisoners had been released with no fixed abode in the last six months, but some good work had been done to address their needs.
- S40 Work to support women into employment, training or education on release was good. There were no release on temporary licence opportunities for these purposes. However, effective partnership working took place between voluntary organisations and employers to help women into work and/or further training on release. The National Careers Service helped prisoners to undertake level 3 programmes of study at the prison and to continue this post release.
- S41 Women were not provided with information about primary health services in the community. Planning for women with significant mental health problems was good and the prison had made links with community mental health teams. Substance misuse pre-discharge planning was good, supported by effective communication with all key community drug services. The substance misuse family support service was a helpful initiative.
- S42 Jobcentre Plus arrangements were adequate and services ensured that women left the prison with appropriate benefit and housing claims. Prisoners had good access to specialist benefit and debt advice and could open a bank account.
- S43 Women valued Holloway's proximity to their families and the good public transport links to the prison. The visitors' centre was large and provided a good range of support. Visits did not always start on time. Women had to wear numbered sashes and bibs during visits. Monthly children's days and quarterly family days took place, although they were not open to all women. A range of additional support to help prisoners maintain links with their children and families was available but family liaison work was limited and case note entries did not usually demonstrate a knowledge of family circumstances. Data about the number of women who were mothers and the number of children involved were not routinely collected.
- S44 Accredited programmes were available and there were no waiting lists. All women were asked if they required support for domestic violence and sex work and they could access numerous services. The prison had commissioned research to explore how it could encourage women to disclose these issues.

## Main concerns and recommendations

- S45 **Concern:** As at other prisons, women travelled to and from the prison in vehicles shared with men. Men were taken to their prison first because reception in men's prisons closed at a fixed time in the evening while reception in women's prison remained open for whenever a woman arrived. Some women told us that they had travelled with men on small vehicles that did not have a screen. The vehicles used, therefore, did not allow women adequate privacy or protection from verbal abuse by male prisoners.

**Recommendation: Women should not be transported in vehicles with men.**

- S46 **Concern:** In our survey, more women than in comparator prisons, and from some minority groups in particular, reported feeling unsafe, and victimised by other prisoners and staff. In addition some women complained about verbal bullying and intimidation and some felt that the robust application of the IEP scheme was leading to unfairness. A range of other factors may also have been relevant, for example the number of women who were in prison for the first time; the physical layout of the prison and Holloway's reputation.

**Recommendation: Prison managers should explore general perceptions of safety and victimisation (particularly among minority groups) and should develop a strategy to address the issues identified.**

- S47 **Concern:** There was an under-identification of women with disabilities and a lack of coordination in the support available. Different prison departments were not sharing relevant information to ensure needs could be assessed and met quickly. The lack of suitable adapted accommodation meant that some needs could not be met completely, and a more formal approach to providing care from peers was needed.

**Recommendation: Women with disabilities should be clearly identified on arrival, an assessment of their specific needs carried out and any adjustments made to support them, including having an appropriate range of adapted accommodation available.**

- S48 **Concern:** The process for allocating prisoners to learning and skills and work activities was disorganised and participation rates in education, training and work places were very poor. Overall attendance at education classes was low and the majority of classes were not fully occupied; they also started late and finished early. There was little analysis of which women were due in sessions or whether they had attended. This meant the available purposeful activity places were not being used efficiently or to reinforce good work ethics.

**Recommendation: There should be an effective system, understood by all staff, to improve prisoner attendance and punctuality at activities and to maximise the use of the purposeful activity places available.**

- S49 **Concern:** Despite many women telling us they valued being at Holloway because of its proximity to families, in our survey, only half of women said that staff had helped them maintain contact with family and friends, significantly less than the comparator. A family support worker from Phoenix Futures helped prisoners and their families, but only those with substance misuse issues and there continued to be no similar support for all women. There was little evidence in case notes that staff were aware of prisoners' domestic circumstances and no data were being collected on the number of women who were mothers or the number of children involved.

**Recommendation: The needs of all women at Holloway and their families should be assessed and a whole-prison strategy developed and implemented to support the relationship between them.**



# Section 1. Safety

## Courts, escorts and transfers

### Expected outcomes:

**Prisoners transferring to and from the prison are treated safely, decently and efficiently.**

- |   |
|---|
| <p><b>I.1</b> <i>Most women experienced long waits at court and some arrived at the prison too late. Women routinely made unnecessarily long journeys. Some women went to court in prison clothing.</i></p> |
|---|
- I.2** Most women experienced long waits at court, and routinely had very long journeys in vans shared with male prisoners, stopping off at other prisons en route to Holloway, and often arriving after 7pm. We were told that the reason for this was that, unlike local male prisons in London, Holloway did not close reception until the last women had arrived and been dealt with.
  - I.3** Small cellular vehicles designed for three people were used, and women and some escort staff told us they were sometimes used to transport men and women at the same time. These had no privacy screens, so women could see and be observed by male prisoners, exposing them to the possibility of verbal intimidation and abuse. We subsequently sought to clarify this and were informed by NOMS that this was a clear breach of the contractual arrangements for court to prison moves (see main recommendation S45).
  - I.4** Escort vehicles were grubby, but carried emergency supplies. Snacks, comfort breaks or chemical toilet bags were offered on long journeys. Appropriate vehicles were used for women with special needs. Escort staff treated women courteously, and restraints were not applied between vehicles and reception. Few women received information about Holloway before their arrival and 53% of respondents in our survey said it was their first time in prison.
  - I.5** Women going to court could have toast and hot drinks. Access to clothing for court was good except for new arrivals, some of whom went in prison clothing. Good use was made of the video link for court hearings and other legal matters. Women were generally given less than an hour's notice of external escorts, which meant they did not have enough time to speak to their family or legal advisers.

### Housekeeping points

- I.6** Women should receive information about Holloway before their arrival.
- I.7** Arrangements should be made to ensure women do not wear prison clothing to court.
- I.8** Women should be told about external escorts the day before, unless there are justifiable security reasons not to do so.

## Early days in custody

### Expected outcomes:

**Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.**

- 1.9** *Reception procedures were efficient and first night arrangements appropriate. Women in our survey were negative about many aspects of their early days in Holloway but we did not find evidence that women were actually unsafe. Induction procedures were good but more needed to be done for foreign national prisoners.*
- 1.10** The large reception area was clean, and the main holding room had a range of reading materials, a television and DVDs to keep women occupied. Reception procedures were efficient and the gender ratio of staff was appropriate. Peer supporters welcomed women and offered them a hot drink and a meal. Women said that staff treated them well. Custody and health interviews were carried out in private. Cell-sharing risk assessments were completed and explained, and staff were sensitive to individual needs. Arrangements were in place to deal with vulnerable women. Reception staff routinely used language translation services.
- 1.11** Women arriving early went to the Wellbeing Health Centre for their initial health screen. Some women experienced long delays in reception if they needed to see a doctor. Women who had been recalled to prison were identified at court and prison staff informed. Staff explained the reasons for recall and the appeals process.
- 1.12** Reception orderlies made up packs containing essential items including toiletries and underwear, but only two pairs of socks were issued. Women were given a reception pack, as well as telephone credit. First night procedures were completed for women regardless of their arrival time and they were offered a shower and free phone call before being locked up.
- 1.13** Peer support workers lived in the first night unit and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were available when women arrived. Induction staff conducted a private interview with each prisoner to ensure that any immediate needs were addressed. Cells and dormitories were prepared for new arrivals but some notice boards had graffiti on them. New prisoners spent a minimum of two nights on the induction landing, but women who had been at the prison before could leave after one night. Women who found it difficult to adjust could stay in the unit for longer.
- 1.14** Peer supporters delivered a good induction, which covered relevant topics, but some prisoners complained about information overload. Attendance at the induction was not compulsory, but all women had to attend an interview with resettlement staff to assess their sentence planning needs. This did, however, mean some women did not have the opportunity to develop individual learning programmes (see paragraph 3.23).
- 1.15** Women undergoing a detoxification programme completed their induction when they were well enough to do so. Information about the prison was available in 13 different languages but the induction PowerPoint presentation was only available in English and foreign nationals complained that they had not understood it.

- I.16** In our survey women were negative about many aspects of their early days at Holloway. We did not find evidence that women were actually unsafe, but these perceptions needed to be carefully monitored. Listeners met new prisoners on the first afternoon after their arrival.

## Recommendation

- I.17** **More support should be provided for foreign national prisoners during induction.**

## Housekeeping points

- I.18** Women should receive enough clean socks to last a week.

- I.19** Graffiti in first night cells should be removed.

## Bullying and violence reduction

### Expected outcomes:

**Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.**

- I.20** *The prison focused well on keeping women safe and relatively few incidents occurred. Despite this, more women in our survey than usual reported feeling unsafe and victimised. There had been no prison survey of women's perceptions of safety since 2011. The prison took a robust approach to violence and antisocial behaviour. Support for prisoners was good, particularly for vulnerable women with challenging behaviour.*

- I.21** In our survey, more women than in comparator prisons, and women from some minority groups in particular, reported feeling unsafe and victimised. In contrast, women told us individually and in groups that there was little violence. The number of recorded fights and assaults was low, with an average of two or three prisoner-on-prisoner assaults per month and a similar number of fights. We thought that perceptions of victimisation by staff might have been a consequence of the robust use of the incentives and earned privileges (IEP) scheme, but this needed further exploration (see also section on complaints). In addition, other issues might have played a part: there had been some complaints about verbal bullying and intimidation by staff and other prisoners; a high proportion of prisoners were in custody there for the first time; the physical layout of the prison was not conducive to supervision; and some might have had negative preconceptions about Holloway.
- I.22** An average of 25 violence report forms were completed each month, mostly reporting minor verbal confrontations related to life in the dormitories, including theft of property. Incidents were appropriately investigated and managed robustly.
- I.23** Compacts and formal monitoring were used for more problematic behaviour. Serious cases were managed through the adjudication process and police referrals. Some other incidents were dealt with through mediation but, as we found last time, staff had not been trained for this work.

- I.24** Some difficult behaviour, often associated with mental health, was managed through plans developed at a multidisciplinary weekly meeting for women with complex needs, which health care professionals attended. The meeting also considered whether or not the sanctions applied were appropriate.
- I.25** Information about safer custody was included in the induction and displayed throughout the prison. The prison consulted prisoner representatives about safety regularly through the Holloway Women's Council, but there had been no survey of all prisoners since 2011. The monthly multidisciplinary safer custody meetings considered a comprehensive data report and updated a violence reduction action plan. Routine monitoring of incidents did not consider protected characteristics.
- I.26** The effective and focused safer custody team, led by a senior manager, had a very good understanding of violence-related issues. The Timeline initiative, which involved the collation of information from wing observation books to prompt effective early responses, was good practice. It aimed to identify, address and follow up violence-related incidents and included other work to identify risks and reduce isolation, such as identifying who was not having visits. Officers provided individuals, including victims, with reassurance and support. Cell-sharing risk assessments were reviewed following incidents. This approach needed to be embedded in local policy and practice.
- I.27** Where concerns were identified, action was taken to reduce risks. Safety had been improved through the installation of CCTV on stairwells and in the main corridor, and by staggering movement times. The corridors were well supervised during movements but the design of the units did not promote good supervision. The need to improve supervision of medicine management had been identified at the safer custody meeting in April 2013.
- I.28** Violence reduction training was incorporated into the introduction to safer custody training which was offered twice a month. Sixty staff had completed training in the last six months.

### Good practice

- I.29** *The Timeline initiative reassured women and was a caring approach. It aimed to identify, address and follow up violence-related incidents and included other work to identify risks and reduce isolation, such as identifying who was not having visits.*

## Self-harm and suicide prevention

### Expected outcomes:

**The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.**

- I.30** *There had been no self-inflicted deaths for over five years. The safer custody team worked hard to identify and respond to risks. Levels of self-harm were low and assessment, care in custody and teamwork (ACCT) case management documents were generally completed well. There was a good range of support and a small team of Listeners.*

- I.31** There had been no self-inflicted deaths since 2007, a significant fact given that there had been six such deaths in the previous five years. Action plans had been developed to address recommendations from death in custody investigations.
- I.32** The safer custody team worked proactively to identify risks and reduce isolation, for example, identifying those who have not had any visits or purchased phone credit. Reception records were also scrutinised and details of identified risks passed on to wing managers. A weekly complex needs meeting identified the most vulnerable prisoners.
- I.33** Levels of self-harm were lower than in comparator prisons, although, as in most women's prisons, the actual number was still high. Investigations were completed into the few serious incidents of self-harm and focused on improving care. On average, there were 63 incidents of self-harm each month, considerably fewer than the average of 143 we previously reported. Data on self-harm was collated to establish if there was any link with distress during prisoners' early days in custody. Evening association had been introduced on Mondays, when data indicated more incidents of self-harm occurred. The promptness of officers' responses to cell call bells was monitored and investigated daily.
- I.34** An average of 46 ACCT documents were opened each month, similar to our last inspection. These were generally completed to a good standard and demonstrated good care. Most reviews included contributions from mental health nurses, but other prison staff who could also have made useful contributions were not present at reviews. A lack of continuity in case manager had an impact on care. A good range of support and counselling was available for vulnerable women. Care plans were developed for the most vulnerable women at the weekly meeting to address complex needs.
- I.35** There was no use of strip-clothing and few constant observations; when they were required, an interactive approach to supervision was used.
- I.36** There was a small, but well supported, team of Listeners and prisoners had good access to them. Listeners contributed to the monthly safer custody meeting. There was now a Listener suite, which was used at night, and Listeners could use rooms to talk to women in private, while those in dormitories could use the Samaritan's telephone there. Listeners routinely listened to women through the closed door in the segregation unit.

## Recommendation

- I.37** **Whenever possible, ACCT reviews should be chaired by the case manager responsible for the case, and key staff working with women subject to ACCTs should be able to attend them.**

## Housekeeping point

- I.38** Listeners called to the segregation unit should, following a suitable risk assessment, be allowed direct access to women asking to see them.

## Safeguarding (protection of adults at risk)

### Expected outcomes:

**The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>3</sup>**

**I.39** *Safeguarding adults at risk procedures were largely led by the Central and North West London NHS Foundation Trust (CNWL). Although work to agree formal protocols between the trust, the prison and local social services was in progress, some existing procedures were in place to identify and respond to the needs of vulnerable adults.*

**I.40** Joint working between the prison, the CNWL and social services to safeguard adults at risk was being developed but a clearer strategy was needed. The work was largely led by the CNWL, which was following the trust's pan-London safeguarding policy. This included some training for health care staff and established procedures for safeguarding referrals through electronic clinical records. There was no training in place for prison staff.

**I.41** The last formal safeguarding meeting in November 2012, included representatives from the prison, CNWL and Islington Social Services' safeguarding children board. The prison planned to incorporate adults into a single policy and to develop working protocols but did not currently involve staff from the adult safeguarding board.

**I.42** Although the development and agreement of formal structures and protocols was work in progress there were a number of existing procedures to identify and support vulnerable adults. A learning disability service screened new receptions. The meeting on complex needs, attended by a range of health care professionals, developed care management plans for this group. The care programme approach (mental health services for individuals diagnosed with a mental illness) also provided protection.

### Recommendation

**I.43 A local safeguarding adults policy and strategy should be developed; it should ensure all staff are trained and aware of local safeguarding processes.**

## Security

### Expected outcomes:

**Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.**

<sup>3</sup> We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).

**I.44** *Security arrangements were generally proportionate, and positive staff-prisoner relationships encouraged a good flow of intelligence. Security meetings were purposeful. The drug supply was appropriately managed. Strip-searches were rare. Visiting restrictions were sometimes used inappropriately.*

- I.45** The monthly security committee meeting was well attended. The standing agenda outlined the prison's security concerns, and security objectives for the following month were set. Managers were responsible for communicating these objectives to their staff. There was scope to improve this process by promoting the objectives more widely. Security information was also prepared for other departments, such as the safer custody team, with whom links were well established.
- I.46** There was a reasonable flow of intelligence into the department from a variety of staff groups across the prison. However, there were delays in processing some security information reports (SIRs) because analysts were only available on week days. As a result, some opportunities to conduct suspicion tests were missed, and this was not monitored. The prison had an effective monthly drug supply reduction meeting and strategy.
- I.47** Intelligence suggested some trading in illegal drugs or tradable medication, but our survey did not indicate this was a particular problem compared with other similar prisons. The mandatory drug testing (MDT) positive rate was consistently low, with one positive test per month for the six months to April 2012. Results indicated that cannabis and benzodiazepines were the most used substances. All prisoners testing positive were promptly referred to substance misuse services. MDT facilities were good.
- I.48** Security matters were managed proportionately, with an appropriate reliance on dynamic security. Although the physical layout of the residential areas did not promote good supervision, staff used their discretion when deciding whether or not to unlock prisoners when there was only one member of staff on the landing. Walkway and stairwell security had been improved through the installation of CCTV.
- I.49** The security team was responsible for assessing prisoners' suitability for employment in the prison, and for reviewing these decisions every three months or more frequently on request.
- I.50** Use of strip-searching was low in comparison with other similar prisons (see also section on use of force). We were not persuaded that it was proportionate for women to be required to wear bibs on visits (see paragraph 4.53). Visiting restrictions applied only to a few prisoners, but where they did, it was for a minimum of three months. We saw that they were sometimes imposed even when there was no specific intelligence to suggest that visiting arrangements were being abused.
- I.51** Both the prison and the police liaison officer reported constructive relationships and a good exchange of information. Corruption prevention arrangements were productive.

### Housekeeping points

- I.52** Suspicion drug tests should occur within the required timescale and any delays should be monitored and addressed.
- I.53** Visiting restrictions should only be imposed for activities related to the abuse of visiting procedures.

## Incentives and earned privileges<sup>4</sup>

### Expected outcomes:

**Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.**

**I.54** *The IEP scheme was used actively to support the violence reduction strategy and challenge problematic behaviour. Women on the basic level received a weekly review and we saw good examples of individual support planning and monitoring.*

**I.55** The comprehensive IEP policy had been impact assessed, and management oversight of the scheme was good. It was used actively to support the violence reduction strategy and challenge problematic behaviour. Downgrades occurred after three warnings in a 28-day period or following one serious act such as an assault. Women on the basic level received a weekly review and most were upgraded within two weeks. Improvement targets were not always recorded in basic regime monitoring documents.

**I.56** In our survey, only 41% of women, against the comparator of 52%, said they had been treated fairly in their experience of the IEP scheme. We found only one case that caused concern, but it had serious consequences: a prisoner was wrongly downgraded to the basic regime for a single outburst and then assaulted by the prisoner with whom she had been required to share a cell. The incident was thoroughly investigated and referred to the police in accordance with the prison's violence reduction procedures. More generally, we saw good examples of individual support planning, which demonstrated care and attention to women's circumstances.

### Housekeeping point

**I.57** Improvement targets should be recorded in basic regime monitoring booklets.

## Discipline

### Expected outcomes:

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

**I.58** *Adjudications were used appropriately and conducted well. Management oversight was driving improvement. Use of force was low and generally proportionate, although we had concerns about one case. Governance was generally strong. Conditions in the segregation unit were good, and appropriately selected staff cared for prisoners according to their individual needs. There was scope to improve monitoring arrangements.*

<sup>4</sup> In the last report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

## Disciplinary procedures

- I.59** There had been 358 adjudications in the last six months, fewer than or similar to comparable prisons. Records were comprehensive, and there was evidence that appropriate investigations took place. However, the proportion of charges dismissed or not taken further was higher than we often see. This had been investigated, and was at least partly due to adjudicators appropriately assessing some prisoners as unfit for adjudication.
- I.60** Governance arrangements were good. Data was analysed at a quarterly adjudication standards meeting, and there was a log of punishments to help adjudicators ensure consistency when making awards. The deputy governor reviewed 10% of adjudications and recorded comments, which he shared with individual adjudicators and summarised at the adjudications meetings. A peer review exercise had been conducted and the Independent Monitoring Board provided useful feedback whenever they observed adjudications.

## The use of force

- I.61** There had been 46 use of force incidents in the previous six months. Use of force was monitored at an appropriately attended monthly meeting. Data showed that use of force was lower than in comparable prisons, and that staff training was up to date.
- I.62** Scrutiny arrangements and reports were generally good. Nine of the incidences were planned and six had been recorded on video. There was an ongoing investigation into why one other incident had not been recorded. Videos were reviewed by a group of staff including a senior manager, and there was evidence that follow-up investigations took place. Videos were also used to ensure lessons are learned from incidents at the monthly use of force committee meeting.
- I.63** We reviewed two videos, in which control and restraint techniques were used. One involved protracted and complex restraint, which culminated in the prisoner being strip-searched in the segregation unit. We did not see or hear sufficient justification for this decision, either in the paperwork, on the video or in our discussion with a manager involved. We were, therefore, not satisfied the action taken had been necessary and proportionate.
- I.64** There were no designated special cells at Holloway. Special cell paperwork had been completed three times in the last year, but we did not consider any of these incidents to constitute use of special accommodation.

## Recommendation

- I.65** **All decisions to strip-search prisoners should be fully recorded and justified by the most senior person present.**

## Housekeeping point

- I.66** The number of adjudications dismissed or not taken further and the reasons for these decisions should be monitored.

## Segregation

- I.67** One hundred and twenty-three women had been segregated in the last six months, which seemed high. The figure included women who went straight to the segregation unit when they were transferred to Holloway.
- I.68** The segregation unit was clean and carefully organised. Prisoners were unlocked to collect their meals and took exercise in a large outside area. Governors and other staff visited residents in accordance with requirements. Admission procedures were appropriate, and prisoners understood why they were segregated and when their case would be reviewed.
- I.69** Documentation assessing whether segregation was appropriate was routinely completed, and generally accurate. However, we found some instances where information was missing or the health care judgment on the appropriateness of segregation was ambiguous. In one case where segregation was judged inappropriate, a special good order and discipline review did not take place for 24 hours, which was too long.
- I.70** Whenever a woman subject to an ACCT document was segregated, documentation always demonstrated that the authorising manager was aware of the self-harm risk and had considered segregation necessary nonetheless. However, one quarter of those held in segregation were being managed using the ACCT system, which was high. Monitoring was becoming more detailed, but there was no evidence that this fed into strategic decision-making about the suitability of segregation for prisoners at risk of self-harm.
- I.71** Reviews for women in segregation for good order or discipline involved staff from different prison disciplines and took place on time. There was evidence of appropriate individual care and reintegration planning to help women return to a normal location within the prison, including access to facilities and activities. Women in cellular confinement had a radio and were given something to do.
- I.72** Daily entries were made in the electronic case note system. With very few exceptions, these were detailed and professional. The number of staff required to unlock prisoners was reviewed at least every 72 hours, but every day if three officers or more were required.
- I.73** There was a regular segregation, management and review group (SMARG) meeting, but the data it considered did not include length of stay, upheld complaints or prisoners for whom segregation was considered inappropriate.

## Recommendation

- I.74** **Minutes of the SMARG meeting should demonstrate evidence of discussion of the data presented and actions planned. Reports should include data on length of stay, complaints and prisoners for whom segregation was considered inappropriate.**

## Substance misuse

### Expected outcomes:

**Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.**

**I.75** *The well integrated substance misuse services offered very good support. Prescribing was generally flexible, but there were inconsistencies between prescribers. Peer support and service user consultation were excellent. Strategic management was very good.*

**I.76** First night prescribing had been introduced since our last inspection. The stabilisation and maintenance units both offered a supportive environment and regime. Prescribing was generally flexible, but some prisoners on confirmed community supervised prescriptions had their doses increased too slowly.

**I.77** Central and North West London NHS Foundation Trust provided clinical services. Phoenix Futures took over psychosocial services in November 2012, which had led to better service integration and support options. The teams shared an electronic information system, which improved communication. Staff received effective management, supervision and training. Joint working with other departments was excellent, supported by monthly substance misuse awareness training.

**I.78** Eleven of the 86 prisoners on opiate substitution treatment were on reducing doses, which seemed low, but a recovery focus was developing. Nurses and substance misuse workers conducted joint reviews in which prisoners were fully involved; however, the absence of a prescriber at these meetings caused delays and prisoners were not always advised of the final outcome. Several doctors provided input, which generated inconsistencies in prescribing.

**I.79** There was no designated dual diagnosis service; however prisoners had good access to appropriate mental health support and psychological therapies. For example, Phoenix Futures co-facilitated a Hearing Voices group with mental health nurses. The dual diagnosis policy and service was being reviewed.

**I.80** In our survey, more prisoners than in the comparator were happy with the help received. Interventions included one-to-one interviews, groups, in-cell work and four well-attended Alcoholics Anonymous and Narcotics Anonymous groups a week. Smoking cessation support was accessible. Service user consultation was well developed and informed service developments. The peer supporter programme was excellent.

**I.81** The comprehensive drug and alcohol strategy was delivered through a dynamic action plan reviewed at bimonthly drug strategy meetings. Compact-based drug testing was only available for peer supporters.

## Recommendation

**I.82** **Prescribing for substance-dependent prisoners should be consistent and adhere to national guidance; prescribers should be present for 28-day and 13-week reviews.**

## Good practice

**I.83** *Peer supporters received comprehensive training and recorded supervision to provide group and individual support, including helping prisoners with literacy problems complete in-cell work. Peer supporters participated in staff interviews.*



## Section 2. Respect

### Residential units

#### Expected outcomes:

**Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.**

**2.1** *Conditions in the residential units were reasonable, and despite the difficult layout of the buildings, the atmosphere was generally relaxed. Most bathrooms were acceptable, but access to showers needed to be improved. The application process did not work sufficiently well. There was evidence of problems with postal and parcel deliveries. Prisoners had appropriate access to clothing and laundry facilities.*

- 2.2** Most areas were clean and reasonable, and the dormitories now held a maximum of four women. There were exceptions, however: some residential units contained poor furniture, had mould on window frames, lacked curtains, were excessively hot or insufficiently ventilated and had broken or keyless lockers, which some women complained had resulted in thefts. Communal areas were generally well presented, although one exercise yard was littered when we visited. Prisoners told us that they were generally able to obtain sufficient cleaning materials, both for communal areas and for their own rooms.
- 2.3** Our survey showed that access to showers had improved since our last visit, but only 82% of women against the comparator of 92% said that they could have a shower every day. Women told us that limited association time sometimes made it difficult to shower and some showers were insufficiently private.
- 2.4** There had been some significant delays in postal and parcels deliveries in the last two months, and a backlog of about 60 parcels, which had been there for up to three weeks, had built up in reception. Prisoners could have items handed in on visits, which they received on the same day. However, this service was only available on weekdays (see also section on children, families and contact with the outside world).
- 2.5** Prisoners could submit applications each morning, but these were not logged or tracked and prisoners complained about delays. In our survey, prisoners were more negative about applications than those in comparator prisons.
- 2.6** Prisoners surveyed also reported problems accessing the telephones. We observed that most telephones were insufficiently private, and were told that the limited association opportunities restricted access. Some prisoners complained that applications to have telephone numbers added to their personal accounts were not always processed promptly.
- 2.7** Many prisoners wore their own clothes, and there were laundry facilities on each wing, mostly staffed by laundry orderlies. Those needing additional clothing could have clothes handed or sent in, or could buy them cheaply from the onsite shop, which sold donated clothing. Women could obtain their stored property once every three months on application.

## Recommendations

- 2.8 All prisoners should be provided with a lockable cupboard.** (Repeated recommendation 2.16)
- 2.9 All prisoners should be able to shower every day.**
- 2.10 Telephones should be housed in booths so that calls can be made in private.** (Repeated recommendation 2.22)

## Housekeeping point

- 2.11** The time prisoners wait to receive parcels via reception should be significantly reduced.

## Mothers and babies

**2.12** *Mothers and babies lived in reasonable conditions, but more could have been done to normalise daily routines. Admissions processes were good and appropriate services were provided. Support for women separated from their children was good, but more active care planning was required for pregnant women.*

- 2.13** The unit was significantly under-occupied, with only two of 13 rooms in use. The physical environment was reasonable, if rather stuffy, with appropriate day care facilities for the babies, and adequate storage, activity and association areas for the mothers. However, the rooftop garden was mostly concrete, and the unit had a more institutional feel than other mother and baby units we see. Cell toilets were still screened by a curtain, although there was a programme to install doors.
- 2.14** There was now a local mother and baby unit policy, but it was still not sufficiently comprehensive. Women could leave their cells at night to care for their babies, but only if they obtained permission by pressing their cell bell. In practice, this facility was rarely used. The unit was always supervised by female staff at night, all of whom had been trained in infant resuscitation.
- 2.15** Regular mother and baby unit staff now wore a polo shirt, instead of full uniform, unless they had other discipline duties to perform. However, we saw that the unit was sometimes staffed by officers wearing standard uniform.
- 2.16** Admissions boards were thorough and decisions were justifiable. There was evidence that women were cared for professionally, yet compassionately. Some women were set behaviour targets to help them pass the risk assessment for a place on the unit. Care plan reviews were now appropriately multidisciplinary, demonstrating good support from social services, midwives and other community services. Prisoners spoke positively about the support they received. However, we saw that a review had not taken place, which was a concern.
- 2.17** Babies were taken on weekly visits to the local community, and mothers who passed the release on temporary licence risk assessment could take their own babies.

- 2.18** Support plans were drawn up for all women separated from their children. Some of these were excellent, but there was an absence of formal record keeping to detail ongoing support.
- 2.19** There was no formal care planning for pregnant women outside health care processes, and staff reported a shortage of specialist mattresses and pillows. However, there was now a process for women to involve a partner or family member in antenatal preparation. Inter-prison visits were facilitated for imprisoned partners.

## Recommendations

- 2.20** **Doors should be fitted to screen toilets in rooms.** (Repeated recommendation 3.59)
- 2.21** **There should be a formal care planning process for pregnant women, in which residential officers are involved.** (Repeated recommendation 3.65)

## Staff-prisoner relationships

### Expected outcomes:

**Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.**

**2.22** *Staff-prisoner relationships were generally good and most women had someone they could turn to if they needed help. Personal officer arrangements had improved and most women found them helpful, although links with resettlement were underdeveloped.*

- 2.23** In our survey and during the inspection, most prisoners said that they were treated respectfully by staff, although they also reported less positive interactions with a small minority. Most said they had a member of staff they could turn to for help with a problem.
- 2.24** We observed generally respectful and caring interactions, which were also reflected in electronic case notes that were far more detailed and specific than we usually find. Consultation with women had developed and was now good, and it was evident that the views of women were sought and considered.
- 2.25** Personal officer work was much better than at our previous inspection and all prisoners had a named personal officer. In our survey, most women said personal officers were helpful and it was evident that many of them did know about the prisoners in their care. However, there was still a limited focus on resettlement issues.

## Recommendation

- 2.26** **Personal officers should be aware of the resettlement targets of the women in their care and seek to encourage and motivate them to meet them.**

## Equality and diversity

### Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>5</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

**2.27** *Bimonthly equality and diversity meetings were well attended but did not discuss all minority groups. Support for most protected groups was reasonable, except for disabled and older women, for whom support needed to improve. Young adults were integrated with the adult population but staff knew who they were and made arrangements to meet their specific needs.*

### Strategic management

- 2.28** There was an overarching equality and diversity (E&D) policy, and individual policies for the protected characteristics, but none was based on a needs analysis. Bimonthly, well attended E&D meetings were chaired by the governor and included prisoner representation. Meetings did not discuss all the protected characteristics. In April, senior management team members had been nominated as lead staff for each of the protected characteristics, but it was too early to see if this new strategic approach was working. Monitoring data only covered ethnicity and had generally been within target during the last six months.
- 2.29** The E&D team consisted of a custodial manager, two officers and an administrative officer. Three prisoner representatives had been appointed. Photographs of the team were on display throughout the prison.
- 2.30** Discrimination incident reporting forms (DIRFs) were freely available; 44 had been submitted in the last six months. Most concerned minor issues and had been thoroughly investigated. Letters detailing the outcomes of these investigations and the appeals process were sent to those involved. The Zahid Mubarek Trust provided valuable external scrutiny of DIRFs as well as useful independent feedback.
- 2.31** Most staff had completed Challenge It, Change It training and 13 staff had completed learning disability training in the past six months. Forty-six per cent of the staff were from black and minority ethnic groups and 61% were female.

### Recommendation

- 2.32** **Policies for protected groups should be revised in line with the assessed needs of prisoners and include an associated action plan with targets against which the E&D committee should regularly monitor progress.**

<sup>5</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

## Protected characteristics

- 2.33** In the last year, 40 staff had completed the women's awareness staff programme (WASP), and 30 had completed sex workers in custody training. Staff demonstrated a good awareness of women's needs, including those of women separated from their children. A midwife was available to support pregnant women, including those with substance dependence. Hygiene items were available throughout the prison.
- 2.34** In our survey, black and minority ethnic prisoners, who made up 45% of the population, had similar views about their treatment and conditions to white prisoners, and this was reflected during the inspection. It may have been relevant that the proportion of black and minority ethnic staff and prisoners were similar. A database recorded prisoners identified as having committed a racially motivated offence in the community or in prison, and alerts were placed on files accordingly.
- 2.35** The foreign national policy had not been updated since our last inspection. There were 126 foreign national prisoners, 13 of whom were being held solely under immigration powers. A Home Office official worked at the prison two days a week. Translation services were routinely used throughout the prison, and a list of staff translators, who spoke a total of 53 languages, was maintained.
- 2.36** Hibiscus, a support group for foreign nationals, was based at the prison, and its staff saw foreign national prisoners during induction. The organisation offered a good range of support, including signposting to independent legal advice and a befriending service linking women with external volunteers who spoke their language. Romanian and Bulgarian support workers from Hibiscus were working with 34 Roma women and offered support post-release. The Roman Catholic chaplain met regularly with four Irish travellers and sent them a free monthly publication. Foreign national prisoners received a free monthly phone call but only if they had not received a visit in the preceding month.
- 2.37** Chaplains monitored religion every day and there was an appropriate policy and an active programme to promote diverse religious events (see section on faith and religious activity). A variety of cultural events such as International Women's Day, and Gypsy, Roma and Traveller week were celebrated.
- 2.38** The disability policy was not based on a needs analysis, and there had been no disabled prisoners' forum since September 2012. Only 27 women were on the disability register, but health care and education staff were aware of 53 other disabled prisoners. Care plans were in place, but most were held by the health care department and information was not always shared with residential staff.
- 2.39** Some night staff were unaware of personal emergency evacuation plans (PEEPs), which determined what assistance women needed in an emergency. PEEPs were not dated or reviewed. Few adaptations had been made to cells; we found three wheelchair users in cells with no adaptations other than a wider toilet area. Only three washing areas had been fully adapted across the prison and there were no toilet facilities for disabled prisoners in the resettlement unit. There was no official carer scheme, but women with limited mobility told us they received good support from other women.
- 2.40** The prison had a comprehensive lesbian, bisexual and transgender policy, but it was not based on a needs analysis. There were two transgender prisoners who praised staff for the support they received. Lesbian women generally felt well supported but there was no consultation forum for transgender, lesbian or bisexual women.

- 2.41** Twenty-three young adults were fully integrated with other women. Staff knew who they were, and most we spoke to felt looked after. Risk assessments had been completed and care plans were in place. Forums for young women were run once a month and there were social meetings twice a month with age appropriate activities. The support group Life Choices helped young women reflect on their past and improve decision making in the future. Pecan, another external group, offered resettlement support for 18- to 22-year-olds in prison and for up to a year after release.
- 2.42** Forty-eight women were over the age of 50, the eldest of whom was 69. Monthly meetings were held in the library for women over the age of 45, but uptake by older women was poor. There were four designated gym sessions for older women every week. Women over retirement age had to pay for their TVs.

## Recommendations

- 2.43** **Foreign national women with families abroad should be offered a free telephone call to their home country each month irrespective of whether or not they have had a visit.** (Repeated recommendation 4.39)
- 2.44** **Personal evacuation plans should be routinely reviewed and updated and all staff should be aware of women who would require assistance in an emergency. The documents should be dated and review dates recorded.** (Repeated recommendation 4.56)
- 2.45** **There should be regular forums or one-to-one support for all the protected groups.**

## Housekeeping point

- 2.46** Women who have retired should not pay for their TV.

## Faith and religious activity

### Expected outcomes:

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

- 2.47** *Faith provision and pastoral support was good. Women could easily see a leader of their faith. 'Through the gate' support was very good.*

- 2.48** The coordinating chaplain chaired regular, well attended team meetings. The large chapel and two multi-faith rooms offered good spaces for worship and washing facilities for Muslims were adequate. There were chaplains for each faith, except Mormon, but cover arrangements were in place.
- 2.49** In our survey, fewer women than in comparator prisons said they saw a chaplain on arrival, but we saw evidence that all women were seen on the day after arrival.

- 2.50** Faith groups were held throughout the week. There were regular foreign language groups for Spanish and Portuguese speakers. The Sycamore Tree programme, a restorative justice intervention promoting victim awareness, ran up to three times a year. Community faith groups supported women in custody and after release. The Salvation Army and Kings Cross Sisters offered sex workers support. The Mothers' Union supported women on the mother and baby unit and the Cockfosters Roman Catholic community provided visitors for women who did not receive other visitors.
- 2.51** Women told us about the exceptional care and support from chaplains in times of need or following bereavement. Chaplains routinely attended assessment, care in custody and teamwork (ACCT) reviews and two were ACCT assessors. They also regularly attended safer custody and diversity meetings and delivered a programme of faith awareness training for staff.

## Complaints

### Expected outcomes:

**Effective complaints procedures are in place for prisoners, which are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.**

**2.52** *Many complaints related to minor issues about officers but these were monitored and acted on and received a response from a manager of an appropriate grade. Responses were legible and respectful but not always prompt and replies were not sufficiently quality assured. Senior managers monitored trends.*

- 2.53** Complaint procedures were explained during induction but complaint forms were not easily available in all areas.
- 2.54** Complaints about staff had accounted for 10.5% of all complaints in the last six months, but most were for minor matters. Senior managers took appropriate action to address staff behaviour and trends were being closely monitored although the complaints policy did not refer to procedures for investigating complaints about staff.
- 2.55** Property, canteen and the incentives and earned privileges (IEP) scheme were also the subject of frequent complaints. A trend analysis of complaints was submitted to the senior management team and it received appropriate attention. More than when we last inspected said that complaints were dealt with fairly.
- 2.56** Responses were legible and respectful but not all answered the complaint fully and there were no robust quality assurance procedures in place. Insufficient quality checks were being completed by functional managers and only 80% of complaints were dealt with within the required timescale.

### Recommendation

- 2.57** **Functional managers should quality assure the response and timelines of replies to complaints.**

## Legal rights

### Expected outcomes:

**Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.**

**2.58** *Legal rights provision was mostly reasonable, but better cover for absences was required.*

**2.59** Legal services were provided by an officer from the resettlement team, who interviewed most unconvicted women, usually within 48 hours of arrival. Although the officer was stretched, there was no backlog of applications, and prisoners could receive an appointment within four days. However, there was no cover for bail information when the officer was on leave and this caused delays.

### Recommendation

**2.60 Sufficient trained staff should be available to provide effective bail information and support.** (Repeated recommendation 3.86)

## Health services

### Expected outcomes:

**Prisoners are cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive elsewhere in the community.**

**2.61** *The Wellbeing Health Centre was pleasant and there were an impressive range of specialist clinics. Women could see a nurse on the wings every day and a GP within two to three days for routine appointments; however, appointments were frequently delayed or missed due to a lack of escorts. The management of long-term conditions was good. There was excellent access to women's health clinics. Maternity care was reasonable. Access to routine dental care had improved. Mental health services were responsive and the mental health assessment unit provided constructive support. Women waited too long for transfers to secure hospitals. Day services provided a therapeutic sanctuary for a small number of women.*

### Governance arrangements

**2.62** Health services were commissioned by NHS England and provided by Central and North West London NHS Foundation Trust (CNWL). There was an established quarterly partnership board, which was due to approve a new health needs assessment. Health services were suitably linked to other prison departments. Supervisory staff management and clinical supervision were well established and staff training linked to service needs.

**2.63** Most primary care services were delivered from the centrally located Wellbeing Health Centre, which was pleasant and suitable. Medication and limited nurse triage services were

delivered from wing treatment rooms, which were not clinically suitable and most were grubby. Maternity services were provided in two adjoining rooms on C4, which were bleak and cold. Arrangements for the maintenance and servicing of the cardiotocograph and foetal ultrasound machine were satisfactory. The location of panic buttons in some consulting rooms was potentially unsafe.

- 2.64** Women had reasonable access to a wide range of primary care services including physiotherapy and osteopathy. Access to clinic appointments was regularly compromised by a lack of escorting staff.
- 2.65** The management of long-term conditions was good and provided personal advice. Older women were invited to an over-55s health screening clinic. A weekly meeting on complex needs ensured that the challenging needs of a small number of women were managed proactively. The women's health service provided prisoners with excellent care and advice on blood borne viruses and sexually transmitted diseases in a private environment with follow-through in the community.
- 2.66** The prison health promotion committee ran a planning forum involving health, gym, kitchen and substance use services. A successful health promotion day had been held in the last year attended by approximately half of all prisoners. The sleep clinic prescribed medication safely and supported women with poor sleep patterns.
- 2.67** Policies and protocols were accessible to all health staff on the trust intranet site; these included those on infection control, communicable diseases and blood borne viruses. However, some policies were out of date. An information-sharing consent protocol was used well and had clear explanations. The telephone interpretation service was used for women unable to speak English but there was no dual handset telephone or speaker facility. The prison had some useful literature, but it was not readily available and there was limited literature in languages other than English. The prison had sought women's feedback about dental, mental health and substance misuse services but there was no primary health forum.
- 2.68** Resuscitation kits were in designated treatment rooms and automated defibrillators distributed across wing offices. There were some gaps in resuscitation kit checks. Health care staff had up-to-date resuscitation training but less than a fifth of prison staff had completed emergency first aid training. A few officers had attended paediatric life support training. None of the officers we spoke to had been trained in the use of defibrillators. Prisoners had access to mobility and functional aids through referrals to a community rehabilitation team.
- 2.69** Responses to complaints were appropriate and timely. Clinical incidents were well reported and there were plans to enhance the dissemination of information so that lessons could be learned.

## Recommendations

- 2.70** **Wing treatment rooms should be refurbished and modernised in line with infection control requirements.** (Repeated recommendation 5.11)
- 2.71** **Relevant prison staff should be trained in basic life support techniques including defibrillator use.**

## Housekeeping points

- 2.72** Policies and protocols should be up to date.
- 2.73** Dual handsets or speaker telephones should be available when using telephone interpretation.

## Delivery of care (physical health)

- 2.74** In our survey, significantly fewer women (61%) than at comparator prisons (72%) said they had seen a health professional on arrival. We observed how women arriving late in the evening were seen by both a health care support worker and a GP. The reception health screening was thorough and care was taken to meet women's needs. Women were asked about disabilities but the information was not shared (see section on equality and diversity). Medication previously prescribed in the community was continued. Women were tested for drugs and pregnancy on arrival; health care support workers did not provide clear information or properly seek women's consent for the tests to be carried out.
- 2.75** Women were given a comprehensive new patient assessment within 48 hours and provided with information about using health services. There was no written material in appropriate languages. A learning disabilities screening was included and could trigger a referral to the specialist psychology service.
- 2.76** Women could apply for a health appointment using a central box; this process had resulted in delays and lost applications. They could see a nurse every day on the wings at medication times but there was little opportunity for confidential consultation.
- 2.77** In our survey, significantly fewer women (21%) than at comparator prisons (34%) said that they found it easy to see a doctor. Women usually waited two or three days for a routine GP appointment but primary care appointments were regularly missed or delayed due to a lack of escorting staff. There was good access to female GPs. Women waited too long in the waiting rooms in the Wellbeing Health Centre.
- 2.78** Women had regular access to antenatal clinics with community midwives but we saw evidence that clinical tests had occasionally been compromised by a lack of escorting staff. Emergency maternity packs were held in the C4 treatment room and the mother and baby unit. Community health visitors visited fortnightly to provide early childhood advice and support. Women could see a physiotherapist and an osteopath. A regular locum GP provided out of hours', telephone and face-to-face medical advice.
- 2.79** SystemOne, the electronic clinical information system, was used well and provided clear complete records. Clinical results were followed through.
- 2.80** Women who required acute physical or emergency maternity care were transferred to hospital; two bed spaces within the mental health assessment had been retained for the short-term isolation of women with infectious diseases but had not been used for some time.
- 2.81** External hospital appointments were rarely cancelled. We were told by community midwives that most women could attend hospital appointments without being handcuffed, but some women had been cuffed while in antenatal clinics; while the prison disputed this happened, they needed to ensure arrangements precluded the practice, which would be totally inappropriate.

## Recommendations

- 2.82** Women being tested for drugs and pregnancy should be given a clear explanation about the tests and the process for seeking and recording informed consent should be clear.
- 2.83** Movements should be arranged to ensure women prisoners can keep health service appointments. (Repeated recommendation 5.36)
- 2.84** Prison managers need to ensure that women attending antenatal appointments should not be handcuffed while in the clinic.

## Housekeeping point

- 2.85** Application boxes should be on each of the residential wings so that women can request appointments.

## Pharmacy

- 2.86** Pharmacy services were provided in house. The pharmacy had been refurbished. SystmOne was used to record prescribed medication and paper charts were used for administration. We observed some gaps in recording.
- 2.87** A small proportion of women had their medicines in possession. Only the few women who had a lockable cupboard could have in-possession medication. There was no regular review of the in-possession risk assessment and women could not reorder their own in-possession medication.
- 2.88** Women received named patient medicine that was stored in bags used for medication rather than in patient packs with information leaflets. Women could obtain simple information and advice from pharmacy technicians and some were referred to a weekly medicines' use review clinic with the pharmacist.
- 2.89** Nurses and pharmacy technicians administered supervised medicines on the wings. Supervision by discipline staff was variable. The treatment room in D3 had two administration hatches that were very close together, which compromised confidentiality and safety. Medicines were stored in locked trolleys in the wing treatment rooms, not all of which were secured to the wall.
- 2.90** There was a limited range of medicines for 'special sick' (immediate health treatment without an appointment) and a limited range of patient group directions (which enable nurses to supply and administer prescription-only medicine). This could lead to delays in women being able to access medications that provided simple pain relief. Out of pharmacy hours, women could receive medication from the out of hours' cupboard.
- 2.91** An electronic administration system was used to supply methadone on Ivor Ward (D1) and D3. The two treatment rooms each had a separate controlled drugs (CDs) cupboard but used a combined CD register and aggregated running balances (which ensure correct balances of stock for CDs).
- 2.92** Governance was generally good: standard operating procedures were signed by pharmacy staff and pharmacy technicians undertook regular quantity and date checks of medicines. Regular medicines management meetings included appropriate representation. Clinical

prescribing audits of some medicines had taken place in April 2013. Medicines management errors were reported effectively and addressed. A total of 78 errors had been reported in an 11-week period, exposing concerns, such as missing medication, incorrect prescribing and administration errors. A new meeting had been convened to address these matters.

## Recommendations

- 2.93 Arrangements for in-possession medicines should ensure that regular reviews of risks are undertaken and that women can safely store and reorder their own medicines.**
- 2.94 Women should have access to pharmacy-led clinics.**
- 2.95 Patient confidentiality during medicines administration should be maintained.**
- 2.96 Women should be able to obtain over the counter medicines such as simple pain relief without the need for a prescription. (Repeated recommendations 5.49 and 5.50)**

## Housekeeping points

- 2.97** Recording of administration of medicines should reflect national guidance and professional requirements and omissions should be appropriately followed up. (Repeated recommendation 5.52)
- 2.98** The storage and packaging of all medicines including patient information leaflets should be comparable with arrangements in the community.

## Dentistry

- 2.99** Dental services were provided by Kent Community Services. Services had significantly improved since our last visit and the refurbished surgery was compliant with national best practice guidance.
- 2.100** A female dentist visited twice a week. Women could have a routine appointment within three weeks and usually within two to four days for urgent problems. Women could access the full range of NHS treatment.
- 2.101** Analogue X-rays were used, which were not immediately available during the consultation. Oral health promotion was excellent and targeted women with special needs such as substance misuse and pregnancy.
- 2.102** We were assured that servicing and maintenance contracts and monitoring schedules for clinical equipment were up to date, but copies were not available in the dental suite.

## Housekeeping point

- 2.103** Digital X-rays would enhance women's understanding of their dental health.

## Delivery of care (mental health)

- 2.104** There was a single point of entry for both primary and secondary mental health services, and women could be referred by any member of staff. A duty worker scheme provided consistent access between Monday and Friday. Routine referrals were seen within five days and women with urgent needs could be seen within 24 hours. Out of hours' emergencies were dealt with through the mental health assessment unit and the GP out of hours' scheme.
- 2.105** A weekly meeting reviewed all referrals and allocated cases appropriately. Medical cover was provided by an associate specialist psychiatrist supported by regular specialty staff grade doctors and trainees, pending the appointment of a consultant. Records for those receiving the care programme approach (mental health services for individuals diagnosed with a mental illness) reflected appropriate care and review.
- 2.106** A trainee psychologist provided a specialist learning disabilities service with a caseload of between eight and 10 women. The service had established links with a local specialist secure hospital. Access to psychotherapy services was excellent and included self-referrals. Women on remand or short sentences were provided with appropriately focused interventions.
- 2.107** The mental health assessment unit provided women with acute and complex mental health needs with a supportive environment. Care planning was good and involved prisoners. A helpful range of therapeutic day services were available to women on the unit and a small number of other prisoners.
- 2.108** There had been 29 transfers to secure hospitals under the Mental Health Act in the last year, 13 (45%) of which had been delayed by more than two weeks. Three women had waited more than three months. We were told that some of the delay was caused by the mental health team having to locate non-clinical information, which they did not hold, to meet Ministry of Justice requirements.
- 2.109** The mental health team had provided mental health awareness and ACCT training to prison staff. Less than a fifth of discipline staff had received up-to-date training in mental health awareness.

## Recommendations

- 2.110** **More prison officers should have the appropriate training to recognise and take appropriate action when a woman prisoner may have mental health problems.**  
(Repeated recommendation 5.86)
- 2.111** **All women requiring assessment by specialist mental health services should be seen within seven days and transferred promptly if clinically indicated, and should not be delayed by requests for information unrelated to treatment decision.**

## Good practice

- 2.112** *Copies of care plans for those on the mental health assessment unit were routinely shared with the women and their comments actively sought.*

## Catering

### Expected outcomes:

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

**2.113** *Our survey indicated that women did not like the food. Catering was routinely discussed at the Holloway Women's Council but a further survey would have helped. There was a reasonable variety of meals. Supervision of wing serveries was poor.*

- 2.114** In our survey, only 13%, against 27% in comparator prisons, said the food was good or very good; 65% said it was bad or very bad. Women regularly complained about its inconsistent quality and said it was often cold. Prisoners from minority groups expressed similar views.
- 2.115** The last prisoner survey was in June 2012. Catering was regularly discussed at the Holloway Women's Council (HWC). Food comments books were not always accessible and some had very few comments in them.
- 2.116** Meals were served at reasonable times and reception had a range of frozen ready meals for late arrivals. There was a five-week menu cycle. Meals were prepared to celebrate religious festivals. Food was stored and prepared in line with religious and cultural requirements, except in the residential units, where implements for serving halal food were not all identified or used.
- 2.117** Printed menus indicated the calorie count for each meal along with halal, vegetarian, vegan and healthy options. The lunchtime sandwich was not popular and was regularly raised at the HWC.
- 2.118** As we found last time, the general supervision of wing serveries was poor. Unit managers' servery checks were not always completed. Food temperatures were not consistently recorded and there was little supervision of portion sizes. Not all servery workers wore protective clothing. Staff from the main kitchen only visited the wing serveries at weekends.
- 2.119** The most recent reports from the regional catering manager focused on menu planning. Feedback from Islington environmental health department was positive.

### Recommendation

- 2.120** **Unit officers should supervise serveries more effectively to ensure that food is served promptly and that food temperatures and other required daily checks are completed.** (Repeated recommendation 8.9)

### Housekeeping point

- 2.121** A further catering survey should be completed and the findings acted on.

## Purchases

### Expected outcomes:

**Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.**

**2.122** *Canteen was provided through the national contract. Women complained that it was expensive. They could influence the product list quarterly. Catalogue shopping had been re-introduced for some but administration charges were made.*

**2.123** The prison shop was supplied through the national contract. Prisoners complained that it was expensive. Prisoners were offered a choice of canteen reception packs on arrival and could then make a weekly canteen order. Additional packs could be purchased by those who had missed the deadline for the weekly order. The order form was available in picture format.

**2.124** Information about canteen provision was communicated through notices to prisoners. Women could influence the range of products on offer from a national products list through quarterly meetings and were more positive about the range of goods than when we last inspected.

**2.125** A limited range of catalogue shopping was still only available to prisoners on the enhanced level of the IEP scheme. Women were charged a 50p administration fee for each order. Catalogue shopping for Afro hair and cosmetic products had been introduced and black and minority ethnic women had been consulted about this. This provision was available to women on the standard IEP level.

**2.126** Magazines and newspapers could be ordered through the prison or arranged to be sent in from a local newsagent.

### Housekeeping point

**2.127** Catalogue shopping should be available to all women who should not be charged an administration fee. (Repeated recommendation 8.18)



## Section 3. Purposeful activity

### Time out of cell

#### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>6</sup>**

**3.1** *Time out of cell was reasonably good for women involved in activities full time, but poor for others. Too many women had nothing to do during the day. Prisoners had insufficient time in the open air.*

**3.2** Prisoners involved in activities full time received about nine hours out of their cells on the three days a week that evening association was available. On other days, about six hours' time out of cell was available, except on Wednesdays when there was no increase in daytime association to compensate for evening lockup. Time out of cell was sometimes curtailed because of delays in unlocking prisoners.

**3.3** During our mid-session roll checks, about one third of prisoners were locked up, similar to our last inspection. These women - who included retired prisoners, those unfit for work and those not at their planned activity for various reasons - had less than three hours out of their cells on Wednesdays and about five hours on other weekdays. Unemployed prisoners on the basic regime had even less time out of their cells.

**3.4** Prisoners received 30 minutes of outside exercise on week days and one hour at weekends in pleasant gardens, but this was often shortened by late starts and early finishes. Women had to choose between attending the whole exercise session and remaining locked in their cell. Coats for women who did not have one were still not available.

### Recommendations

**3.5** **The number of women locked in their rooms during activity periods should be reduced significantly. In particular, retired women and those unfit to work should not be routinely locked in their cells during the core day.** (Repeated recommendation 6.47)

**3.6** **All women should have the opportunity for at least one hour of exercise in the open air every day.** (Repeated recommendation 6.49)

**3.7** **The published regime should be adhered to consistently.** (Repeated recommendation 6.48)

<sup>6</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

## Learning and skills and work activities

### Expected outcomes:

**All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.**

**3.8** *The leadership and management of learning and skills required improvement and data analysis needed to be better. There were sufficient activity places for the population but the system for allocating prisoners to activities and driving attendance was poor so too few of the available places were being used. Quality improvement processes were adequate and the self-assessment was a good reflection of the provision but lacked evaluation. Observation of teaching and learning was adequate, as was induction, although too many elements lacked consistency. The national virtual campus (internet access for prisoners to community education, training and employment opportunities) was poor with too few programmes accessible to prisoners. The range of vocational training opportunities was limited and information, advice and guidance was only adequate. The quality of teaching was also mainly adequate. Achievements and success rates were mixed. Library services were good. The gym provided a reasonable range of provision but prisoners did not have the opportunity to have their skills accredited. On the basis of this inspection, we considered that outcomes for prisoners were not sufficiently good against this healthy prison test.*

**3.9** *Ofsted<sup>7</sup> made the following assessments about the learning and skills and work provision:*

<i>Achievements of prisoners engaged in learning and skills and work:</i>	<i>Requires improvement</i>
<i>Quality of learning and skills and work provision:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

### Management of learning and skills and work

**3.10** The learning and skills strategy in the prison prioritised appropriate work-related qualifications to help women enter employment or further education on release. The transition to the new learning and skills contractor A4E in November 2013 was well managed. A new hair and beauty salon and café were due to open imminently. Relationships with other departments were good, particularly with resettlement. Too few prisoners were engaged in meaningful activities and the range and level of vocational training programmes did not meet their individual needs. Education provision was adequate. The NOMS commissioning intentions document for learning and skills made only passing reference to women's needs, and prison managers felt it implied that women had less need than male prisoners for vocational training; an interpretation that, if correct, would be unacceptable. Overall the offender learning and skills service provision required improvement.

**3.11** The process of allocating prisoners to learning and skills and work activities was disorganised and participation rates in education, training and work places were very poor. Attendance at education classes was low at around 55% and the majority of classes were not fully occupied.

<sup>7</sup> Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

There was little analysis of which women were due in sessions or whether they had attended. Management information on prisoners' progress and achievements had improved since the last inspection and was adequate but did not help managers to make the changes needed to improve the provision. The education manager knew the reasons for the very mixed success and achievement rates and plans were in place to address them.

- 3.12** Quality improvement processes had improved but better data analysis was required to accelerate developments. Observation of the teaching and learning process was thorough but insufficient attention was given to improving assessments and identifying good practice. The self-assessment report was broadly accurate but did not sufficiently evaluate the provision. Staff shortages had an impact on progress. Prisoners said they felt safe in education, and respect between women and staff was good; prisoners also worked in an atmosphere of mutual respect across their activities.
- 3.13** The national virtual campus was poor and did not offer sufficient learning materials to support prisoners. Pay for women in education, who were currently disadvantaged, had been reviewed but recommendations had not yet been introduced.

## Recommendations

- 3.14 Prisoners' progress and performance should be rigorously assessed to identify trends and achievement gaps.**
- 3.15 Teaching and learning observations should include different assessment methods and verbal and written feedback from tutors to their learners.**
- 3.16 The agreed fairer pay for women in education should be introduced immediately.** (Repeated recommendation 6.26)

## Provision of activities

- 3.17** Prisoners attended education, training and work either full- or part-time. The education department provided approximately 80 part-time places and 50 full-time places every day which was sufficient for the population. The range and level of education programmes were adequate and included literacy and numeracy, information communications technology (ICT), and English for speakers of other languages (ESOL). All programmes offered accreditation; prisoners held for short periods could gain unit accreditation. The chaplaincy offered non-accredited courses.
- 3.18** Some education courses were offered up to level 2 and women could access level 3 courses prior to release from prison, but there were insufficient progression opportunities for longer serving prisoners. Twenty prisoners were on Open University and distance learning courses. Individual classes rarely had a full complement of women. The National Careers Service offered interview opportunities that were well structured and was continuing to work with the prison to clarify the range of its work.
- 3.19** There were sufficient work and purposeful activity places for the population. The prison provided around 40 vocational training places. Most were under-used: often between 30% and 50% of places were occupied. For those available to attend purposeful activity, approximately 65% were engaged each morning and afternoon. Most work was offered in the residential units, gardens and kitchens, with orderlies in the gymnasium, education and laundry. Only 50% of the available work places in the gardens were occupied.

- 3.20** Prisoners developed useful employability and interpersonal skills, but they were not recognised or recorded. The prison did not offer sufficient opportunities for women to obtain formally accredited vocational qualifications or unit accreditation.

## Recommendation

- 3.21** **A broader range of accredited work-related skills or vocational training at an appropriate level and range should be available to prisoners to reflect realistic employment prospects on release.**

## Quality of provision

- 3.22** Overall teaching and learning were adequate. In the better sessions tutors planned a wide range of learning activities to meet the needs of the mixed ability learners. The good sessions has appropriately gauged one-to-one support coupled with good teaching and engaging activities. Some tutors were confident about using a wide range of teaching strategies to encourage prisoners to participate fully in lessons and enjoy their classes. However, in other sessions teaching and learning was dull, with insufficient activities; they did not question prisoners to assess their understanding and or involve women in their learning. Where ICT was available it was used well. Some sessions offered learners with differing abilities a poor range of activities and failed to provide more able prisoners with enough challenging activities.
- 3.23** For most prisoners, induction and initial assessments for literacy, numeracy and ICT skills were carried out within the first week, culminating in a detailed action plan for each prisoner. However not all prisoners attended induction and therefore did not have the opportunity to develop an individual learning programme (see section on early days in custody). Prisoners unable to speak or understand English went on a separate short induction, which was insufficient to identify the level of their English. There was no diagnostic assessment of prisoners with learning difficulties or disabilities. However, those identified as requiring additional support were offered appropriate learning aids and one-to-one support in classes. The quality of verbal feedback to prisoners generally helped them to complete tasks but written assessments were less effective.
- 3.24** Punctuality and attendance across all purposeful activity was derisory and did not reinforce good work ethics (see main recommendation S48). In education many classes started late and finished early with a significant loss of active learning time. Learning plans did not help prisoners to understand what they had to do to achieve their aims; they were not adequately linked to initial assessments and did not involve prisoners sufficiently. There were good relationships between tutors and prisoners and behaviour management was good. Equality and diversity was promoted through good relationships between learners, prison staff and tutors and through personal development initiatives.
- 3.25** Teaching, coaching and learning in vocational training was good. Prisoners developed useful skills. They could competently demonstrate the application of theory in a range of practical sessions. Tutors made good use of higher level tasks to challenge the more able learners. In the kitchens, several learners progressed from a basic cooking course to a level 2 national vocational qualification in catering. Teaching resources in vocational training areas were poor, with inappropriate teaching areas and insufficient resources such as whiteboards and data projectors. A greenhouse to improve training facilities was awaiting erection on a disused sports area.

## Recommendations

- 3.26** The quality of teaching, learning and assessment should be improved to inspire and further improve outcomes for learners.
- 3.27** The contractor should develop a system to encourage learners to take more responsibility for their individual learning programme aims.

## Education and vocational achievements

- 3.28** Achievement and success rates were very mixed: they were very high in some subjects but low in others. Employment skills, such as business communication and working with others, had been developed well in education. Many prisoners demonstrated good standards of written work.
- 3.29** The prison did not offer women enough opportunities to obtain formal accreditation for vocational achievements. Since the last inspection, the range of vocational training had increased with additional provision in hairdressing and multi-skills. Many women were not in Holloway long enough to complete full qualifications, but they could achieve units of qualifications which provided a stepping stone to further training.
- 3.30** Hairdressing learners completed a six-week vocational related qualification, gaining useful skills styling and working with African-Caribbean and European hair. A two-week multi-skills course provided very useful training in painting decorating, tiling and basic woodworking skills. Practical industrial cleaning was offered to cleaners in the residential units. Horticulture learners completed units of accreditation at level 1.

## Library

- 3.31** The library was welcoming with attractively displayed books, sufficient seating for recreational reading and a large table and chairs for study. A good range of well-chosen fiction and non-fiction titles were available including easy-read books, DVDs and CDs. A reasonable collection of foreign language books and magazines was well used by prisoners. Appropriate legal texts and reference material were available.
- 3.32** Access to the library was adequate and women prisoners were allocated two dedicated sessions per week. The mobile library was a useful service for prisoners unable to attend the library. There was no access to the internet, intranet or the virtual campus in the library. Reading groups had developed well in the past year.

## Physical education and healthy living

### Expected outcomes:

**All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.**

- 3.33** *Physical education (PE) and healthy living facilities were good. The range of accredited programmes and planned developments was poor due to a lack of suitably trained staff. There was a good variety of recreational activities and links between education, health care and PE staff were good. The prison did not focus enough on healthy living objectives in sentence planning.*

- 3.34** PE and recreational activities were well managed and effectively promoted to women who attended the gym induction. The large sports hall, cardiovascular suite and swimming pool offered a wide range of activities and all were well used. Activities such as aqua-aerobics, Zumba, circuit training, spinning, badminton and yoga were available on the well planned seven-day timetable. Healthy living and personal fitness objectives were not an explicit part of sentence planning. Changing areas were clean, but prisoners did not like the communal shower area and avoided using it.
- 3.35** Five appropriately qualified staff supervised all activities, including specialist sessions for the over-50s, medical referrals, mother and baby swimming and activities for prisoners in specialist units. Monthly children's and family visits were also hosted in the gym. Non-gymnasium users and older prisoners could attend short introductory training sessions run by gym staff on the wings.
- 3.36** Equipment was well maintained. The lift to help prisoners with limited mobility to access the swimming pool was not used. Seven orderlies supported staff in the gym but did not complete a vocational qualification.
- 3.37** The gym induction session provided clear information about the facilities and the range of activities available, which included manual handling and heart-start. Healthy living and the importance of exercise were well promoted. Staff worked closely with the health care and drug strategy units to provide sessions for prisoners receiving therapy. Prisoners engaged safely in all activities. Allocation was fair and around 45% of the population regularly used the facility.

### Recommendation

- 3.38 Showers in the main sports hall changing rooms should provide prisoners with privacy.**

### Housekeeping point

- 3.39** The hoist in the swimming pool should be made available to prisoners with mobility problems.

## Section 4. Resettlement

### Strategic management of resettlement

#### Expected outcomes:

**Planning for a prisoner's release or transfer starts on their arrival at the prison.**

**Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.**

**Good planning ensures a seamless transition into the community.**

**4.1** *The reducing reoffending strategy did not describe the resettlement role of the prison and consisted only of set targets. It was not based on a needs analysis; however a prisoner survey had been completed and was awaiting analysis. A large number of partnership agencies actively supported the resettlement provision. There was not yet a whole-prison approach to resettlement.*

**4.2** The reducing reoffending strategy 2013/14 consisted simply of 22 targets. It did not describe the resettlement role of the prison, any community links, the work of the resettlement or offender management teams or the aim of the reducing reoffending policy committee (RRPC). It did not describe how the prison would meet the specific needs of different groups of women, and was not based on a needs analysis. However a prisoner survey had been completed in May 2013 and was awaiting analysis.

**4.3** Despite the absence of a needs analysis, other evidence was used to develop services. For example, the London initial screening and referral (LISAR) form (a computerised system used to collate resettlement information from across many London prisons) identified where prisoners lived in the community, and provided an informed focus for the development of community links.

**4.4** Resettlement was governed through well attended bimonthly RRPC meetings chaired by the head of reducing reoffending, who also managed a group of seven resettlement officers and two custodial managers. Officers supervised the delivery of the induction, assessed women's needs across the nine resettlement pathways through completing of a short-term custody plan, known as the 'passport' (see section on reintegration planning) and provided legal services.

**4.5** Despite the absence of a clear resettlement strategy, the resettlement unit provided a range of good support to women. Forty-four agencies operated out of the unit and nine weekly sessions were offered. In the period from January to March 2013, representatives from 35 agencies had seen an average of 40 women per session. Monthly statistics provided by many of the agencies were collated and monitored by the RRPC, and the prison was developing a universal template to monitor referrals to the agencies. Release on temporary licence (ROTL) had been granted to eight women on 11 occasions from December 2012 to May 2013, primarily to support family links.

**4.6** Resettlement was not discussed at prisoner consultation meetings and outcomes for prisoners following their release were not formally monitored. However, the prison was planning a research project with the University of Portsmouth to identify factors that promoted or prevented reoffending. Information would be used to inform resettlement provision.

- 4.7** There was little evidence of a whole-prison approach to resettlement. Wing officers were invited to sentence planning boards, but had not attended in almost half the sampled in-scope cases (prisoners serving 12 months or more and classified as posing a high risk to the public), and staff from other departments, such as education, were also absent. Officers' comments in electronic wing files showed little awareness of women's resettlement needs or involvement in sentence management (see section on staff-prisoner relationships).

## Recommendations

- 4.8** **An up-to-date resettlement strategy should be produced based on a needs analysis of women at Holloway with a clear strategic vision and action plans for future development of services.** (Repeated recommendation HP44)
- 4.9** **Resettlement outcomes for prisoners following release should be effectively monitored and used to inform the ongoing development of the resettlement strategy.**

## Offender management and planning

### Expected outcomes:

**All prisoners have a sentence plan based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved in drawing up and reviewing plans.**

**4.10** *The offender management unit (OMU) was very new and some staff lacked confidence. Work with in-scope prisoners was generally good and women were effectively managed, but poor use was made of P-Nomis, the prison's IT system. Only probation staff received formal supervision. Multi-agency public protection arrangements (MAPPA) work was good but the lack of a single point of contact for public protection had been identified as an issue and the role was to be reintroduced. Not all wing staff knew which prisoners were subject to restrictions.*

- 4.11** There was no published strategy to describe the aims or process of offender management. The OMU was managed by the head of offender management supported by two managers, a custodial manager and a senior probation officer (SPO). There were eight case administrators and 10 offender supervisors (OS), consisting of six prison officers, three seconded probation officers and one probation service officer.
- 4.12** Staffing structures had changed and prison officers and administrators had only been appointed in April 2013; probation officers had been in post for some years. All staff and managers were committed to their work but were not yet working cohesively or confidently as a team.
- 4.13** Probation OSs managed all in-scope cases, including lifers, applications for home detention curfew (HDC) and ROTL. Prison officer OSs worked with out-of-scope women (those not subject to offender management arrangements) who had determinate sentences of 12 months or more, completing offender assessment system (OASys) documents for them. Case administrators were allocated a caseload and a variety of duties but not all felt confident that they had received sufficient training or support. OMU staff felt that colleagues in other departments had a limited understanding of the unit's role.

- 4.14** OSs were expected to meet prisoners every month and there was evidence of regular recorded contacts with in-scope prisoners. However, these records were not kept on P-Nomis, which meant wing staff could not access them easily. This prevented wing officers from using the records to inform their interactions with individual prisoners. Communication between the unit and other departments, such as education, was reactive rather than proactive.
- 4.15** In most in-scope cases appropriate resources were allocated to address risk of harm, likelihood of reoffending and resettlement and diversity needs. Cases were managed effectively and sufficient progress had been made to reduce reoffending risks. Prisoners were involved in sentence planning and plans were outcome focused and included suitable objectives.
- 4.16** Formal sentence planning boards were only held for in-scope prisoners and offender managers often attended using telephone conferencing facilities. However, representatives from other departments inside the prison attended much less frequently.
- 4.17** Completed OASys documents were quality assured by managers, but unlike probation colleagues, prison officers received no formal casework supervision. A small backlog of OASys assessments was being reduced.
- 4.18** In our survey only 20% of sentenced in- and out-of-scope prisoners said they had an offender supervisor; 32% said they had a sentence plan and 23% said their OS was working with them to achieve their sentence plan targets – all of which were significantly lower than the comparator.
- 4.19** In the period December 2012 to May 2013, 110 prisoners had been considered for HDC and 51 granted. The prison did not monitor how many decisions or releases had been made after prisoners' eligibility dates or the reasons for delays.

## Recommendations

- 4.20 All prison staff should use the P-Nomis system to record work undertaken with prisoners.**
- 4.21 All offender supervisors should receive formal professional supervision.**

## Housekeeping point

- 4.22** The central role of the OMU within sentence planning and offender management should be promoted among all staff.

## Public protection

- 4.23** All prisoners were screened by an OMU manager for public protection issues on arrival. An OS explained the process to women subject to restrictions, and monitoring was reviewed every month. Women posing a potential risk were not allowed contact with children until facts were checked, but there were no excessive delays.
- 4.24** Responsibility for public protection had passed to case administrators in April 2013, but some did not feel that they had sufficient knowledge to be fully effective. As a result of the

prison's failure to notify partner agencies in some cases, a dedicated public protection clerk was being reintroduced to ensure a specialist single point of contact.

- 4.25** Prisoners causing concern or approaching release were managed at interdepartmental risk management meetings chaired by the SPO. Minutes demonstrated appropriate action planning.
- 4.26** In-scope prisoners' risk levels were properly identified with sufficient protection measures in place and MAPPA work was good.
- 4.27** Information about women subject to public protection restrictions was available to all staff on the intranet and wing officers were responsible for monitoring letters. However, not all officers knew which women were subject to restrictions on their wing or to whom they should pass on any concerns.

## Recommendations

- 4.28** **Managers should ensure that the necessary agencies receive notification concerning women subject to public protection measures.**
- 4.29** **All wing staff should be aware of women on their unit subject to public protection measures and know where to report concerns.**

## Categorisation

- 4.30** OSs managed all initial and review categorisations. Supervisors told prisoners verbally of their categorisation and they also received written notification, but only in English.
- 4.31** There were regular moves to HMPs Downview and Send, but women with short sentences remained in Holloway. Some women chose to stay as it was near home. Most women could make progressive moves when necessary and could be transferred back to Holloway from other establishments in the last three months of their sentence to prepare for release.

## Housekeeping point

- 4.32** Categorisation notifications should be provided in appropriate languages.

## Indeterminate sentence prisoners

- 4.33** There were 17 lifers and seven women serving indeterminate sentences for public protection (IPPs). Women potentially facing an indeterminate sentence were identified on remand and the implications of this were explained to them. All lifers were managed by probation OSs. Parole and multi-agency lifer risk assessment planning (MALRAP) assessments were up to date.
- 4.34** Many lifers had their own room on A5, which they described as 'more settled' and 'quieter' than other wings. Cells had some additional furniture and were carpeted. Not all wing staff had received specific training to support this group. The women did not have the opportunity to practise independent living skills, and there were no meetings for lifers so that they could discuss their concerns. Women could apply to attend children and family days alongside all other prisoners, but could not invite their families into the prison.

- 4.35** Lifers were on the agenda of the bimonthly OMU meeting, which had been introduced in April 2013.

### Housekeeping point

- 4.36** Indeterminate sentence prisoners should have the opportunity to formally discuss issues of importance to them.

## Reintegration planning

### Expected outcomes:

**Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.**

- 4.37** *Women's needs were assessed across all pathways during induction. Pathway provision was generally effective but children and family services needed improvement. A wide variety of partnership agencies provided prisoners with support.*

- 4.38** During induction, resettlement officers assessed women's pathway needs, completing a short-term custody plan (known as the 'passport'). Referrals were automatically made to agencies whose representatives met women in the resettlement unit. Although they did not receive a copy of the passport, women were told to whom referrals would be made and signed the document to give their permission. OS followed up the progress of referrals two weeks later and pre-release.
- 4.39** Women could telephone the St Giles Trust resettlement helpline based in HMP Send, staffed by trained prisoners who could signpost them to resettlement services nationally. A wide variety of partnership agencies provided women with support (see section on strategic management of resettlement), much of it covering numerous pathways in the prison and the community. Representatives from some agencies met women in reception on the day of release and accompanied them to appointments. Prisoners knew how and where to access services.

### Accommodation

- 4.40** St Mungo's housing workers had good links with local and national providers and made determined efforts to find accommodation. Women were prioritised according to need and prompt action was taken to safeguard existing tenancies. Many women went to hostel accommodation because there was insufficient social housing.
- 4.41** Staff followed up prisoners who failed to attend appointments and re-booked them unless prisoners told them they no longer required help. Action taken was recorded in every case, and there was evidence of good work to meet prisoners' needs. From December 2012 to May 2013, 575 women had been released, 38 of whom had no fixed address (6.6%). We observed some excellent work to address the problems of those being released without accommodation.

## Education, training and employment

- 4.42** Work to support women into employment, training or education on release was good and prisoners could access services every week day. There were no ROTL opportunities available for these purposes. However, effective partnership working between voluntary organisations and employers helped women into work and/or further training on release. The National Careers Service supported prisoners well in accessing level 3 programmes of study at the prison and to continue this post release. Over the past six months, 59 women were released into education and training or employment.

## Health care

- 4.43** Women being released were seen on the day of their release and given a summary of their clinical record and a supply of their prescribed medication but no information to help them register with primary health services in the community. Effective forward planning with local community mental health teams included joint pre-release planning meetings involving women; this enabled women to leave prison with a clear pathway into local community mental health services.

## Housekeeping point

- 4.44** Women being released should be provided with information to help them locate and register with local health services.

## Drugs and alcohol

- 4.45** Pre-discharge planning and harm reduction advice was effective. Community links were excellent, supported by well-attended monthly practice improvement meetings. Several community agencies provided weekly individual and group resettlement sessions in the prison. There were advanced plans to give peer supporters relevant community work experience. A family support worker from Phoenix Futures provided the families of substance users with valuable support.

## Good practice

- 4.46** *The Phoenix Futures family support worker offered families confidential assistance to manage the substance use of their family member. Service users could also refer the family for support.*

## Finance, benefit and debt

- 4.47** Jobcentre Plus staff dealt with all employment, benefit and housing queries and set up fresh job seekers allowance claims pre-release. Women were asked before release if they needed advice and the reasons for their failure to attend appointments were pursued. A money management course was available in education and women could open bank accounts. Independent advice on all aspects of money matters were provided by Islington People's Rights.

## Children, families and contact with the outside world

- 4.48** Many women told us that they valued the proximity of Holloway to where their families lived, and good public transport links to the prison to facilitate visits. However, in our survey, only 50% of women said that staff had helped them maintain contact with family and friends, significantly less than the comparator. As previously reported, there was little evidence in prisoners' case notes that staff were aware of prisoners' domestic circumstances. LISAR statistics (see section on strategic management of resettlement) identified women's home boroughs, but there was no data on the number of women who were mothers or the number of children involved. However, the Timeline initiative, identified women who did not have visits, and was good practice (see paragraph 1.26).
- 4.49** Unconvicted prisoners could have up to six visits a week; convicted prisoners continued to receive only one visiting order every 14 days, while prisoners on the enhanced regime and young women received three.
- 4.50** The visitors' centre managed by Spurgeons, a charity, was spacious and comfortable, and first time visitors were identified and supported. A family support worker from Phoenix Futures helped prisoners and their families, but only those with substance misuse issues; there continued to be no similar support for all women (see also section on drugs and alcohol).
- 4.51** Visits did not start at the advertised time. We saw visitors arriving in good time but reaching the visits room 15 minutes late and many visitors complained about not receiving their full entitlement although we were told that this time was added on to the end of the visit. This was a particular problem for people wishing to hand in property, as the handing-in process used up valuable visiting time.
- 4.52** Drug dog indications resulted in a closed visit being offered without any individual risk assessment. The alternative was to leave without having a visit. Unchanged from 2010, closed visits could not to be held in private.
- 4.53** The visits room was clean and comfortable but too small to provide sufficient privacy when it was busy. The play area was not supervised at all sessions, and women could not play with their children there. An attractive separate family room was used for contact visits with children, final visits pre-adoption, by women in the mother and baby unit and for sensitive visits, for example when distressing news was to be given. Prisoners had to wear unnecessary red or yellow numbered sashes and women attending legal visits wore red bibs with 'Legals' scrawled on the front.
- 4.54** Monthly children's days allowed women on the standard and enhanced regimes to join activities with their children or grandchildren in the gym. Family visits were available quarterly for enhanced regime women only. There was no provision for women to receive incoming calls from children or to deal with arrangements for them.
- 4.55** A number of partnership agencies helped women with family issues, including Care Confidential, which provided counselling for women facing unexpected pregnancy and support to women who had lost a child. Parents in Prison helped women make baby memory books, personalised CDs and cards to send to their children.

## Recommendations

- 4.56 All prisoners should be able to have at least one visit a week.** (Repeated recommendation 9.75).

**4.57 Visits should start at the advertised time.** (Repeated recommendation 9.77)

**4.58 Family days should be open to all women.** (Repeated recommendation 9.81)

### Housekeeping point

**4.59** Prisoners should not be required to wear sashes and bibs during visits.

### Attitudes, thinking and behaviour

**4.60** A range of programmes was available, including the Thinking Skills Programme (TSP) for up to 70 women a year and the Sycamore Tree victim awareness course for 40 women. There were no waiting lists. The eligibility criteria for the TSP meant only a limited number of women were suitable and no alternative was available. Early analysis of the needs questionnaires showed that women wanted help to better manage anger and emotions, as well as with domestic violence.

**4.61** Numerous non-accredited courses were available. Probation OSs used the Healthy Identity intervention to address extremism and the Women's Sexual Offending programme to work with sexual offenders. The Safe Choices: Nia Project, a group-work course, helped young women involved with male gangs, sexual exploitation or violence explore their identity and relationships. Using creative arts and discussion, the I AM course helped women deal with child loss.

**4.62** In the survey, significantly fewer women than at comparator prisons (59% compared with 70%) said they had been involved in an offending behaviour programme at the prison, but significantly more (77% compared with 60%) thought it would help them on release.

### Additional resettlement services

**4.63** Resettlement officers did not always question women sensitively about domestic violence or sex work, and the involvement of male officers was likely to prevent some women from disclosing information. However, the prison was involved in a project with the Revolving Doors Agency to identify how best to support women to disclose domestic violence, sex work and children in care.

**4.64** Prisoners could obtain information, advice and support about domestic and sexual violence, and sex work from numerous, well established agencies, many of whom supported women while in custody and in the community. A domestic violence course was due to start in June 2013 and prisoners had access to the National Violence Helpline. Sexual health information was available through the health care department.

## Section 5. Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, or in the previous report where recommendations have been repeated.

### Main recommendation To Prison Escort and Custody Services

- 5.1 Women should not be transported in vehicles with men. (S45)

### Main recommendations To the governor

- 5.2 Prison managers should explore general perceptions of safety and victimisation (particularly among minority groups) and should develop a strategy to address the issues identified. (S46)
- 5.3 Women with disabilities should be clearly identified on arrival, an assessment of their specific needs carried out and any adjustments made to support them, including having an appropriate range of adapted accommodation available. (S47)
- 5.4 There should be an effective system, understood by all staff, to improve prisoner attendance and punctuality at activities and to maximise the use of the purposeful activity places available. (S48)
- 5.5 The needs of all women at Holloway and their families should be assessed and a whole-prison strategy developed and implemented to support the relationship between them. (S49)

### Recommendations To the governor

#### Early days in custody

- 5.6 More support should be provided for foreign national prisoners during induction. (1.17)

#### Self-harm and suicide prevention

- 5.7 Whenever possible, ACCT reviews should be chaired by the case manager responsible for the case, and key staff working with women subject to ACCTs should be able to attend them. (1.37)

#### Safeguarding

- 5.8 A local safeguarding adults policy and strategy should be developed; it should ensure all staff are trained and aware of local safeguarding processes. (1.43)

## Discipline

- 5.9** All decisions to strip-search prisoners should be fully recorded and justified by the most senior person present. (1.65)
- 5.10** Minutes of the SMARG meeting should demonstrate evidence of discussion of the data presented and actions planned. Reports should include data on length of stay, complaints and prisoners for whom segregation was considered inappropriate. (1.74)

## Substance misuse

- 5.11** Prescribing for substance-dependent prisoners should be consistent and adhere to national guidance; prescribers should be present for 28-day and 13-week reviews. (1.82)

## Residential units

- 5.12** All prisoners should be provided with a lockable cupboard. (2.8, repeated recommendation 2.16)
- 5.13** All prisoners should be able to shower every day. (2.9)
- 5.14** Telephones should be housed in booths so that calls can be made in private. (2.10, repeated recommendation 2.22)

## Mothers and babies

- 5.15** Doors should be fitted to screen toilets in rooms. (2.20, repeated recommendation 3.59)
- 5.16** There should be a formal care planning process for pregnant women, in which residential officers are involved. (2.21, repeated recommendation 3.65)

## Staff-prisoner relationships

- 5.17** Personal officers should be aware of the resettlement targets of the women in their care and seek to encourage and motivate them to meet them. (2.26)

## Equality and diversity

- 5.18** Policies for protected groups should be revised in line with the assessed needs of prisoners and include an associated action plan with targets against which the E&D committee should regularly monitor progress. (2.32)
- 5.19** Foreign national women with families abroad should be offered a free telephone call to their home country each month irrespective of whether or not they have had a visit. (2.43, repeated recommendation 4.39)
- 5.20** Personal evacuation plans should be routinely reviewed and updated and all staff should be aware of women who would require assistance in an emergency. The documents should be dated and review dates recorded. (2.44, repeated recommendation 4.56)
- 5.21** There should be regular forums or one-to-one support for all the protected groups. (2.45)

## Complaints

- 5.22** Functional managers should quality assure the response and timelines of replies to complaints. (2.57)

## Legal rights

- 5.23** Sufficient trained staff should be available to provide effective bail information and support. (2.60, repeated recommendation, 3.86)

## Health services

- 5.24** Wing treatment rooms should be refurbished and modernised in line with infection control requirements. (2.70, repeated recommendation 5.11)
- 5.25** Relevant prison staff should be trained in basic life support techniques including defibrillator use. (2.71)
- 5.26** Women being tested for drugs and pregnancy should be given a clear explanation about the tests and the process for seeking and recording informed consent should be clear. (2.82)
- 5.27** Movements should be arranged to ensure women prisoners can keep health service appointments. (2.83, repeated recommendation 5.36)
- 5.28** Prison managers need to ensure that women attending antenatal appointments should not be handcuffed while in the clinic. (2.84)
- 5.29** Arrangements for in-possession medicines should ensure that regular reviews of risks are undertaken and that women can safely store and reorder their own medicines. (2.93)
- 5.30** Women should have access to pharmacy-led clinics. (2.94)
- 5.31** Patient confidentiality during medicines administration should be maintained. (2.95)
- 5.32** Women should be able to obtain over the counter medicines such as simple pain relief without the need for a prescription. (2.96, repeated recommendations 5.49 and 5.50)
- 5.33** More prison officers should have the appropriate training to recognise and take appropriate action when a woman prisoner may have mental health problems. (2.110, repeated recommendation 5.86)
- 5.34** All women requiring assessment by specialist mental health services should be seen within seven days and transferred promptly if clinically indicated, and should not be delayed by requests for information unrelated to treatment decision. (2.111)

## Catering

- 5.35** Unit officers should supervise serveries more effectively to ensure that food is served promptly and that food temperatures and other required daily checks are completed. (2.120, repeated recommendation, 8.9)

### Time out of cell

- 5.36** The number of women locked in their rooms during activity periods should be reduced significantly. In particular, retired women and those unfit to work should not be routinely locked in their cells during the core day. (3.5, repeated recommendation 6.47)
- 5.37** All women should have the opportunity for at least one hour of exercise in the open air every day. (3.6, repeated recommendation 6.49)
- 5.38** The published regime should be adhered to consistently. (3.7, repeated recommendation 6.48)

### Learning and skills and work activities

- 5.39** Prisoners' progress and performance should be rigorously assessed to identify trends and achievement gaps. (3.14)
- 5.40** Teaching and learning observations should include different assessment methods and verbal and written feedback from tutors to their learners. (3.15)
- 5.41** The agreed fairer pay for women in education should be introduced immediately. (3.16, repeated recommendation 6.26)
- 5.42** A broader range of accredited work-related skills or vocational training at an appropriate level and range should be available to prisoners to reflect realistic employment prospects on release.(3.21)
- 5.43** The quality of teaching, learning and assessment should be improved to inspire and further improve outcomes for learners. (3.26)
- 5.44** The contractor should develop a system to encourage learners to take more responsibility for their individual learning programme aims. (3.27)

### Physical education and healthy living

- 5.45** Showers in the main sports hall changing rooms should provide prisoners with privacy. (3.38)

### Strategic management of resettlement

- 5.46** An up-to-date resettlement strategy should be produced based on a needs analysis of women at Holloway with a clear strategic vision and action plans for future development of services. (4.8, repeated recommendation HP44)
- 5.47** Resettlement outcomes for prisoners following release should be effectively monitored and used to inform the ongoing development of the resettlement strategy. (4.9)

### Offender management and planning

- 5.48** All prison staff should use the P-Nomis system to record work undertaken with prisoners. (4.20)
- 5.49** All offender supervisors should receive formal professional supervision. (4.21)

- 5.50** Managers should ensure that the necessary agencies receive notification concerning women subject to public protection measures. (4.28)
- 5.51** All wing staff should be aware of women on their unit subject to public protection measures and know where to report concerns. (4.29)

### Reintegration planning

- 5.52** All prisoners should be able to have at least one visit a week. (4.56, repeated recommendation 9.75).
- 5.53** Visits should start at the advertised time. (4.57, repeated recommendation 9.77)
- 5.54** Family days should be open to all women. (4.58, repeated recommendation 9.81)

## Housekeeping points

### Courts, escort and transfers

- 5.55** Women should receive information about Holloway before their arrival. (1.6)
- 5.56** Arrangements should be made to ensure women do not wear prison clothing to court. (1.7)
- 5.57** Women should be told about external escorts the day before, unless there are justifiable security reasons not to do so. (1.8)

### Early days in custody

- 5.58** Women should receive enough clean socks to last a week. (1.18)
- 5.59** Graffiti in first night cells should be removed. (1.19)

### Self-harm and suicide

- 5.60** Listeners called to the segregation unit should, following a suitable risk assessment, be allowed direct access to women asking to see them. (1.38)

### Security

- 5.61** Suspicion drug tests should occur within the required timescale and any delays should be monitored and addressed. (1.52)
- 5.62** Visiting restrictions should only be imposed for activities related to the abuse of visiting procedures. (1.53)

### Incentives and earned privileges

- 5.63** Improvement targets should be recorded in basic regime monitoring booklets. (1.57)

## **Discipline**

- 5.64** The number of adjudications dismissed or not taken further and the reasons for these decisions should be monitored. (1.66)

## **Residential units**

- 5.65** The time prisoners wait to receive parcels via reception should be significantly reduced. (2.11)

## **Equality and diversity**

- 5.66** Women who have retired should not pay for their TV. (2.46)

## **Health services**

- 5.67** Policies and protocols should be up to date. (2.72)
- 5.68** Dual handsets or speaker telephones should be available when using telephone interpretation. (2.73)
- 5.69** Application boxes should be on each of the residential wings so that women can request appointments. (2.85)
- 5.70** Recording of administration of medicines should reflect national guidance and professional requirements and omissions should be appropriately followed up. (2.97, repeated recommendation 5.52)
- 5.71** The storage and packaging of all medicines including patient information leaflets should be comparable with arrangements in the community. (2.98)
- 5.72** Digital X-rays would enhance women's understanding of their dental health. (2.103)

## **Catering**

- 5.73** A further catering survey should be completed and the findings acted on. (2.121)

## **Purchases**

- 5.74** Catalogue shopping should be available to all women who should not be charged an administration fee. (2.127, repeated recommendation 8.18)

## **Physical education and healthy living**

- 5.75** The hoist in the swimming pool should be made available to prisoners with mobility problems. (3.39)

## **Offender management and planning**

- 5.76** The central role of the OMU within sentence planning and offender management should be promoted among all staff. (4.22)
- 5.77** Categorisation notifications should be provided in appropriate languages. (4.32)

- 5.78** Indeterminate sentence prisoners should have the opportunity to formally discuss issues of importance to them. (4.36)

### Reintegration planning

- 5.79** Women being released should be provided with information to help them locate and register with local health services. (4.44)
- 5.80** Prisoners should not be required to wear sashes and bibs during visits. (4.59)

## Examples of good practice

- 5.81** The Timeline initiative reassured women and was a caring approach. It aimed to identify, address and follow up violence-related incidents and included other work to identify risks and reduce isolation, such as identifying who was not having visits. (1.29)
- 5.82** Peer supporters received comprehensive training and recorded supervision to provide group and individual support, including helping prisoners with literacy problems complete in-cell work. Peer supporters participated in staff interviews. (1.83)
- 5.83** Copies of care plans for those on the mental health assessment unit were routinely shared with the women and their comments actively sought. (2.112)
- 5.84** The Phoenix Futures family support worker offered families confidential assistance to manage the substance use of their family member. Service users could also refer the family for support. (4.46)



## Section 6. Appendices

### Appendix I: Inspection team

Nick Hardwick	Chief inspector
Sean Sullivan	Team leader
Rosemarie Bugdale	Inspector
Joss Crosbie	Inspector
Paul Fenning	Inspector
Jeanette Hall	Inspector
Deri Hughes-Roberts	Inspector
Catherine Shaw	Head of research, development and thematics
Ewan Kennedy	Researcher
Helen Ranns	Researcher
Caroline Elwood	Research trainee

#### **Specialist inspectors**

Majella Pearce	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Richard Chapman	Pharmacist
Ian Roberts	Care Quality Commission inspector
Tasleem Chaudary	Ofsted inspector
Martin Hughes	Ofsted inspector
Jen Walters	Ofsted inspector
Mike Lane	Offender management inspector
Joy Neary	Offender management inspector
Caroline Nicklin	Offender management inspector



## Appendix II: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is provided here.

### Safety

#### **Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection, in 2010, reception procedures were unsatisfactory, and first night arrangements and induction did not meet women's needs. Many women reported feeling unsafe, principally because of the design of the building and having to share dormitories. Despite the high levels of self-harm, there had been no self-inflicted deaths for some time. Some good support was provided to vulnerable women, but assessment, care in custody and teamwork procedures did not always reflect this. The segregation unit was basically decent, but staff needed more support to manage difficult women. Some disciplinary charges were for minor matters and not always well investigated. Clinical management for women addicted to drugs was more flexible than previously, but there was still very little first night prescribing. Outcomes for prisoners were not sufficiently good against this healthy prison test.*

#### **Main recommendations**

A specific first night strategy should be developed to ensure that all new arrivals have their immediate needs addressed and receive appropriate facilities and support to help them settle in. (HP36)

**Achieved**

All women prisoners should receive a comprehensive and professionally delivered induction programme in a range of accessible formats to meet their needs, including in a range of relevant languages. (HP37)

**Achieved**

All staff should be vigilant for any signs of intimidation and be trained in the use of clear procedures for challenging and managing inappropriate behaviour to ensure that all incidents and allegations of bullying are dealt with properly. (HP38)

**Achieved**

#### **Recommendations**

Women prisoners should be able to have a drink and something to eat in reception before going to court or being transferred. (1.7)

**Achieved**

Women prisoners should return from court as soon as possible after the completion of their cases and should arrive before 7pm. (1.8)

**Not achieved**

More use should be made of the court video link. (1.9)

**Achieved**

Reception staff should wear name badges and actively engage with newly arrived women prisoners to inform them of the process and what would happen next. (1.27)

**Partially achieved**

Prisoners should be held in reception for as short a time as possible. (1.28)

**Partially achieved**

New arrivals should receive all essential clothing and kit, including several pairs of knickers, socks and bras. (1.29)

**Partially achieved**

Pregnancy tests should be undertaken only with properly informed consent. (1.30)

**Not achieved**

Questions related to health issues on the first night should be dealt with by health care staff. (1.31)

**No longer relevant**

Staff working in reception should have the contact details of local social services and emergency duty teams and be aware of when to use them. (1.32)

**Achieved**

Night staff should know who has arrived on the first night centre during the day and who is experiencing their first time in custody. (1.33)

**Achieved**

Published induction information should be appropriately presented and reproduced in a range of relevant languages. (1.34)

**Partially achieved**

Resettlement officers should fully explain to women prisoners how their resettlement needs are assessed and identified during induction and any action taken. (1.35)

**Achieved**

Victims of bullying and violence should receive effective personal support. (3.9)

**Achieved**

The violence reduction committee should consider and analyse all main sources of data associated with violent and anti-social incidents to gain an accurate picture of the extent of the problems and inform the development of the strategy. (3.10)

**Achieved**

The violence reduction action plan should be updated and subsequently reviewed at each violence reduction committee meeting. (3.11)

**Achieved**

Cell-sharing risk assessments should be reviewed and updated following any incidents of violence against other prisoners. (3.12)

**Achieved**

Mediation should only be undertaken by staff trained in the process. (3.13)

**Not achieved**

Interpreting services should be used at all assessment, care in custody and teamwork reviews if the prisoner is unable to understand English. (3.34)

**Achieved**

Women identified as at risk of self-harm should be provided with the opportunity for regular purposeful activity. (3.35)

**Achieved**

The consolidated death in custody action plan should be updated in coordination with health care managers and periodically reviewed at the suicide prevention meeting. (3.36)

**Achieved**

Improvements should be made to assessment, care in custody and teamwork (ACCT) procedures, including planned and multidisciplinary reviews and more comprehensive management checks. (3.37)

**Achieved**

The suicide prevention team should monitor the use of special accommodation and protective clothing for women at risk of self-harm and be assured that such uses comply with the requirements of the local and national policy. (3.38)

**Achieved**

Improvements should be made to the Listener scheme to ensure sufficient Listeners are able to provide an appropriate service, with care suites so that they can speak to women confidentially. (3.39)

**Partially achieved**

All women prisoners should have free 24-hour confidential telephone access to the Samaritans. (3.40)

**Achieved**

Cell bells should be responded to promptly and an effective system introduced to monitor and investigate delays in responding to bells. (3.41)

**Achieved**

All staff with prisoner contact should receive assessment, care in custody and teamwork foundation training and be aware of the policy on entering cells. (3.42)

**Not achieved**

Women should not be handcuffed on and off escort vehicles unless a risk assessment indicates a specific risk. (7.7)

**Achieved**

Main movement to and from activities should be supervised so as to ensure the safety of women at all points, including stairwells, along the route. (7.8)

**Achieved**

All women on closed visits should have their case reviewed monthly. (7.9)

**Achieved**

Data from the strip searching log should be routinely analysed for emerging trends. (7.10)

**Achieved**

Rules should be properly explained on induction, displayed on all units in an appropriate range of languages and applied consistently. (7.11)

**Partially achieved**

All adjudication charges should be thoroughly investigated, regardless of the prisoner's plea, before a finding is made by the adjudicator. (7.26)

**Achieved**

Punishments at adjudications should use the lower end of the tariff as a starting point in deciding the appropriate level. (7.27)

**Achieved**

The use of force committee should examine all records of use of force and a wider range of data to ensure that all use of force is appropriate and carried out properly, feeding back lessons as appropriate. (7.28)

**Achieved**

Multidisciplinary reviews for segregated women should result in care plans that demonstrate a cohesive approach by all disciplines concerned to help segregation unit staff manage them effectively and to help the women move back to normal accommodation. (7.29)

**Achieved**

Opiate-dependent women should have access to effective first night treatment and substitute prescribing regimes should start without delay. (3.103)

**Achieved**

CARAT, clinical substance misuse and mental health in-reach services should provide fully integrated care, including for dual diagnosis clients. (3.104)

**Achieved**

A supportive regime should be developed for women on the second stage unit on D3. (3.105)

**Achieved**

## Respect

**Prisoners are treated with respect for their human dignity.**

*At the last inspection, in 2010, staff-prisoner relationships were mostly positive, but women reported some poor and disrespectful treatment by a minority of officers. Personal officer work was underdeveloped. The prison was generally clean, but some dormitory accommodation was unsuitable and too cramped. The incentives and earned privileges scheme operated too subjectively. Few women were satisfied with the food. The mother and baby unit was a suitable facility, but not all staff were appropriately trained. Race relations and some foreign national work were good, but women who did not speak or understand English well were not fully supported. Health services were satisfactory, with improved mental health services, but there was no up-to-date health needs assessment. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

Occupancy rates of shared rooms should be reduced so that no more than four women are required to share the larger dormitories. (HP39)

**Achieved**

Senior managers should chair regular consultation meetings with women prisoners and actively discuss with them any issues involving their relationships with staff to help build confidence that inappropriate behaviour by staff will not be tolerated. (HP40)

**Achieved**

The foreign national policy should be revised in line with the assessed needs of foreign national women prisoners and include an associated action plan with timed targets against which progress should be monitored regularly by the foreign national committee. (HP41)

**Not achieved**

An appropriately qualified manager for the mother and baby unit should be appointed with sole responsibility for the unit, which should include childcare professionals in its day-to-day management and operation. (HP42)

**Not achieved**

### **Recommendations**

Non-smokers should not be expected to share rooms with smokers. (2.14)

**Achieved**

All rooms should be fitted with curtains. (2.15)

**Partially achieved**

All women should be provided with a lockable cupboard. (2.16)

**Not achieved** (recommendation repeated, 2.8)

All toilets should be appropriately screened and de-scaled and a programme for regular de-scaling introduced. (2.17)

**Achieved**

All rooms should be properly ventilated and kept at an appropriate temperature. (2.18)

**Not achieved**

Electricity should not be switched off in rooms during the core working day. (2.19)

**Achieved**

Unconvicted women prisoners should not be required to share rooms with convicted prisoners. (2.20)

**Achieved**

Appropriate risk assessments should be completed when integrating young adult women with women over 21 and a central register should be maintained. (2.21)

**Achieved**

Telephones should be housed in booths to allow calls to be made in private. (2.22)

**Not achieved** (recommendation repeated, 2.10)

Association and recreational facilities should be equitable across all residential units. (2.23)

**No longer relevant**

Bathroom facilities on H1 should be appropriately screened for privacy. (2.24)

**Achieved**

Prisoners should be given enough time to have a bath or shower during all periods of unlock. (2.25)

**Not achieved**

Appropriate bedding, including duvet covers, should be provided and exchanged weekly. (2.26)

**Achieved**

All women should be able to use laundry facilities personally to wash all types of clothing. (2.27)

**Partially achieved**

Prisoners should be able to get property from reception within a week of application. (2.28)

**Not achieved**

Unconvicted women should not be required to be in employment or education to be eligible for enhanced level privileges. (7.38)

**Achieved**

Prisoners should not receive different pay rates for the same job. (7.39)

**Achieved**

History sheets should evidence more reasoned discussion with prisoners before warnings are given. (7.40)

**Achieved**

Managers should monitor and ensure that all officers treat women prisoners fairly and respectfully and challenge immediately any unacceptable behaviour or language. (2.41)

**Achieved**

All staff working at Holloway should receive the Women Awareness Staff Programme. (2.42)

**Partially achieved**

Personal officers should receive specific training about what is expected of them and how to carry out their responsibilities effectively. (2.47)

**Achieved**

All personal officers should introduce themselves to the women prisoners for whom they are responsible, get to know their personal circumstances and record contact in wing files regularly to build up an accurate chronological account of a woman's time at Holloway and any significant events affecting her, including resettlement targets and family issues. (2.48)

**Partially achieved**

Unit officers should supervise serveries more effectively to ensure that food is served promptly and that food temperatures and other required daily checks are completed. (8.9)

**Not achieved** (recommendation repeated, 2.120)

Prisoners should be periodically consulted about the canteen list. (8.17)

**Achieved**

Catalogue shopping should be reintroduced for all women. (8.18)

**Not achieved.** (recommendation repeated as housekeeping point, 2.127)

Policies should be developed to cover diversity in religion and sexuality. (4.6)

**Partially achieved**

All locally implemented policies should be assessed for their impact on race equality whenever each policy is updated. (4.18)

**No longer relevant**

Women who have finished their prison sentence should not be detained in Holloway. (4.36)

**Not achieved**

The prison should provide basic information about Holloway and prison life in a range of languages other than English appropriate to the population. (4.37)

**Partially achieved**

Accredited interpreting services should be used wherever confidentiality or matters of factual accuracy are a factor. (4.38)

**Partially achieved**

Foreign national women with families abroad should be offered a free telephone call to their home country each month irrespective of whether or not they have had a visit. (4.39)

**Not achieved** (recommendation repeated, 2.43)

All staff should receive awareness training around the specific needs of foreign national prisoners and how to meet them. (4.40)

**No longer relevant**

The local disability policy should be reviewed at least annually. (4.50)

**Not achieved**

All locally implemented policies should be assessed whenever each policy is updated to check their impact and relevance to women with disabilities and older women. (4.51)

**No longer relevant**

The disability committee should meet regularly, with prisoner representation, and focus on prisoner issues. (4.52)

**Not achieved**

Women should not be asked to declare disabilities in public during the first night and induction processes. (4.53)

**Achieved**

Care plans should be drawn up following initial interviews with women with disabilities and regular meetings should take place after that to ensure they are sufficiently updated and identified needs are being met, including appropriate adaptations to cells. (4.54)

**Partially achieved**

There should be a recognised carer scheme for women with disabilities. (4.55)

**Not achieved**

Personal evacuation plans should be routinely reviewed and updated and all staff should be aware of women who would require assistance in an emergency. (4.56)

**Not achieved** (recommendation repeated, 2.44)

Older prisoners should be routinely consulted about their specific needs and, where necessary, care plans should be agreed. Issues raised during consultation should be discussed at the diversity and race equality action team to inform the development of policy and practice. (4.57)

**Achieved**

A local policy on sexual orientation should be developed. (4.60)

**Not achieved**

Doors should be fitted to screen toilets in rooms or suitable alternative arrangements provided. (3.59)

**Not achieved** (recommendation repeated, 2.20)

All staff working on the mother and baby unit, including night staff, should be specifically trained including in infant resuscitation. (3.60)

**Partially achieved**

Mothers and their babies should not be confined to their rooms at night. (3.61)

**Partially achieved**

A local mother and baby policy that reflects all necessary procedures for the unit should be introduced. (3.62,)

**Not achieved**

Care plan reviews should be multidisciplinary and include written contributions where appropriate. (3.63)

**Achieved**

Provision should be made for partners to be involved in ante-natal care and preparation with their pregnant partner in the prison. (3.64)

**Achieved**

There should be effective care planning for pregnant women resident on the wings and those who are separated from their babies, and wing staff should be familiar with these. (3.65)

**Partially achieved** (recommendation repeated, 2.21)

Guidance on making applications should be published and explained to prisoners, including how to resolve routine requests informally. (3.76)

**Achieved**

A senior manager should scrutinise all complaints about staff, including any that have been withdrawn, to ensure all are dealt with appropriately. (3.77)

**Achieved**

Sufficient trained staff should be available to provide effective legal services and bail information and support. (3.86)

**Not achieved** (recommendation repeated, 2.60)

There should be a formal policy describing how the religious needs of all women will be met and monitored. (4.23)

**Achieved**

The prison should investigate why more Muslim women than non-Muslim women report being victimised, threatened or intimidated by staff. (4.24)

**Achieved**

Governance arrangements for voluntary agencies should be subject to written agreements. (5.9)

**Achieved**

A health needs analysis should take place as a matter of priority. (5.10)

**Partially achieved**

Landing treatment rooms should be made fit for purpose. (5.11)

**Not achieved** (recommendation repeated, 2.70)

Health promotion campaign material relevant to the population should be available where it would have most impact and in a range of languages and formats. (5.12)

**Partially achieved**

The Prison Service should ensure faster security clearance of healthcare staff so that prisoner care is not compromised. (5.22)

**Achieved**

All health services staff should attend regular clinical supervision. (5.23)

**Achieved**

All resuscitation equipment should be regularly checked and maintained. (5.24)

**Partially achieved**

Access to the NHS PALS system should be freely available to all prisoners. (5.25)

**Achieved**

Reception health facilities should be fit for purpose and provide appropriate confidentiality. (5.34)

**Achieved**

The initial and secondary health screening should not be combined. (5.35)

**Achieved**

Movements should be arranged to ensure that women prisoners can keep health services appointments. (5.36)

**Not achieved** (recommendation repeated, 2.83)

Clinical equipment should be regularly serviced, fit for purpose and used in appropriate surroundings. (5.37)

**Achieved**

The pharmacy should be refurbished. (5.47)

**Achieved**

Prisoners should have direct access to appropriately trained pharmacy staff. (5.48)

**Achieved**

The use of patient group directions should be extended to allow supply of more potent medicines by nurses where appropriate. (5.49)

**Not achieved** (recommendation repeated, 2.96)

The canteen list and medicines available for women reporting sick should be reviewed regularly by the medicines and therapeutics committee to ensure that all appropriate over-the-counter remedies and medicines can be supplied. (5.50)

**Not achieved** (recommendation repeated, 2.96)

Prescribing data should be used to demonstrate value for money, audit drugs liable to abuse or diversion and promote effective medicines management. (5.51)

**Achieved**

Full and complete records of administered medicines should be made and issues relating to drug omissions or compliance should be appropriately followed up. (5.52)

**Partially achieved** (recommendation repeated as housekeeping point, 2.97)

The layout of the dental surgery rooms should be restructured to provide more appropriate housing of the compressor and suction unit motor and a separate decontamination unit. (5.61)

**Achieved**

The corrective actions detailed in the infection control audit report September 2009 should be implemented to comply with up-to-date guidance (HTM01-05) and a washer/disinfector should be supplied and installed in the interim. (5.62)

**Achieved**

There should be dental triaging by a trained person. (5.63)

**Achieved**

An additional dentist or therapist session should be provided to reduce waiting times for routine treatment. (5.64)

**Achieved**

Day services should be available for all prisoners who need additional therapeutic support for emotional, behavioural and mental health problems. (5.76)

**Partially achieved**

Suitable in-patient facilities should be provided for women with physical health needs who require this level of medical care. (5.77)

**No longer relevant**

More prison officers should have the appropriate training to recognise and take appropriate action when a woman prisoner may have mental health problems. (5.86)

**Not achieved** (recommendation repeated, 2.110)

All primary mental health and counselling services should be commissioned and funded by NHS Islington. (5.87)

**No longer relevant**

Waiting times for women with primary mental health needs to see a therapist should be reduced significantly. (5.88)

**Achieved**

Appropriate private consulting rooms should be provided for Care Confidential to see clients. (5.89)

**Achieved**

Appropriate clinical governance arrangements should be developed for the psychotherapy service. (5.90)

**Achieved**

All clinical records should be stored in line with the Data Protection Act and Caldicott principles. (5.91)

**Achieved**

All women requiring assessment by specialist mental health services should be seen within seven days and transferred expeditiously if clinically indicated. (5.92)

**Not achieved**

## Purposeful activity

**Prisoners are able, and expected, to engage in activity that is likely to benefit them.**

*At the last inspection, in 2010, Time out of cell was reasonably good. There were enough activities to keep women occupied, but not all places were used. Problems with movements in the prison meant many women arrived late for activities. Education provision was satisfactory, with some reasonable achievements. There were some opportunities to gain qualifications at work, but scope to develop these further. The library service*

*was satisfactory. PE was well organised and popular with women. Outcomes for prisoners were reasonably good against this healthy prison test.*

### **Main recommendations**

Arrangements for movements in the prison should be improved to ensure that procedures allow women to arrive at activities on time and valuable education and training resources are not wasted. (HP43)

**Not achieved**

### **Recommendations**

The number of women locked in their rooms during activity periods should be reduced significantly. (6.47)

**Not achieved** (recommendation repeated, 3.5)

The published regime should be adhered to consistently. (6.48)

**Not achieved** (recommendation repeated, 3.7)

All women prisoners should have the opportunity for at least one hour of exercise in the open air every day. (6.49)

**Not achieved** (recommendation repeated, 3.6)

Accredited vocational training provision should be fully implemented as planned. (6.20)

**Partially achieved**

Arrangements to recognise and record non-accredited learning should be introduced. (6.21)

**No longer relevant**

Quality improvement measures such as observation of teaching and learning should be fully implemented. (6.22)

**Partially achieved**

The use of data to analyse performance and participation of different groups in education and skills should be improved. (6.23)

**Not achieved**

Security clearance arrangements should be improved to enable women to be allocated to work more quickly. (6.24)

**Not achieved**

Allocation to activities should be improved and monitored to ensure fairness and equality. (6.25)

**Not achieved**

Pay rates should be revised to ensure that women are not disadvantaged by undertaking education programmes. (6.26)

**Not achieved** (recommendation repeated, 3.16)

Training should be better planned to ensure that all prisoners' learning and support needs are identified and recorded on learning and sentence plans. (6.27)

**Partially achieved**

Staffing arrangements for hairdressing and laundry training should be resolved to enable training to take place and prisoners to gain qualifications. (6.28)

**Partially achieved**

Planning and recording of differentiated learning activities to meet the specific needs of learners should be improved. (6.29)

**Partially achieved**

Evening or weekend classes should be provided for learners who work full time. (6.30)

**No longer relevant**

The library should be open during the evenings and at weekends. (6.31)

**No longer relevant**

The librarian should have access to the internet and Prison Service intranet to provide up-to-date reference material. (6.32)

**Not achieved**

The PE department should record prisoners participating in PE to ensure fairness and equality. (6.40)

**Achieved**

## Resettlement

**Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.**

*At the last inspection, in 2010, there was no up-to-date resettlement policy to set strategic direction. Offender management and sentence planning were good. All women had reintegration needs assessed and appropriate referrals were made, but there was no formal custody planning for remand and short-term prisoners. Public protection work was well managed. Satisfactory resettlement services were provided. There were programmes for women with drug use problems, but nothing for others. Some good family work was carried out, but not enough to meet needs. There were links into the community for vulnerable groups such as pregnant women, women with mental health problems and women with substance use problems. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

An up-to-date resettlement strategy should be produced based on a needs analysis of women at Holloway with a clear strategic vision and action plans for future development of services. (HP44)

**Not achieved** (recommendation repeated, 4.8)

An effective custody planning process for unconvicted and short-sentenced prisoners should be established. (HP45)

**Not achieved**

### Recommendations

Responses to pre-release checks should be formally monitored and used to inform resettlement services. (9.8)

**Partially achieved**

Sentence planning boards should be held for all women serving 12 months or more. (9.30)

**Not achieved**

The prison should introduce a pre-release programme at an appropriate stage of sentence. (9.44)

**Not achieved**

Before discharge and when necessary, a single multidisciplinary assessment should identify a woman's needs and staff should make contact with health, social care and voluntary agencies that assist 'at risk' prisoners during their first weeks in the community. (9.45)

**Achieved**

The London Director of Offender Management should review programme provision with the Rehabilitation Services Group to ensure the needs of primary alcohol users are provided for. (9.57)

**Achieved**

All prisoners should be told about the availability of children's letters and the opportunity to exchange unused visiting orders for telephone credit. (9.74)

**Achieved**

All prisoners should be able to have at least one visit a week. (9.75)

**Not achieved** (recommendation repeated, 4.56)

The booking system should be improved to meet the needs of the number of visitors. (9.76)

**Achieved**

Visits should start at the advertised time and last for the designated length. (9.77)

**Not achieved** (recommendation repeated, 4.57)

Closed visits should be authorised only when there is a significant risk justified by security intelligence. (9.78)

**Not achieved**

Closed visits should be able to be used in private. (9.79)

**Not achieved**

The play area should be supervised at all times, made suitable and safe for use and available for mothers to play with their children. (9.80)

**Partially achieved**

Family days should be open to all women and without cost to them. (9.81)

**Not achieved** (recommendation repeated, 4.58)

Women prisoners should be able to participate in relationship counselling with their immediate family. (9.82)

**Not achieved**

A qualified family support worker should be appointed to identify and support women with child care issues outside the remit of existing services. (9.83)

**Partially achieved**

All staff should be briefed and trained about the specific issues affecting women separated from their children and should actively identify needs, provide support and make appropriate referrals. (9.84)

**Not achieved**

An up-to-date assessment of women's offending behaviour needs should be carried out and used to inform the provision of appropriate interventions and programmes. (9.91)

**Partially achieved**

Further links should to be developed with agencies to support women who have been victims of domestic violence or involved in prostitution and suitable support provided in the prison. (9.95)  
**Achieved**

## Appendix III: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Status	18–20 yr olds	21 and over	%
Sentenced	18	299	71.6
Recall	0	10	2.3
Convicted unsentenced	2	19	4.7
Remand	3	66	15.6
Detainees	0	5	1.1
Other	1	20	4.7
<b>Total</b>	<b>24</b>	<b>419</b>	<b>100</b>

Sentence	18–20 yr olds	21 and over	%
Unsentenced	6	123	29.1
Less than 6 months	4	55	13.3
6 months to less than 12 months	3	31	7.7
12 months to less than 2 years	2	52	12.2
2 years to less than 4 years	5	74	17.8
4 years to less than 10 years	2	54	12.6
10 years and over (not life)	0	8	1.8
ISPP (indeterminate sentence for public protection)			
Life	2	22	5.6
<b>Total</b>	<b>24</b>	<b>419</b>	<b>100.1</b>

Age	Number of prisoners	%
Under 21 years	24	5.4
21 years to 29 years	117	26.4
30 years to 39 years	157	35.4
40 years to 49 years	100	22.6
50 years to 59 years	37	8.4
60 years to 69 years	8	1.8
<b>Total</b>	<b>443</b>	<b>100</b>

Nationality	18–20 yr olds	21 and over	%
British	16	285	67.9
Foreign nationals	5	112	26.4
Not stated	3	22	5.6
<b>Total</b>	<b>24</b>	<b>419</b>	<b>100</b>

Security category	18–20 yr olds	21 and over	%
Female closed	15	272	
Female open	0	9	
Uncategorised unsentenced	9	133	
Uncategorised sentenced	0	5	
<b>Total</b>	<b>24</b>	<b>419</b>	

<b>Ethnicity</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
White			
British	8	183	43.4
Irish	0	10	2.3
Gypsy/Irish Traveller		2	0.5
Other white	2	59	13.8
Mixed			
White and black Caribbean	6	15	4.7
White and black African	0	6	1.4
White and Asian	0	1	0.2
Other mixed	0	1	0.2
Asian or Asian British			
Indian	1	5	1.3
Pakistani	0	1	0.2
Bangladeshi	0	4	0.9
Chinese	0	7	1.6
Other Asian	0	9	2.0
Black or black British			
Caribbean	1	32	7.4
African	1	41	9.4
Other black	2	24	5.9
Other ethnic group	0	8	1.8
Not stated	3	13	3.6
<b>Total</b>	<b>24</b>	<b>419</b>	<b>100</b>

<b>Religion</b>	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Church of England	1	57	13.1
Roman Catholic	1	70	16.0
Other Christian denominations	6	89	21.4
Muslim	3	30	7.4
Sikh	0	2	0.5
Hindu	0	4	0.9
Buddhist	0	9	2.0
Jewish	0	2	0.5
Other	0	8	1.8
No religion	6	85	20.5
<b>Not stated</b>	<b>7</b>	<b>63</b>	<b>15.8</b>
<b>Total</b>	<b>24</b>	<b>419</b>	<b>100</b>

**Sentenced prisoners only**

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	5	1.1	54	12.2
1 month to 3 months	4	0.9	73	16.5
3 months to 6 months	2	0.5	57	12.9
6 months to 1 year	5	1.1	62	14.0
1 year to 2 years	1	0.2	39	8.8
2 years to 4 years	1	0.2	10	2.3
4 years or more	0	0.0	1	0.2
<b>Total</b>	<b>18</b>	<b>4.1</b>	<b>296</b>	<b>66.8</b>

**Sentenced prisoners only**

	<b>18–20 yr olds</b>	<b>21 and over</b>	<b>%</b>
Foreign nationals detained post sentence expiry	0	15	3.4
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	0	30	6.7
<b>Total</b>	<b>0</b>	<b>45</b>	<b>10.1</b>

**Unsentenced prisoners only**

<b>Length of stay</b>	<b>18–20 yr olds</b>		<b>21 and over</b>	
	<b>Number</b>	<b>%</b>	<b>Number</b>	<b>%</b>
Less than 1 month	3	0.7	62	14.0
1 month to 3 months	1	0.2	37	8.4
3 months to 6 months	1	0.2	13	2.9
6 months to 1 year	1	0.2	7	1.6
1 year to 2 years	0	0.0	4	0.9
<b>Total</b>	<b>6</b>	<b>1.4</b>	<b>123</b>	<b>27.8</b>



## Appendix IV: Summary of prisoner questionnaires and interviews

### Prisoner survey methodology

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

### Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment. Respondents were then randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. We also ensured that the proportion of black and minority ethnic prisoners in the sample reflected the proportion in the prison as a whole.

### Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

### Survey response

At the time of the survey on 28 May 2013 the prisoner population at HMP Holloway was 441. Using the method described above, questionnaires were distributed to a sample of 189 prisoners.

We received a total of 149 completed questionnaires, a response rate of 79%. This included three questionnaires completed via interview. Twelve respondents refused to complete a questionnaire, 18 questionnaires were not returned and 10 were returned blank.

Wing/Unit	Number of completed survey returns
A3	5
A4	13
A5	13
B3	10
B4	16
B5	11
C3	10

C4	16
C5	10
D0	10
D3	14
Mother and baby unit	1
Health care	18
Segregation unit	2

### Presentation of survey results and analyses

Over the following pages we present the survey results for HMP Holloway.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from HMP Holloway in 2013 compared with responses from prisoners surveyed in all other women's prisons. This comparator is based on all responses from prisoner surveys carried out in seven women's local prisons since April 2008.
- The current survey responses from HMP Holloway in 2013 compared with the responses of prisoners surveyed at HMP Holloway in 2010.
- A comparison within the 2013 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2013 survey between those who are British and those who are foreign nationals.
- A comparison within the 2013 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between those who are aged 50 and over and those under 50.
- A comparison within the 2013 survey between the responses of prisoners who consider themselves to be a Gypsy/Romany/Traveller and those who do not consider themselves to be a Gypsy/Romany/Traveller.
- A comparison within the 2013 survey between responses of prisoners who consider themselves to be homosexual or bisexual and those who consider themselves to be heterosexual.

## Survey summary

### Section I: About you

<b>Q1.2</b>	<b>How old are you?</b>		
	<i>Under 21</i>		11 (8%)
	<i>21 - 29</i>		28 (19%)
	<i>30 - 39</i>		54 (38%)
	<i>40 - 49</i>		36 (25%)
	<i>50 - 59</i>		13 (9%)
	<i>60 - 69</i>		2 (1%)
	<i>70 and over</i>		0 (0%)
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	<i>Yes</i>		98 (68%)
	<i>Yes - on recall</i>		9 (6%)
	<i>No - awaiting trial</i>		19 (13%)
	<i>No - awaiting sentence</i>		16 (11%)
	<i>No - awaiting deportation</i>		3 (2%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	<b>Not sentenced</b>		38 (27%)
	<i>Less than 6 months</i>		15 (10%)
	<i>6 months to less than 1 year</i>		16 (11%)
	<i>1 year to less than 2 years</i>		21 (15%)
	<i>2 years to less than 4 years</i>		24 (17%)
	<i>4 years to less than 10 years</i>		14 (10%)
	<i>10 years or more</i>		3 (2%)
	<i>IPP (indeterminate sentence for public protection)</i>		2 (1%)
	<i>Life</i>		10 (7%)
<b>Q1.5</b>	<b>Are you a foreign national?</b> (i.e. do not have UK citizenship)		
	<i>Yes</i>		35 (24%)
	<i>No</i>		110 (76%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	<i>Yes</i>		134 (95%)
	<i>No</i>		7 (5%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	<i>Yes</i>		132 (90%)
	<i>No</i>		15 (10%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	<i>White - British (English/ Welsh/ Scottish/ Northern Irish)</i>	54 (40%)	<i>Asian or Asian British - Chinese</i> 2 (1%)
	<i>White - Irish</i>	9 (7%)	<i>Asian or Asian British - other</i> 3 (2%)
	<i>White - other</i>	12 (9%)	<i>Mixed race - white and black Caribbean</i> 4 (3%)
	<i>Black or black British - Caribbean</i>	19 (14%)	<i>Mixed race - white and black African</i> 2 (1%)
	<i>Black or black British - African</i>	13 (10%)	<i>Mixed race - white and Asian</i> 0 (0%)
	<i>Black or black British - other</i>	4 (3%)	<i>Mixed race - other</i> 2 (1%)
	<i>Asian or Asian British - Indian</i>	3 (2%)	<i>Arab</i> 3 (2%)

<i>Asian or Asian British - Pakistani</i>	2 (1%)	<i>Other ethnic group</i>	4 (3%)
<i>Asian or Asian British - Bangladeshi</i>	0 (0%)		

**Q1.9 Do you consider yourself to be Gypsy/ Romany/ Traveller?**

Yes	15 (11%)
No	120 (89%)

**Q1.10 What is your religion?**

<i>None</i>	25 (18%)	<i>Hindu</i>	2 (1%)
<i>Church of England</i>	35 (25%)	<i>Jewish</i>	2 (1%)
<i>Catholic</i>	26 (19%)	<i>Muslim</i>	17 (12%)
<i>Protestant</i>	2 (1%)	<i>Sikh</i>	2 (1%)
<i>Other Christian denomination</i>	23 (17%)	<i>Other</i>	3 (2%)
<i>Buddhist</i>	2 (1%)		

**Q1.11 How would you describe your sexual orientation?**

<i>Heterosexual/ Straight</i>	113 (81%)
<i>Homosexual/Gay</i>	10 (7%)
<i>Bisexual</i>	17 (12%)

**Q1.12 Do you consider yourself to have a disability?**

need help with any long term physical, mental or learning needs)

(i.e do you

Yes	33 (23%)
No	109 (77%)

**Q1.13 Are you a veteran (ex- armed services)?**

Yes	2 (1%)
No	139 (99%)

**Q1.14 Is this your first time in prison?**

Yes	75 (53%)
No	67 (47%)

**Q1.15 Do you have children under the age of 18?**

Yes	75 (53%)
No	66 (47%)

**Section 2: Courts, transfers and escorts****Q2.1 On your most recent journey here, how long did you spend in the van?**

<i>Less than 2 hours</i>	82 (58%)
<i>2 hours or longer</i>	42 (30%)
<i>Don't remember</i>	17 (12%)

**Q2.2 On your most recent journey here, were you offered anything to eat or drink?**

<b><i>My journey was less than two hours</i></b>	82 (59%)
Yes	22 (16%)
No	30 (21%)
<i>Don't remember</i>	6 (4%)

**Q2.3 On your most recent journey here, were you offered a toilet break?**

<b><i>My journey was less than two hours</i></b>	82 (59%)
Yes	6 (4%)
No	47 (34%)
<i>Don't remember</i>	5 (4%)

<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>		
	Yes		69 (48%)
	No		54 (38%)
	Don't remember		20 (14%)
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>		
	Yes		101 (71%)
	No		34 (24%)
	Don't remember		8 (6%)
<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>		
	Very well		41 (29%)
	Well		52 (37%)
	Neither		33 (23%)
	Badly		7 (5%)
	Very badly		3 (2%)
	Don't remember		5 (4%)
<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply)</b>		
	Yes, someone told me		99 (70%)
	Yes, I received written information		11 (8%)
	No, I was not told anything		28 (20%)
	Don't remember		9 (6%)
<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>		
	Yes		115 (81%)
	No		23 (16%)
	Don't remember		4 (3%)

### Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>How long were you in reception?</b>			
	Less than 2 hours		62 (44%)	
	2 hours or longer		67 (48%)	
	Don't remember		12 (9%)	
<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>			
	Yes		121 (88%)	
	No		13 (9%)	
	Don't remember		4 (3%)	
<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>			
	Very well		36 (25%)	
	Well		69 (49%)	
	Neither		22 (15%)	
	Badly		12 (8%)	
	Very badly		1 (1%)	
	Don't remember		2 (1%)	
<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply)</b>			
	Loss of property	25 (18%)	Physical health	28 (20%)
	Housing problems	47 (34%)	Mental health	41 (29%)
	Contacting employers	5 (4%)	Needing protection from other prisoners	8 (6%)

	<i>Contacting family</i>	47 (34%)	<i>Getting phone numbers</i>	53 (38%)
	<i>Childcare</i>	10 (7%)	<i>Other</i>	8 (6%)
	<i>Money worries</i>	44 (32%)	<b>Did not have any problems</b>	27 (19%)
	<i>Feeling depressed or suicidal</i>	51 (37%)		
<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>			
	Yes			42 (33%)
	No			57 (45%)
	<b>Did not have any problems</b>			27 (21%)
<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply)</b>			
	<i>Tobacco</i>			104 (73%)
	<i>A shower</i>			62 (44%)
	<i>A free telephone call</i>			93 (65%)
	<i>Something to eat</i>			116 (82%)
	<i>PIN phone credit</i>			114 (80%)
	<i>Toiletries/ basic items</i>			101 (71%)
	<b>Did not receive anything</b>			4 (3%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply)</b>			
	<i>Chaplain</i>			45 (33%)
	<i>Someone from health services</i>			83 (61%)
	<i>A Listener/Samaritans</i>			49 (36%)
	<i>Prison shop/ canteen</i>			33 (24%)
	<b>Did not have access to any of these</b>			30 (22%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply)</b>			
	<i>What was going to happen to you</i>			47 (35%)
	<i>What support was available for people feeling depressed or suicidal</i>			48 (36%)
	<i>How to make routine requests (applications)</i>			36 (27%)
	<i>Your entitlement to visits</i>			41 (30%)
	<i>Health services</i>			50 (37%)
	<i>Chaplaincy</i>			42 (31%)
	<b>Not offered any information</b>			51 (38%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>			
	Yes			98 (70%)
	No			35 (25%)
	Don't remember			8 (6%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>			
	<b>Have not been on an induction course</b>			26 (18%)
	<i>Within the first week</i>			66 (47%)
	<i>More than a week</i>			42 (30%)
	<i>Don't remember</i>			7 (5%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>			
	<b>Have not been on an induction course</b>			26 (19%)
	Yes			59 (43%)
	No			42 (31%)
	Don't remember			10 (7%)

<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<b>Did not receive an assessment</b>	36 (26%)
	Within the first week	28 (20%)
	More than a week	58 (42%)
	Don't remember	15 (11%)

#### Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to.....</b>					
		Very easy	Easy	Neither	Difficult	Very difficult N/A
	Communicate with your solicitor or legal representative?	13 (10%)	38 (29%)	18 (14%)	26 (20%)	18 (14%) 19 (14%)
	Attend legal visits?	16 (13%)	58 (48%)	11 (9%)	12 (10%)	7 (6%) 18 (15%)
	Get bail information?	4 (3%)	19 (16%)	17 (15%)	20 (17%)	22 (19%) 34 (29%)
<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>					
	<b>Not had any letters</b>					18 (13%)
	Yes					55 (40%)
	No					65 (47%)
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>					
	Yes					78 (57%)
	No					14 (10%)
	Don't know					46 (33%)
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>					
		Yes	No	Don't know		
	Do you normally have enough clean, suitable clothes for the week?	106 (76%)	32 (23%)	2 (1%)		
	Are you normally able to have a shower every day?	115 (82%)	23 (16%)	2 (1%)		
	Do you normally receive clean sheets every week?	124 (89%)	11 (8%)	5 (4%)		
	Do you normally get cell cleaning materials every week?	122 (87%)	13 (9%)	5 (4%)		
	Is your cell call bell normally answered within five minutes?	51 (38%)	52 (39%)	31 (23%)		
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	84 (61%)	50 (36%)	4 (3%)		
	If you need to, can you normally get your stored property?	31 (23%)	63 (46%)	43 (31%)		
<b>Q4.5</b>	<b>What is the food like here?</b>					
	Very good					1 (1%)
	Good					17 (12%)
	Neither					32 (23%)
	Bad					42 (30%)
	Very bad					50 (35%)
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>					
	<b>Have not bought anything yet/ don't know</b>					7 (5%)
	Yes					64 (47%)
	No					66 (48%)
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>					
	Yes					100 (70%)
	No					11 (8%)
	Don't know					32 (22%)

<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>	
	Yes	83 (59%)
	No	17 (12%)
	Don't know/ N/A	41 (29%)
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>	
	Yes	79 (57%)
	No	12 (9%)
	Don't know/ N/A	47 (34%)
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>	
	<b>I don't want to attend</b>	32 (22%)
	Very easy	42 (29%)
	Easy	34 (24%)
	Neither	8 (6%)
	Difficult	9 (6%)
	Very difficult	4 (3%)
	Don't know	14 (10%)

### Section 5: Applications and complaints

<b>Q5.1</b>	<b>Is it easy to make an application?</b>	
	Yes	94 (70%)
	No	30 (22%)
	Don't know	11 (8%)
<b>Q5.2</b>	<b>Please answer the following questions about applications</b> (If you have not made an application please tick the 'not made one' option)	
		<b>Not made one</b> Yes    No
	Are applications dealt with fairly?	14 (11%)    56 (44%)    57 (45%)
	Are applications dealt with quickly (within seven days)?	14 (11%)    37 (30%)    72 (59%)
<b>Q5.3</b>	<b>Is it easy to make a complaint?</b>	
	Yes	87 (65%)
	No	15 (11%)
	Don't know	31 (23%)
<b>Q5.4</b>	<b>Please answer the following questions about complaints</b> (If you have not made a complaint please tick the 'not made one' option)	
		<b>Not made one</b> Yes    No
	Are complaints dealt with fairly?	56 (43%)    31 (24%)    42 (33%)
	Are complaints dealt with quickly (within seven days)?	56 (46%)    19 (15%)    48 (39%)
<b>Q5.5</b>	<b>Have you ever been prevented from making a complaint when you wanted to?</b>	
	Yes	25 (20%)
	No	99 (80%)
<b>Q5.6</b>	<b>How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?</b>	
	<b>Don't know who they are</b>	58 (43%)
	Very easy	19 (14%)
	Easy	18 (13%)
	Neither	28 (21%)
	Difficult	7 (5%)
	Very difficult	5 (4%)

### Section 6: Incentive and earned privileges scheme

<b>Q6.1</b>	<b>Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels)</b>	
	<i>Don't know what the IEP scheme is</i>	17 (13%)
	Yes	55 (41%)
	No	39 (29%)
	<i>Don't know</i>	24 (18%)
<b>Q6.2</b>	<b>Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)</b>	
	<i>Don't know what the IEP scheme is</i>	17 (13%)
	Yes	62 (47%)
	No	25 (19%)
	<i>Don't know</i>	28 (21%)
<b>Q6.3</b>	<b>In the last six months have any members of staff physically restrained you (C&amp;R)?</b>	
	Yes	4 (3%)
	No	132 (97%)
<b>Q6.4</b>	<b>If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?</b>	
	<i>I have not been to segregation in the last 6 months</i>	104 (80%)
	Very well	5 (4%)
	Well	11 (8%)
	Neither	5 (4%)
	Badly	3 (2%)
	Very badly	2 (2%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes	105 (78%)
	No	29 (22%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes	110 (81%)
	No	26 (19%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes	56 (41%)
	No	79 (59%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i>	15 (11%)
	Never	22 (16%)
	Rarely	38 (28%)
	Some of the time	41 (30%)
	Most of the time	17 (13%)
	All of the time	3 (2%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i>	57 (43%)
	<i>In the first week</i>	30 (22%)

More than a week	29 (22%)
Don't remember	18 (13%)

**Q7.6 How helpful is your personal (named) officer?**

<b>Do not have a personal officer/ I have not met him/ her</b>	57 (46%)
Very helpful	25 (20%)
Helpful	22 (18%)
Neither	14 (11%)
Not very helpful	3 (2%)
Not at all helpful	2 (2%)

**Section 8: Safety****Q8.1 Have you ever felt unsafe here?**

Yes	67 (48%)
No	72 (52%)

**Q8.2 Do you feel unsafe now?**

Yes	25 (19%)
No	108 (81%)

**Q8.3 In which areas have you felt unsafe? (Please tick all that apply)**

<b>Never felt unsafe</b>	72 (55%)	At meal times	13 (10%)
Everywhere	9 (7%)	At health services	12 (9%)
Segregation unit	4 (3%)	Visits area	8 (6%)
Association areas	12 (9%)	In wing showers	13 (10%)
Reception area	11 (8%)	In gym showers	4 (3%)
At the gym	9 (7%)	In corridors/stairwells	17 (13%)
In an exercise yard	19 (14%)	On your landing/wing	18 (14%)
At work	4 (3%)	In your cell	18 (14%)
During movement	29 (22%)	At religious services	1 (1%)
At education	14 (11%)		

**Q8.4 Have you been victimised by other prisoners here?**

Yes	56 (41%)
No	79 (59%)

**Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply)**

Insulting remarks (about you or your family or friends)	25 (19%)
Physical abuse (being hit, kicked or assaulted)	12 (9%)
Sexual abuse	3 (2%)
Feeling threatened or intimidated	35 (26%)
Having your canteen/property taken	11 (8%)
Medication	7 (5%)
Debt	1 (1%)
Drugs	0 (0%)
Your race or ethnic origin	12 (9%)
Your religion/religious beliefs	5 (4%)
Your nationality	6 (4%)
You are from a different part of the country than others	4 (3%)
You are from a traveller community	3 (2%)
Your sexual orientation	4 (3%)
Your age	2 (2%)
You have a disability	4 (3%)
You were new here	16 (12%)
Your offence/ crime	15 (11%)

	<i>Gang related issues</i>	5 (4%)
<b>Q8.6</b>	<b>Have you been victimised by staff here?</b>	
	Yes	50 (37%)
	No	85 (63%)
<b>Q8.7</b>	<b>If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply)</b>	
	<i>Insulting remarks (about you or your family or friends)</i>	19 (14%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (4%)
	<i>Sexual abuse</i>	3 (2%)
	<i>Feeling threatened or intimidated</i>	20 (15%)
	<i>Medication</i>	9 (7%)
	<i>Debt</i>	2 (2%)
	<i>Drugs</i>	5 (4%)
	<i>Your race or ethnic origin</i>	6 (4%)
	<i>Your religion/religious beliefs</i>	5 (4%)
	<i>Your nationality</i>	3 (2%)
	<i>You are from a different part of the country than others</i>	4 (3%)
	<i>You are from a traveller community</i>	2 (2%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	4 (3%)
	<i>You have a disability</i>	6 (4%)
	<i>You were new here</i>	7 (5%)
	<i>Your offence/ crime</i>	11 (8%)
	<i>Gang related issues</i>	4 (3%)
<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	<b>Not been victimised</b>	61 (54%)
	Yes	28 (25%)
	No	25 (22%)

### Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?:</b>						
		<b>Don't know</b>	<b>Very easy</b>	<b>Easy</b>	<b>Neither</b>	<b>Difficult</b>	<b>Very difficult</b>
	The doctor	9 (7%)	5 (4%)	24 (18%)	23 (17%)	47 (35%)	28 (21%)
	The nurse	4 (3%)	15 (12%)	54 (42%)	18 (14%)	25 (19%)	13 (10%)
	The dentist	25 (19%)	2 (2%)	9 (7%)	17 (13%)	31 (24%)	46 (35%)
<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?:</b>						
		<b>Not been</b>	<b>Very good</b>	<b>Good</b>	<b>Neither</b>	<b>Bad</b>	<b>Very bad</b>
	The doctor	15 (11%)	17 (13%)	48 (36%)	23 (17%)	18 (14%)	12 (9%)
	The nurse	9 (7%)	17 (14%)	57 (46%)	15 (12%)	17 (14%)	10 (8%)
	The dentist	43 (33%)	5 (4%)	21 (16%)	16 (12%)	21 (16%)	23 (18%)
<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>						
	<b>Not been</b>					9 (7%)	
	<b>Very good</b>					12 (9%)	
	<b>Good</b>					38 (28%)	
	<b>Neither</b>					32 (24%)	
	<b>Bad</b>					22 (16%)	
	<b>Very bad</b>					21 (16%)	
<b>Q9.4</b>	<b>Are you currently taking medication?</b>						
	Yes					86 (65%)	
	No					47 (35%)	

<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>	
	<b>Not taking medication</b>	47 (34%)
	Yes, all my meds	19 (14%)
	Yes, some of my meds	12 (9%)
	No	60 (43%)
<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	Yes	67 (50%)
	No	66 (50%)
<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison?</b>	(e.g. a
	psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)	
	<b>Do not have any emotional or mental health problems</b>	67 (51%)
	Yes	37 (28%)
	No	28 (21%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes	49 (36%)
	No	86 (64%)
<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes	32 (23%)
	No	105 (77%)
<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy	18 (13%)
	Easy	14 (10%)
	Neither	11 (8%)
	Difficult	4 (3%)
	Very difficult	4 (3%)
	Don't know	84 (62%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy	2 (1%)
	Easy	8 (6%)
	Neither	6 (4%)
	Difficult	9 (7%)
	Very difficult	23 (17%)
	Don't know	89 (65%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes	5 (4%)
	No	130 (96%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes	8 (6%)
	No	124 (94%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<b>Did not / do not have a drug problem</b>	82 (60%)
	Yes	47 (35%)
	No	7 (5%)

<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?</b>	
	<i>Did not / do not have an alcohol problem</i>	105 (78%)
	Yes	26 (19%)
	No	4 (3%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<i>Did not have a problem/ did not receive help</i>	81 (60%)
	Yes	46 (34%)
	No	8 (6%)

### Section II: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>						
		<i>Don't know</i>	Very easy	Easy	Neither	Difficult	Very difficult
	Prison job	26 (20%)	5 (4%)	26 (20%)	14 (11%)	26 (20%)	35 (27%)
	Vocational or skills training	30 (23%)	9 (7%)	27 (21%)	29 (22%)	18 (14%)	16 (12%)
	Education (including basic skills)	20 (15%)	15 (11%)	40 (31%)	24 (18%)	20 (15%)	12 (9%)
	Offending behaviour programmes	45 (36%)	10 (8%)	20 (16%)	18 (14%)	19 (15%)	14 (11%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply)</b>						
	<i>Not involved in any of these</i>						37 (28%)
	Prison job						52 (39%)
	Vocational or skills training						16 (12%)
	Education (including basic skills)						57 (43%)
	Offending behaviour programmes						24 (18%)
<b>Q11.3</b>	<b>If you have been involved in any of the following, while in this prison, do you think they will help you on release?</b>						
		<i>Not been involved</i>	Yes	No		<i>Don't know</i>	
	Prison job	39 (34%)	42 (36%)	19 (16%)		16 (14%)	
	Vocational or skills training	36 (38%)	36 (38%)	12 (13%)		10 (11%)	
	Education (including basic skills)	28 (27%)	58 (56%)	12 (12%)		6 (6%)	
	Offending behaviour programmes	39 (41%)	42 (45%)	5 (5%)		8 (9%)	
<b>Q11.4</b>	<b>How often do you usually go to the library?</b>						
	<i>Don't want to go</i>						19 (14%)
	Never						32 (24%)
	Less than once a week						33 (25%)
	About once a week						38 (28%)
	More than once a week						12 (9%)
<b>Q11.5</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>						
	<i>Don't use it</i>						48 (36%)
	Yes						57 (43%)
	No						29 (22%)

<b>Q11.6</b>	<b>How many times do you usually go to the gym each week?</b>	
	<i>Don't want to go</i>	24 (18%)
	0	35 (26%)
	1 to 2	45 (34%)
	3 to 5	21 (16%)
	More than 5	9 (7%)
<b>Q11.7</b>	<b>How many times do you usually go outside for exercise each week?</b>	
	<i>Don't want to go</i>	24 (18%)
	0	11 (8%)
	1 to 2	34 (26%)
	3 to 5	24 (18%)
	More than 5	40 (30%)
<b>Q11.8</b>	<b>How many times do you usually have association each week?</b>	
	<i>Don't want to go</i>	8 (6%)
	0	11 (9%)
	1 to 2	18 (14%)
	3 to 5	56 (43%)
	More than 5	36 (28%)
<b>Q11.9</b>	<b>How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc)</b>	
	<i>Less than 2 hours</i>	20 (15%)
	2 to less than 4 hours	33 (25%)
	4 to less than 6 hours	22 (17%)
	6 to less than 8 hours	13 (10%)
	8 to less than 10 hours	14 (11%)
	10 hours or more	18 (14%)
	Don't know	13 (10%)

### Section 12: Contact with family and friends

<b>Q12.1</b>	<b>Have staff supported you and helped you to maintain contact with your family/friends while in this prison?</b>	
	Yes	64 (50%)
	No	65 (50%)
<b>Q12.2</b>	<b>Have you had any problems with sending or receiving mail (letters or parcels)?</b>	
	Yes	63 (47%)
	No	72 (53%)
<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes	35 (26%)
	No	102 (74%)
<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i>	25 (19%)
	Very easy	13 (10%)
	Easy	27 (20%)
	Neither	15 (11%)
	Difficult	17 (13%)
	Very difficult	23 (17%)
	Don't know	14 (10%)

## Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<i>Not sentenced</i>	38 (28%)
	Yes	48 (35%)
	No	52 (38%)
<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison? (please tick all that apply)</b>	
	<i>Not sentenced/ NA</i>	90 (64%)
	No contact	22 (16%)
	Letter	18 (13%)
	Phone	11 (8%)
	Visit	12 (9%)
<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes	26 (20%)
	No	103 (80%)
<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<i>Not sentenced</i>	38 (27%)
	Yes	32 (23%)
	No	69 (50%)
<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	107 (76%)
	Very involved	6 (4%)
	Involved	14 (10%)
	Neither	5 (4%)
	Not very involved	4 (3%)
	Not at all involved	4 (3%)
<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that apply)</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	107 (78%)
	Nobody	12 (9%)
	Offender supervisor	7 (5%)
	Offender manager	5 (4%)
	Named/ personal officer	10 (7%)
	Staff from other departments	4 (3%)
<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	107 (77%)
	Yes	17 (12%)
	No	4 (3%)
	Don't know	11 (8%)
<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	107 (78%)
	Yes	5 (4%)
	No	11 (8%)
	Don't know	14 (10%)
<b>Q13.9</b>	<b>Are there plans for you to achieve any of your sentence plan targets in the community?</b>	
	<i>Do not have a sentence plan/ not sentenced</i>	107 (76%)
	Yes	10 (7%)
	No	11 (8%)

*Don't know* 13 (9%)

**Q13.10 Do you have a needs based custody plan?**

Yes 7 (5%)  
 No 67 (52%)  
 Don't know 54 (42%)

**Q13.11 Do you feel that any member of staff has helped you to prepare for your release?**

Yes 15 (12%)  
 No 111 (88%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?:  
 (please tick all that apply)**

	<i>Do not need help</i>	Yes	No
Employment	26 (23%)	28 (25%)	60 (53%)
Accommodation	25 (22%)	42 (37%)	48 (42%)
Benefits	18 (16%)	51 (44%)	46 (40%)
Finances	23 (21%)	23 (21%)	64 (58%)
Education	25 (24%)	28 (27%)	52 (50%)
Drugs and alcohol	34 (30%)	42 (38%)	36 (32%)

**Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?**

**Not sentenced** 38 (30%)  
 Yes 52 (41%)  
 No 38 (30%)

Main comparator and comparator to last time



Prisoner survey responses HMP Holloway 2013

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMP Holloway 2013	Local women's prisons comparator	HMP Holloway 2013	HMP Holloway 2010
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>149</b>	<b>951</b>	<b>149</b>	<b>161</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	8%	10%	8%	16%
1.3	Are you sentenced?	74%	77%	74%	65%
1.3	Are you on recall?	6%	7%	6%	7%
1.4	Is your sentence less than 12 months?	22%	24%	22%	26%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	3%
1.5	Are you a foreign national?	24%	10%	24%	24%
1.6	Do you understand spoken English?	95%	98%	95%	
1.7	Do you understand written English?	90%	97%	90%	
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	45%	19%	45%	47%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	11%	6%	11%	8%
1.1	Are you Muslim?	12%	5%	12%	12%
1.11	Are you homosexual/gay or bisexual?	19%	26%	19%	21%
1.12	Do you consider yourself to have a disability?	23%	21%	23%	21%
1.13	Are you a veteran (ex-armed services)?	1%	1%	1%	
1.14	Is this your first time in prison?	53%	45%	53%	49%
1.15	Do you have any children under the age of 18?	53%	53%	53%	51%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	30%	35%	30%	18%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	38%	47%	38%	
2.3	Were you offered a toilet break?	11%	9%	11%	
2.4	Was the van clean?	48%	68%	48%	
2.5	Did you feel safe?	71%	81%	71%	
2.6	Were you treated well/very well by the escort staff?	66%	76%	66%	63%
2.7	Before you arrived here were you told that you were coming here?	70%	75%	70%	
2.7	Before you arrived here did you receive any written information about coming here?	8%	3%	8%	
2.8	When you first arrived here did your property arrive at the same time as you?	81%	80%	81%	82%

## Main comparator and comparator to last time

### Key to tables

	Any percentage highlighted in green is significantly better	HMP Holloway 2013	Local women's prisons comparator	HMP Holloway 2013	HMP Holloway 2010
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	44%	47%	44%	
3.2	When you were searched in reception, was this carried out in a respectful way?	88%	87%	88%	77%
3.3	Were you treated well/very well in reception?	74%	73%	74%	50%
	When you first arrived:				
3.4	Did you have any problems?	81%	75%	81%	83%
3.4	Did you have any problems with loss of property?	18%	12%	18%	16%
3.4	Did you have any housing problems?	34%	26%	34%	36%
3.4	Did you have any problems contacting employers?	4%	3%	4%	9%
3.4	Did you have any problems contacting family?	34%	30%	34%	46%
3.4	Did you have any problems ensuring dependants were being looked after?	7%	7%	7%	14%
3.4	Did you have any money worries?	32%	23%	32%	33%
3.4	Did you have any problems with feeling depressed or suicidal?	37%	35%	37%	44%
3.4	Did you have any physical health problems?	20%	23%	20%	
3.4	Did you have any mental health problems?	29%	24%	29%	
3.4	Did you have any problems with needing protection from other prisoners?	6%	6%	6%	13%
3.4	Did you have problems accessing phone numbers?	38%	26%	38%	33%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	42%	51%	42%	
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	73%	86%	73%	82%
3.6	A shower?	44%	45%	44%	43%
3.6	A free telephone call?	66%	84%	66%	80%
3.6	Something to eat?	82%	82%	82%	83%
3.6	PIN phone credit?	80%	38%	80%	
3.6	Toiletries/ basic items?	71%	75%	71%	

## Main comparator and comparator to last time

### Key to tables

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction continued</b>					
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	33%	56%	33%	
3.7	Someone from health services?	61%	72%	61%	
3.7	A Listener/Samaritans?	36%	44%	36%	
3.7	Prison shop/ canteen?	24%	17%	24%	19%
	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	35%	51%	35%	45%
3.8	Support was available for people feeling depressed or suicidal?	36%	54%	36%	38%
3.8	How to make routine requests?	27%	41%	27%	25%
3.8	Your entitlement to visits?	30%	44%	30%	32%
3.8	Health services?	37%	53%	37%	35%
3.8	The chaplaincy?	31%	51%	31%	27%
3.9	Did you feel safe on your first night here?	70%	73%	70%	61%
3.10	Have you been on an induction course?	82%	87%	82%	79%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	53%	59%	53%	43%
3.12	Did you receive an education (skills for life) assessment?	74%	83%	74%	
<b>SECTION 4: Legal rights and respectful custody</b>					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	39%	47%	39%	33%
4.1	Attend legal visits?	61%	61%	61%	50%
4.1	Get bail information?	20%	28%	20%	12%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	37%	40%	43%
4.3	Can you get legal books in the library?	57%	44%	57%	
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	76%	67%	76%	45%
4.4	Are you normally able to have a shower every day?	82%	92%	82%	76%
4.4	Do you normally receive clean sheets every week?	89%	91%	89%	70%
4.4	Do you normally get cell cleaning materials every week?	87%	82%	87%	71%
4.4	Is your cell call bell normally answered within five minutes?	38%	53%	38%	24%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	61%	66%	61%	58%
4.4	Can you normally get your stored property, if you need to?	23%	33%	23%	24%
4.5	Is the food in this prison good/very good?	13%	27%	13%	16%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	47%	49%	47%	38%
4.7	Are you able to speak to a Listener at any time, if you want to?	70%	67%	70%	51%
4.8	Are your religious beliefs are respected?	59%	59%	59%	61%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	57%	63%	57%	63%
4.10	Is it easy/very easy to attend religious services?	53%	55%	53%	

## Main comparator and comparator to last time

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<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	70%	84%	70%	
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	50%	65%	50%	53%
5.2	Do you feel applications are dealt with quickly (within seven days)?	34%	48%	34%	29%
5.3	Is it easy to make a complaint?	66%	64%	66%	
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	43%	44%	43%	30%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	28%	47%	28%	34%
5.5	Have you ever been prevented from making a complaint when you wanted to?	20%	14%	20%	
5.6	Is it easy/very easy to see the Independent Monitoring Board?	28%	32%	28%	33%
<b>SECTION 6: Incentives and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	52%	41%	45%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	49%	47%	41%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	3%	5%	3%	5%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	61%	55%	61%	
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	78%	79%	78%	66%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	81%	81%	81%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	42%	45%	42%	
7.4	Do staff normally speak to you most of the time/all of the time during association?	15%	25%	15%	26%
7.5	Do you have a personal officer?	57%	69%	57%	61%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	71%	74%	71%	60%

## Main comparator and comparator to last time

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<b>SECTION 8: Safety</b>					
8.1	Have you ever felt unsafe here?	48%	40%	48%	57%
8.2	Do you feel unsafe now?	19%	15%	19%	22%
8.4	Have you been victimised by other prisoners here?	42%	32%	42%	32%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	19%	16%	19%	20%
8.5	Hit, kicked or assaulted you?	9%	7%	9%	11%
8.5	Sexually abused you?	2%	1%	2%	4%
8.5	Threatened or intimidated you?	26%	22%	26%	
8.5	Taken your canteen/property?	8%	7%	8%	11%
8.5	Victimised you because of medication?	5%	4%	5%	
8.5	Victimised you because of debt?	1%	1%	1%	
8.5	Victimised you because of drugs?	0%	4%	0%	7%
8.5	Victimised you because of your race or ethnic origin?	9%	4%	9%	6%
8.5	Victimised you because of your religion/religious beliefs?	4%	2%	4%	3%
8.5	Victimised you because of your nationality?	5%	5%	5%	
8.5	Victimised you because you were from a different part of the country?	3%	3%	3%	5%
8.5	Victimised you because you are from a Traveller community?	2%	1%	2%	
8.5	Victimised you because of your sexual orientation?	3%	2%	3%	4%
8.5	Victimised you because of your age?	2%	3%	2%	4%
8.5	Victimised you because you have a disability?	3%	3%	3%	5%
8.5	Victimised you because you were new here?	12%	9%	12%	11%
8.5	Victimised you because of your offence/crime?	11%	7%	11%	11%
8.5	Victimised you because of gang related issues?	4%	2%	4%	3%

## Main comparator and comparator to last time

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	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety continued</b>					
8.6	Have you been victimised by staff here?	37%	20%	37%	28%
Since you have been here, have staff:					
8.7	Made insulting remarks about you, your family or friends?	14%	8%	14%	12%
8.7	Hit, kicked or assaulted you?	5%	1%	5%	4%
8.7	Sexually abused you?	2%	1%	2%	1%
8.7	Threatened or intimidated you?	15%	11%	15%	
8.7	Victimised you because of medication?	7%	5%	7%	
8.7	Victimised you because of debt?	2%	0%	2%	
8.7	Victimised you because of drugs?	4%	2%	4%	3%
8.7	Victimised you because of your race or ethnic origin?	5%	2%	5%	4%
8.7	Victimised you because of your religion/religious beliefs?	4%	1%	4%	4%
8.7	Victimised you because of your nationality?	2%	2%	2%	
8.7	Victimised you because you were from a different part of the country?	3%	2%	3%	2%
8.7	Victimised you because you are from a Traveller community?	2%	1%	2%	
8.7	Victimised you because of your sexual orientation?	2%	3%	2%	4%
8.7	Victimised you because of your age?	3%	2%	3%	4%
8.7	Victimised you because you have a disability?	5%	2%	5%	4%
8.7	Victimised you because you were new here?	5%	4%	5%	6%
8.7	Victimised you because of your offence/crime?	8%	3%	8%	7%
8.7	Victimised you because of gang related issues?	3%	1%	3%	1%
For those who have been victimised by staff or other prisoners:					
8.8	Did you report any victimisation that you have experienced?	53%	54%	53%	51%

## Main comparator and comparator to last time

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<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	21%	34%	21%	17%
9.1	Is it easy/very easy to see the nurse?	53%	58%	53%	58%
9.1	Is it easy/very easy to see the dentist?	9%	17%	9%	6%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	55%	49%	55%	43%
9.2	The nurse?	64%	64%	64%	53%
9.2	The dentist?	30%	47%	30%	33%
9.3	The overall quality of health services?	40%	45%	40%	32%
9.4	Are you currently taking medication?	65%	72%	65%	65%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	34%	62%	34%	
9.6	Do you have any emotional well being or mental health problems?	50%	49%	50%	47%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	57%	52%	57%	
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	36%	43%	36%	45%
10.2	Did you have a problem with alcohol when you came into this prison?	23%	34%	23%	32%
10.3	Is it easy/very easy to get illegal drugs in this prison?	24%	25%	24%	27%
10.4	Is it easy/very easy to get alcohol in this prison?	7%	2%	7%	
10.5	Have you developed a problem with drugs since you have been in this prison?	4%	7%	4%	5%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	6%	6%	6%	
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	87%	79%	87%	
10.8	Have you received any support or help with your alcohol problem while in this prison?	87%	70%	87%	
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	85%	80%	85%	74%

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<b>SECTION 11: Activities</b>				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	24%	69%	24%	
11.1 Vocational or skills training?	28%	57%	28%	
11.1 Education (including basic skills)?	42%	73%	42%	
11.1 Offending behaviour programmes?	24%	39%	24%	
Are you currently involved in any of the following activities:				
11.2 A prison job?	39%	62%	39%	36%
11.2 Vocational or skills training?	12%	16%	12%	13%
11.2 Education (including basic skills)?	43%	36%	43%	62%
11.2 Offending behaviour programmes?	18%	14%	18%	12%
11.3 Have you had a job while in this prison?	67%	86%	67%	70%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	54%	58%	54%	46%
11.3 Have you been involved in vocational or skills training while in this prison?	62%	74%	62%	61%
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	62%	59%	62%	47%
11.3 Have you been involved in education while in this prison?	73%	84%	73%	88%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	76%	68%	76%	62%
11.3 Have you been involved in offending behaviour programmes while in this prison?	59%	70%	59%	61%
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	77%	60%	77%	58%
11.4 Do you go to the library at least once a week?	37%	50%	37%	38%
11.5 Does the library have a wide enough range of materials to meet your needs?	43%	52%	43%	
11.6 Do you go to the gym three or more times a week?	22%	22%	22%	25%
11.7 Do you go outside for exercise three or more times a week?	48%	34%	48%	42%
11.8 Do you go on association more than five times each week?	28%	62%	28%	55%
11.9 Do you spend ten or more hours out of your cell on a weekday?	14%	16%	14%	8%
<b>SECTION 12: Friends and family</b>				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	50%	56%	50%	54%
12.2 Have you had any problems with sending or receiving mail?	47%	38%	47%	45%
12.3 Have you had any problems getting access to the telephones?	26%	20%	26%	36%
12.4 Is it easy/ very easy for your friends and family to get here?	30%	35%	30%	

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<b>SECTION 13: Preparation for release</b>					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	48%	70%	48%	
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	44%	25%	44%	
13.2	Contact by letter?	36%	27%	36%	
13.2	Contact by phone?	22%	10%	22%	
13.2	Contact by visit?	22%	58%	22%	
13.3	Do you have a named offender supervisor in this prison?	20%	61%	20%	
For those who are sentenced:					
13.4	Do you have a sentence plan?	32%	55%	32%	43%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	61%	71%	61%	55%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	39%	29%	39%	
13.6	Offender supervisor?	23%	41%	23%	
13.6	Offender manager?	16%	34%	16%	
13.6	Named/ personal officer?	33%	16%	33%	
13.6	Staff from other departments?	13%	20%	13%	
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	53%	80%	53%	75%
13.8	Are there plans for you to achieve any of your targets in another prison?	17%	27%	17%	
13.9	Are there plans for you to achieve any of your targets in the community?	30%	34%	30%	
13.10	Do you have a needs based custody plan?	6%	8%	6%	
13.11	Do you feel that any member of staff has helped you to prepare for release?	12%	25%	12%	19%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	32%	40%	32%	
13.12	Accommodation?	47%	57%	47%	
13.12	Benefits?	53%	61%	53%	
13.12	Finances?	27%	34%	27%	
13.12	Education?	35%	43%	35%	
13.12	Drugs and alcohol?	54%	66%	54%	
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	58%	60%	58%	56%

## Diversity analysis



### Key question responses (ethnicity, foreign national and religion) HMP Holloway 2013

**Prisoner survey responses** (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
<b>Number of completed questionnaires returned</b>		61	75	35	110	17	122
1.3	Are you sentenced?	73%	76%	66%	76%	88%	72%
1.5	Are you a foreign national?	29%	17%			18%	24%
1.6	Do you understand spoken English?	97%	96%	85%	98%	94%	95%
1.7	Do you understand written English?	88%	93%	68%	96%	88%	89%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			57%	41%	76%	38%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	13%	27%	7%	12%	11%
1.1	Are you Muslim?	23%	5%	10%	13%		
1.12	Do you consider yourself to have a disability?	25%	23%	19%	24%	24%	23%
1.13	Are you a veteran (ex-armed services)?	2%	1%	0%	2%	6%	1%
1.14	Is this your first time in prison?	55%	51%	61%	49%	53%	52%
2.6	Were you treated well/very well by the escort staff?	77%	59%	60%	69%	75%	65%
2.7	Before you arrived here were you told that you were coming here?	74%	71%	75%	68%	81%	71%
3.2	When you were searched in reception, was this carried out in a respectful way?	82%	92%	80%	89%	86%	88%
3.3	Were you treated well/very well in reception?	76%	72%	76%	73%	69%	73%
3.4	Did you have any problems when you first arrived?	81%	77%	78%	81%	76%	81%
3.7	Did you have access to someone from health care when you first arrived here?	69%	52%	78%	58%	63%	61%
3.9	Did you feel safe on your first night here?	65%	73%	77%	69%	63%	72%
3.10	Have you been on an induction course?	91%	72%	87%	80%	87%	82%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	51%	29%	45%	37%	41%	39%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.4	Are you normally offered enough clean, suitable clothes for the week?	77%	74%	72%	76%	76%	75%
4.4	Are you normally able to have a shower every day?	85%	77%	91%	80%	82%	81%
4.4	Is your cell call bell normally answered within five minutes?	40%	37%	45%	37%	47%	37%
4.5	Is the food in this prison good/very good?	15%	10%	10%	13%	6%	15%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	43%	49%	36%	51%	63%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	69%	72%	61%	74%	65%	71%
4.8	Do you feel your religious beliefs are respected?	78%	47%	75%	55%	71%	59%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	53%	60%	50%	60%	56%	58%
5.1	Is it easy to make an application?	72%	67%	70%	70%	87%	68%
5.3	Is it easy to make a complaint?	64%	67%	53%	68%	56%	68%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	40%	37%	43%	63%	38%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	55%	46%	28%	53%	75%	44%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	2%	4%	0%	4%	6%	3%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	75%	81%	72%	80%	71%	79%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	80%	82%	86%	80%	82%	81%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	12%	18%	15%	15%	24%	13%
7.4	Do you have a personal officer?	59%	57%	42%	62%	59%	57%
8.1	Have you ever felt unsafe here?	50%	49%	45%	48%	53%	47%
8.2	Do you feel unsafe now?	23%	15%	21%	18%	29%	17%
8.3	Have you been victimised by other prisoners?	43%	42%	42%	41%	59%	40%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	24%	30%	28%	24%	29%	25%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	14%	6%	14%	7%	18%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	2%	4%	4%	18%	2%
8.5	Have you been victimised because of your nationality? (By prisoners)	4%	5%	11%	3%	6%	5%
8.5	Have you been victimised because you have a disability? (By prisoners)	5%	2%	7%	2%	0%	4%

## Diversity analysis

### Key to tables

		Black and minority ethnic prisoners	White prisoners			Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in green is significantly better									
Any percentage highlighted in blue is significantly worse									
Any percentage highlighted in orange shows a significant difference in prisoners' background details									
	Percentages which are not highlighted show there is no significant difference								
8.6	Have you been victimised by a member of staff?	33%	38%	42%	35%	47%	35%		
8.7	Have you ever felt threatened or intimidated by staff here?	14%	17%	24%	13%	24%	14%		
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	9%	0%	4%	5%	18%	3%		
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	7%	0%	4%	4%	12%	3%		
8.7	Have you been victimised because of your nationality? (By staff)	4%	0%	4%	2%	6%	2%		
8.7	Have you been victimised because you have a disability? (By staff)	9%	2%	7%	4%	18%	3%		
9.1	Is it easy/very easy to see the doctor?	23%	21%	20%	22%	18%	23%		
9.1	Is it easy/ very easy to see the nurse?	55%	52%	50%	54%	63%	53%		
9.4	Are you currently taking medication?	56%	70%	60%	67%	50%	68%		
9.6	Do you feel you have any emotional well being/mental health issues?	44%	58%	40%	54%	47%	51%		
10.3	Is it easy/very easy to get illegal drugs in this prison?	11%	37%	28%	22%	13%	25%		
11.2	Are you currently working in the prison?	41%	40%	30%	42%	50%	38%		
11.2	Are you currently undertaking vocational or skills training?	16%	8%	7%	14%	19%	12%		
11.2	Are you currently in education (including basic skills)?	57%	29%	47%	41%	50%	40%		
11.2	Are you currently taking part in an offending behaviour programme?	20%	16%	3%	22%	25%	17%		
11.4	Do you go to the library at least once a week?	43%	30%	33%	39%	29%	37%		
11.6	Do you go to the gym three or more times a week?	21%	23%	39%	18%	18%	25%		
11.7	Do you go outside for exercise three or more times a week?	50%	49%	57%	45%	53%	49%		
11.8	On average, do you go on association more than five times each week?	30%	27%	26%	28%	47%	26%		
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	15%	14%	3%	16%	6%	15%		
12.2	Have you had any problems sending or receiving mail?	37%	55%	37%	50%	35%	49%		
12.3	Have you had any problems getting access to the telephones?	26%	25%	20%	27%	29%	24%		

## Diversity analysis



### Key question responses (sexual orientation) HMP Holloway 2013

**Prisoner survey responses** (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to be homosexual or bisexual</b>	<b>Consider themselves to be heterosexual</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>27</b>	<b>113</b>
1.3	Are you sentenced?	<b>74%</b>	<b>75%</b>
1.5	Are you a foreign national?	<b>11%</b>	<b>26%</b>
1.6	Do you understand spoken English?	<b>96%</b>	<b>96%</b>
1.7	Do you understand written English?	<b>93%</b>	<b>90%</b>
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	<b>37%</b>	<b>45%</b>
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	<b>12%</b>	<b>10%</b>
1.1	Are you Muslim?	<b>12%</b>	<b>13%</b>
1.12	Do you consider yourself to have a disability?	<b>41%</b>	<b>20%</b>
1.13	Are you a veteran (ex-armed services)?	<b>8%</b>	<b>0%</b>
1.14	Is this your first time in prison?	<b>34%</b>	<b>58%</b>
2.6	Were you treated well/very well by the escort staff?	<b>77%</b>	<b>66%</b>
2.7	Before you arrived here were you told that you were coming here?	<b>69%</b>	<b>71%</b>
3.2	When you were searched in reception, was this carried out in a respectful way?	<b>88%</b>	<b>89%</b>
3.3	Were you treated well/very well in reception?	<b>77%</b>	<b>73%</b>
3.4	Did you have any problems when you first arrived?	<b>84%</b>	<b>79%</b>
3.7	Did you have access to someone from health care when you first arrived here?	<b>70%</b>	<b>59%</b>
3.9	Did you feel safe on your first night here?	<b>73%</b>	<b>70%</b>
3.10	Have you been on an induction course?	<b>81%</b>	<b>82%</b>
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	<b>50%</b>	<b>37%</b>

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	81%	75%
4.4	Are you normally able to have a shower every day?	89%	80%
4.4	Is your cell call bell normally answered within five minutes?	38%	40%
4.5	Is the food in this prison good/very good?	11%	13%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	50%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	89%	64%
4.8	Do you feel your religious beliefs are respected?	59%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	64%	56%
5.1	Is it easy to make an application?	70%	70%
5.3	Is it easy to make a complaint?	84%	61%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	40%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	58%	45%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	4%	3%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	72%	81%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	96%	79%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	20%	14%
7.4	Do you have a personal officer?	68%	55%
8.1	Have you ever felt unsafe here?	37%	51%
8.2	Do you feel unsafe now?	16%	18%
8.3	Have you been victimised by other prisoners?	45%	41%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	37%	24%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	10%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	3%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	12%	1%
8.5	Have you been victimised because of your age? (By prisoners)	4%	0%
8.5	Have you been victimised because you have a disability? (By prisoners)	8%	2%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to be homosexual or bisexual</b>	<b>Consider themselves to be heterosexual</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	51%	31%
8.7	Have you ever felt threatened or intimidated by staff here?	16%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	3%
8.7	Have you been victimised because of your sexual orientation? (By staff)	8%	1%
8.7	Have you been victimised because of your age? (By staff)	8%	1%
8.7	Have you been victimised because you have a disability? (By staff)	12%	3%
9.1	Is it easy/very easy to see the doctor?	24%	22%
9.1	Is it easy/ very easy to see the nurse?	60%	54%
9.4	Are you currently taking medication?	88%	58%
9.6	Do you feel you have any emotional well being/mental health issues?	65%	46%
10.3	Is it easy/very easy to get illegal drugs in this prison?	49%	17%
11.2	Are you currently working in the prison?	44%	38%
11.2	Are you currently undertaking vocational or skills training?	22%	10%
11.2	Are you currently in education (including basic skills)?	56%	38%
11.2	Are you currently taking part in an offending behaviour programme?	44%	12%
11.4	Do you go to the library at least once a week?	58%	33%
11.6	do you go to the gym three or more times a week?	24%	22%
11.7	Do you go outside for exercise three or more times a week?	64%	44%
11.8	On average, do you go on association more than five times each week?	42%	26%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	16%	13%
12.2	Have you had any problems sending or receiving mail?	60%	44%
12.3	Have you had any problems getting access to the telephones?	21%	26%

## Diversity analysis



### Key question responses (disability, age over 50) HMP Holloway 2013

**Prisoner survey responses** (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

		Consider themselves to have a disability		Do not consider themselves to have a disability	
				Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>33</b>	<b>109</b>	<b>15</b>	<b>129</b>
1.3	Are you sentenced?	66%	77%	80%	74%
1.5	Are you a foreign national?	19%	24%	14%	24%
1.6	Do you understand spoken English?	100%	94%	100%	95%
1.7	Do you understand written English?	97%	88%	100%	89%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	47%	43%	31%	46%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	12%	0%	12%
1.1	Are you Muslim?	13%	12%	0%	14%
1.12	Do you consider yourself to have a disability?			40%	22%
1.13	Are you a veteran (ex-armed services)?	6%	0%	0%	2%
1.14	Is this your first time in prison?	42%	55%	60%	52%
2.6	Were you treated well/very well by the escort staff?	62%	68%	60%	68%
2.7	Before you arrived here were you told that you were coming here?	60%	75%	60%	70%
3.2	When you were searched in reception, was this carried out in a respectful way?	87%	88%	100%	86%
3.3	Were you treated well/very well in reception?	65%	76%	80%	73%
3.4	Did you have any problems when you first arrived?	97%	75%	86%	79%
3.7	Did you have access to someone from health care when you first arrived here?	60%	61%	64%	60%
3.9	Did you feel safe on your first night here?	55%	76%	73%	69%
3.10	Have you been on an induction course?	71%	85%	60%	84%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	33%	40%	47%	39%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	66%	79%	73%	75%
4.4	Are you normally able to have a shower every day?	69%	86%	86%	81%
4.4	Is your cell call bell normally answered within five minutes?	26%	42%	50%	38%
4.5	Is the food in this prison good/very good?	15%	12%	33%	10%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	44%	48%	53%	45%
4.7	Are you able to speak to a Listener at any time, if you want to?	63%	72%	67%	70%
4.8	Do you feel your religious beliefs are respected?	61%	60%	67%	57%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	43%	62%	71%	55%
5.1	Is it easy to make an application?	62%	73%	53%	72%
5.3	Is it easy to make a complaint?	74%	63%	60%	67%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	40%	41%	36%	42%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	49%	36%	49%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	1%	0%	3%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	78%	79%	86%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	82%	82%	73%	83%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	12%	16%	27%	13%
7.4	Do you have a personal officer?	47%	61%	53%	59%
8.1	Have you ever felt unsafe here?	68%	41%	27%	51%
8.2	Do you feel unsafe now?	26%	15%	20%	18%
8.3	Have you been victimised by other prisoners?	58%	37%	27%	45%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	42%	21%	7%	29%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	8%	7%	9%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	10%	2%	0%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	10%	3%	7%	4%
8.5	Have you been victimised because of your age? (By prisoners)	3%	1%	0%	2%
8.5	Have you been victimised because you have a disability? (By prisoners)	10%	1%	7%	3%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	60%	28%	27%	38%
8.7	Have you ever felt threatened or intimidated by staff here?	25%	10%	14%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	13%	2%	0%	5%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	10%	2%	0%	4%
8.7	Have you been victimised because of your nationality? (By staff)	6%	1%	0%	3%
8.7	Have you been victimised because of your age? (By staff)	10%	1%	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	19%	0%	0%	5%
9.1	Is it easy/very easy to see the doctor?	6%	26%	27%	21%
9.1	Is it easy/ very easy to see the nurse?	50%	55%	60%	52%
9.4	Are you currently taking medication?	93%	56%	75%	64%
9.6	Do you feel you have any emotional well being/mental health issues?	84%	38%	60%	50%
10.3	Is it easy/very easy to get illegal drugs in this prison?	31%	21%	14%	24%
11.2	Are you currently working in the prison?	29%	42%	27%	41%
11.2	Are you currently undertaking vocational or skills training?	10%	13%	14%	12%
11.2	Are you currently in education (including basic skills)?	39%	43%	40%	43%
11.2	Are you currently taking part in an offending behaviour programme?	33%	14%	20%	18%
11.4	Do you go to the library at least once a week?	45%	35%	46%	36%
11.6	Do you go to the gym three or more times a week?	13%	25%	31%	21%
11.7	Do you go outside for exercise three or more times a week?	42%	49%	21%	51%
11.8	On average, do you go on association more than five times each week?	24%	30%	31%	28%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	15%	7%	14%
12.2	Have you had any problems sending or receiving mail?	47%	46%	36%	48%
12.3	Have you had any problems getting access to the telephones?	39%	21%	27%	25%

## Diversity analysis



### Question responses (Gypsy/ Romany/Travellers) Holloway 2013

HMP

**Prisoner survey responses** (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

#### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to be a Gypsy/ Romany/ Traveller</b>	<b>Do not consider themselves to be a Gypsy/ Romany/ Traveller</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>15</b>	<b>120</b>
1.3	Are you sentenced?	79%	75%
1.5	Are you a foreign national?	53%	19%
1.6	Do you understand spoken English?	79%	98%
1.7	Do you understand written English?	53%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	31%	45%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
1.1	Are you Muslim?	14%	13%
1.12	Do you consider yourself to have a disability?	20%	23%
1.13	Are you a veteran (ex-armed services)?	7%	1%
1.14	Is this your first time in prison?	43%	52%
2.6	Were you treated well/very well by the escort staff?	47%	68%
2.7	Before you arrived here were you told that you were coming here?	80%	68%
3.2	When you were searched in reception, was this carried out in a respectful way?	79%	89%
3.3	Were you treated well/very well in reception?	86%	72%
3.4	Did you have any problems when you first arrived?	80%	79%
3.7	Did you have access to someone from health care when you first arrived here?	62%	60%
3.9	Did you feel safe on your first night here?	64%	71%
3.10	Have you been on an induction course?	100%	79%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	33%	40%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be a Gypsy/ Romany/ Traveller	Do not consider themselves to be a Gypsy/ Romany/ Traveller
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	67%	77%
4.4	Are you normally able to have a shower every day?	86%	81%
4.4	Is your cell call bell normally answered within five minutes?	21%	41%
4.5	Is the food in this prison good/very good?	14%	13%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	50%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	86%	68%
4.8	Do you feel your religious beliefs are respected?	71%	59%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	71%	54%
5.1	Is it easy to make an application?	71%	69%
5.3	Is it easy to make a complaint?	71%	65%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	48%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	0%	4%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	69%	79%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	92%	80%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	14%	15%
7.4	Do you have a personal officer?	39%	60%
8.1	Have you ever felt unsafe here?	64%	48%
8.2	Do you feel unsafe now?	31%	17%
8.3	Have you been victimised by other prisoners?	54%	42%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	31%	27%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	23%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	15%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	15%	4%
8.5	Have you been victimised you are from a different part of the country than others? (By prisoners)	8%	3%
8.5	Have you been victimised because you are from a Traveller community? (By prisoners)	23%	0%
8.5	Have you been victimised because of your age? (By prisoners)	15%	0%
8.5	Have you been victimised because you have a disability? (By prisoners)	8%	3%

## Diversity analysis

### Key to tables

	Any percentage highlighted in green is significantly better	<b>Consider themselves to be a Gypsy/ Romany/ Traveller</b>	<b>Do not consider themselves to be a Gypsy/ Romany/ Traveller</b>
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	50%	35%
8.7	Have you ever felt threatened or intimidated by staff here?	21%	15%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	14%	4%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	14%	3%
8.7	Have you been victimised because of your nationality? (By staff)	14%	1%
8.7	Have you been victimised you are from a different part of the country than others? (By staff)	14%	2%
8.7	Have you been victimised because you are from a Traveller community? (By staff)	14%	0%
8.7	Have you been victimised because of your age? (By staff)	14%	2%
8.7	Have you been victimised because you have a disability? (By staff)	7%	5%
9.1	Is it easy/very easy to see the doctor?	7%	23%
9.1	Is it easy/ very easy to see the nurse?	46%	56%
9.4	Are you currently taking medication?	67%	62%
9.6	Do you feel you have any emotional well being/mental health issues?	43%	52%
10.3	Is it easy/very easy to get illegal drugs in this prison?	43%	21%
11.2	Are you currently working in the prison?	31%	43%
11.2	Are you currently undertaking vocational or skills training?	8%	13%
11.2	Are you currently in education (including basic skills)?	54%	41%
11.2	Are you currently taking part in an offending behaviour programme?	23%	19%
11.4	Do you go to the library at least once a week?	20%	37%
11.6	do you go to the gym three or more times a week?	21%	21%
11.7	Do you go outside for exercise three or more times a week?	57%	46%
11.8	On average, do you go on association more than five times each week?	14%	30%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	14%	14%
12.2	Have you had any problems sending or receiving mail?	62%	46%
12.3	Have you had any problems getting access to the telephones?	29%	25%