

Report on a full unannounced  
inspection of

# **HMP Holloway**

15 – 23 April 2010

by HM Chief Inspector of Prisons

Crown copyright 2010

Printed and published by:  
Her Majesty's Inspectorate of Prisons  
1st Floor, Ashley House  
Monck Street  
London SW1P 2BQ  
England

# Contents

<b>Introduction</b>	5
<b>Fact page</b>	7
<b>Healthy prison summary</b>	9
<b>1 Arrival in custody</b>	
<hr/>	
Courts, escorts and transfers	19
First days in custody	20
<b>2 Environment and relationships</b>	
<hr/>	
Residential units	25
Staff-prisoner relationships	28
Personal officers	29
<b>3 Duty of care</b>	
<hr/>	
Bullying and violence reduction	31
Self-harm and suicide	33
Mothers and babies	36
Applications and complaints	39
Legal rights	40
Faith and religious activity	41
Substance use	42
<b>4 Diversity</b>	45
<hr/>	
<b>5 Health services</b>	53
<hr/>	
<b>6 Activities</b>	
<hr/>	
Learning and skills and work activities	65
Physical education and health promotion	70
Time out of cell	70
<b>7 Good order</b>	
<hr/>	
Security and rules	73
Discipline	74
Incentives and earned privileges	76

## **8 Services**

---

Catering	79
Prison shop	80

## **9 Resettlement**

---

Strategic management of resettlement	83
Offender management and planning	84
Resettlement pathways	87

## **10 Recommendations, housekeeping points and good practice**

---

### **Appendices**

---

I Inspection team	113
II Prison population profile	114
III Safety and staff-prisoner relationships interviews	117
IV Summary of prisoner questionnaires and interviews	124

# Introduction

Holloway is the largest and the best-known women's prison. Like all women's prisons, it now performs a multiplicity of roles. Primarily it is a local prison for remanded and short-sentenced women prisoners, but it also operates as a first stage centre for lifers, holds young adult women, and houses a mother and baby unit. It does this in very poorly designed residential units, with too much shared and cramped dormitory accommodation, and poor sightlines which make staff supervision difficult.

As in our previous inspections, the consequence of this poor design was that a high proportion – nearly 60% – of women said they had felt unsafe at Holloway. More women than in other women's prisons said they had been threatened or intimidated by other prisoners, and this was a particular problem in shared accommodation. There was only limited intervention by staff, and formal safer custody procedures were not consistently used to monitor and deal with this. Worryingly, given the vulnerability of the population, first night procedures were not sufficiently robust and there was no first night treatment for most opiate-dependent women. Fewer women than in other women's prisons felt safe on their first night. Work to support the large number of women at risk of suicide or self-harm was much better developed, and, despite the high incidence of self-harm – with an average 35 incidents a week – there had been no self-inflicted deaths since 2007. There was particularly good support for those who repeatedly self-harmed.

In general, relationships between staff and prisoners were good, and we saw examples of supportive work. However, there were disturbing examples of poor or dismissive treatment by a small minority of staff, and reports of inappropriate behaviour by some male staff. Women had little confidence that these issues would be dealt with effectively if they raised them. Dormitory accommodation remained unsatisfactory and overcrowded, but the external environment was attractive and well kept. There had been considerable senior management investment in race relations, and it was noticeable that black and minority ethnic women, unusually, did not report worse experiences of prison in our survey than white women. Foreign national women were also well supported, though insufficient use was made of interpretation. Health services were improving, from a low base, but there were some gaps in provision, particularly in primary mental health services.

Activity provision remained good, with a focus on education and training. Women were particularly positive about their involvement in education, and there were some, but not enough, opportunities to gain vocational qualifications. Not all the activity places available were filled, and problems with prisoners' movements meant that many of those who did attend arrived late. Opportunities for time out of cell were reasonably good, though we found nearly a third of women locked in their cells during the working day. Access to and outcomes in PE remained good.

Much of the resettlement work done in Holloway was good, but there was still no clear strategy, at national level, about the prison's resettlement role and the services that therefore needed to be developed. Offender management and sentence planning were well organised and included life-sentenced women. There was still, however, no formal custody planning for short-sentenced and remanded women, who were over 60% of the population. Housing services were good, and there was excellent continuity of care for some women with mental health problems. Work with children and families was underdeveloped and its importance underplayed, in the prison as a whole, though there was some very good support work carried out by PACT and other voluntary sector agencies. Drug services were good, including links with community agencies, but there were no accredited offending behaviour programmes in other areas and relatively little help for the increasing number of women with alcohol problems.

Holloway remains an extremely difficult prison to run safely and effectively. The efforts of managers and staff had succeeded in maintaining progress in most areas, though not all. They were, however, hampered by two things. One is the unsafe and unsatisfactory design of the prison. The other, as the Inspectorate has repeatedly pointed out, is the lack of strategic direction and effective operational management within the women's prison system in general, so that there is little informed operational support for Holloway's difficult and multi-layered role. Unless both are confronted and dealt with, Holloway will continue to drain its managers and struggle to meet the needs of the women it holds.

**Nigel Newcomen**  
HM Deputy Chief Inspector of Prisons

**July 2010**

# Fact page

## Task of the establishment

Female local establishment

## Prison Service operational area

London area

## Number held

447 (at 19 April 2010)

## Certified normal accommodation

540

## Operational capacity

496

## Date of last full inspection

5-14 March 2008

## Brief history

Holloway is the second largest female prison in Europe and occupies a site in urban North London. In common with local prisons across the country, it experiences the difficulties of high population turnover. The population mix is very diverse. Holloway opened in 1852 as a prison for men and women and became an all female prison in the early 20<sup>th</sup> century. The prison was rebuilt during the 1970s and 1980s in a style designed to meet the perceived needs of women prisoners, a hybrid between a prison and a hospital. The accommodation is split between single rooms and multi-occupancy dormitories in a layout that is not ideal in catering for the needs of the women or for staff supervision. The needs of the women are many and varied, with drug and mental health issues prominent. Foreign national women make up about a third of the population and there are around 70 young women on the young offender units.

## Short description of each residential unit

A3	Young offender unit	C4	Pregnant women's unit
A4	Remand	C5	Sentenced
A5	Lifer unit		
		D0	Closed for refurbishment
B3	Young offenders and adults	D1	Substance misuse unit (currently closed)
B4	Sentenced	D2	First night centre
B5	Sentenced	D3	Integrated drug treatment system
		D4	Mother and baby unit
C1	Mental health assessment unit		
C3	Remand	CSRU	Segregation unit
		H1	Substance misuse unit+





# Healthy prison summary

## Introduction

---

HP1 All inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The criteria are:

<b>Safety</b>	prisoners, even 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 helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

**- outcomes for prisoners are good against this healthy prison test.**

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

**- outcomes for prisoners are reasonably good against this healthy prison test.**

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

**- outcomes for prisoners are not sufficiently good against this healthy prison test.**

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

**- outcomes for prisoners are poor against this healthy prison test.**

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

## Safety

---

HP3 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.

- HP4 Most women had short journeys to the prison, but in our survey they were relatively negative about their experience. A number arrived after 7pm and many spent a long time at court after their hearings had finished. The prison monitored and reported these issues to the escort services authority, but to little effect. Few women received information leaflets about Holloway at courts.
- HP5 Survey results about treatment in reception were relatively poor compared to other women's local prisons and to previously. All women were handcuffed from escort vans to reception, which was unnecessarily restrictive. Interactions we observed were appropriate, but some women described reception staff as curt and unhelpful. Many women stayed too long in reception with little to occupy them. Booths had been provided to allow interviews to be completed confidentially. PACT workers in reception provided some useful help to women, but peer support was inconsistent. All women prisoners were tested for pregnancy on arrival without clear and informed consent.
- HP6 Fewer than the comparator in our survey said they had felt safe on their first night. There was no formal first night strategy to ensure new arrivals received adequate support. Most were just handed poorly presented written information materials. Although all got a free telephone call on the day of arrival, they were not always able to shower. Peer support work was not well organised to ensure active help and information was provided. Fewer than the comparator said they had been on an induction programme or that it had covered all they needed to know. Women who went to the drug stabilisation unit did not get a formal induction and the needs of women who did not speak or understand English well were not met. Sessions we saw were poorly presented and mostly left to a prisoner orderly to read out policies with little staff involvement.
- HP7 Almost 60% of women in our survey, significantly more than the comparator, said they had felt unsafe in the prison. More reported victimisation by other prisoners and women said living communally in dormitories led to some intimidation. The design of the building made it difficult to supervise and this also made women feel unsafe. There was a comprehensive violence reduction strategy, but a lack of clarity about the different monitoring stages. Although identified poor behaviour was challenged, there was little use of the formal monitoring stage for alleged bullies. There was little evidence of many serious incidents, but the safer custody team did not actively examine all the information available to ensure they got as accurate a picture as possible about areas of concern.
- HP8 There were a high number of incidents of self-harm and it was to the credit of the prison that there had been no self-inflicted deaths since 2007 despite the very vulnerable population. Unusually, neither had there been any recent recorded near-fatal incidents where women required resuscitation or treatment in hospital as a

consequence of self-harm. The safer custody meeting examined a good range of relevant data, but the minutes of meetings did not indicate much discussion of underlying causes or action taken. There was no monitoring of the use of special accommodation for women involved in self-harm to ensure that it was the most appropriate therapeutic response. Some good support was available for women at risk of self-harm and women prisoners appreciated the help available, but there were too few Listeners. Assessment, care in custody and teamwork (ACCT) documents mostly indicated a good level of care, but reviews were often not planned in advance so few people other than officers were involved. The quality of care plans varied and did not always reflect the issues identified at reviews. Cell call bells were not always answered sufficiently quickly and the system to monitor this was ineffective.

HP9 The segregation unit was a basic but decent environment. Staff there worked hard to manage and engage with some women who had very problematic personality and behaviour problems, but there was little practical support and advice resulting from multidisciplinary reviews to help them manage such women. The level of adjudications had been relatively high, but had recently begun to fall. Many involved minor infringements of rules and not all were sufficiently well investigated to support the findings of guilt. Some punishments appeared severe for the offence. Effective management checks had begun to identify and act on some of these weaknesses. The level of use of force was not high and was generally well recorded, but we were concerned that it had been used inappropriately and without proper consideration on one very vulnerable woman. Use of special accommodation was properly authorised.

HP10 Clinical management for substance users had improved, with more flexible maintenance prescribing, but opiate-dependent women received no first night treatment unless they were pregnant. The specialist clinical team and staff on the stabilisation unit provided safe care, but the clinical team was heavily reliant on agency staff. It was good to see that the proportion of women arriving at Holloway who required admission to the stabilisation unit had dropped considerably by 30% in the year. The positive mandatory drug test rate was low at just over 3% and there was an appropriate supply reduction strategy.

## Respect

---

HP11 Staff-prisoner relationships were mostly positive, but women reported some poor and disrespectful treatment by a minority of officers. Personal officer work was under-developed. 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.

HP12 In our survey, similar to other women's prisons, most women said they had a member of staff they could turn to for support. However, fewer said they were treated with respect and more said they had been victimised by staff. Interactions we saw were mostly good. Women prisoners we spoke to gave some accounts of poor treatment

by a minority of staff. There was little senior management consultation with women prisoners to allow them to raise such issues and they had little confidence that their views would be taken seriously. Fewer than in other women's prisons said they had a personal officer or that they found them helpful. Entries in history sheets were mostly observational, with subjective comments about behaviour and very few references to resettlement or family issues.

- HP13 The prison grounds were attractive and well kept. Most internal areas were clean, but there was too much shared and cramped accommodation, which was difficult to supervise and manage. Not all women had a lockable cupboard. Most toilets in cells were screened, but some did not have curtains on the windows despite being overlooked by external buildings. Toilets were badly stained and many cells had graffiti. There were problems maintaining cells at an appropriate temperature. Electricity was switched off during the day so women who remained in their rooms could not use fans, kettles and other equipment. Fewer than the comparator and than previously said they could shower every day, due to many competing demands on time. Women wore their own clothes and laundry facilities were provided, but women could not use them themselves.
- HP14 There were few incentives for the enhanced level of the incentives and earned privileges (IEP) scheme and therefore little to motivate women. The enhanced compact inappropriately required unconvicted prisoners to be in full-time employment or education. The operation of the scheme was almost wholly related to behaviour and many IEP warnings were for petty matters. Some women were downgraded from enhanced to standard with no pattern of behaviour to justify it. Few women were placed on the basic level.
- HP15 There was very little satisfaction with food and much was left over after meals. Women said many of the accompaniments to main dishes, such as rice, potatoes and salad, were poor. Food temperatures were not taken on most serveries and some food was cold. There was little consultation with women about catering. Women could get relatively quick access to the prison shop, but there was no catalogue shopping.
- HP16 There were appropriate policies covering all main diversity areas apart from faith and sexuality. Women with physical disabilities were generally identified and most obvious needs were met, but there were no individual assessments or care plans and no formal care arrangements.
- HP17 The population was very racially diverse and more than half the women were from black and minority ethnic communities. Race relations work was well managed and women reported very positively about good race relations. Race equality was well promoted, including through the work of prisoner representatives. Most racist incident reports were about inappropriate language and all were thoroughly investigated and suitable action was taken. Comprehensive ethnic monitoring was undertaken and any discrepancies were properly considered.
- HP18 A third of the women were foreign nationals and there was an appropriate policy. An assessment of the needs of foreign national women had been carried out, but identified action had not been seen taken. Hibiscus workers provided good individual and collective support. A UK Border Agency representative in the prison provided information and there was some independent immigration advice. However, women who did not speak or understand English well did not get enough information in their

own languages. Women who had had a social visit in a month unfairly lost their opportunity for a free telephone call to their family abroad.

- HP19 The mother and baby unit was a generally positive and stimulating environment. Care plans were satisfactory, but the managerial arrangements were fragmented and not all staff and managers had appropriate training, including in child first aid and resuscitation. Mothers and their babies were still unreasonably confined to their rooms after 8pm. Not all women separated from their babies at birth or afterwards on units elsewhere in the prison had care plans.
- HP20 Women expressed little confidence in the application and complaints system. Applications could not be tracked so it was difficult to establish how promptly they were dealt with and how well they were managed. Replies to complaints we examined were generally of a good standard and a useful analysis of trends was discussed by the senior management team. Legal services and bail information services were provided, but there was no planned cover for the bail information officer.
- HP21 Women in our survey were not positive about the overall quality of health services, but some work was under way to deal with identified concerns, including complaints about the attitudes of nurses and delays with appointments. Staff shortages had led to pressure on delivery of services, including the regular delivery of the full range of nurse-led clinics, but the primary care service was generally satisfactory. Facilities were mostly suitable, but a number of the wing treatment rooms were not fit for purpose. External hospital appointments were well organised and few were cancelled. The dentist provided a good service, but waiting lists for routine appointments were too long. Medicines management was mostly good. Mental health services were wide ranging, but there were some gaps in commissioned primary services. The providers worked well together, but there was limited communication with officers, few of whom had had recent mental health awareness training. The inpatient unit operated as a mental health assessment unit and there was no permanent provision for women with physical health problems. The inpatient regime was reasonable, with a good day care unit, but women elsewhere in the prison had only restricted access to the unit. Health services were due to be re-commissioned and a full health needs assessment was urgently needed.

## Purposeful activity

---

HP22 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.

HP23 Time out of cell was reasonably good for most women. However, at a check at 10.30am on one day of the inspection, over 30% of women were locked in cells on the wings. The scheduled time for women to spend time in the open air was only half an hour, and records indicated this was often only for 20 minutes.

- HP24 There was a clear strategic focus on providing education and training opportunities for all women prisoners and liaison between the prison and education providers was good. Although there were sufficient activity places, about a quarter of women at any one time were classified as unemployed and about 50 women were awaiting security clearance for work. A broad curriculum met the needs of most women, but movements and roll checks were poorly organised and many women arrived late for activities. Allocation to education classes was not managed sufficiently well and recruitment to each activity area was not well monitored to ensure fairness. Data collection had improved, but was not fully used to inform the future development of the provision. The information, advice and guidance service provided effective support to women throughout their sentence.
- HP25 There were approximately 100 full-time places in education. Women were very positive about their involvement in education and all women were offered a three-week taster programme designed to help develop personal learning programmes. The provision included social and life skills as well as basic skills. However, the allocation process to classes meant tutors often did not know who would be attending, making it difficult to implement individualised learning. Achievements in education were generally satisfactory when women were able to complete the course, but few women achieved formal English for speakers of other languages qualifications, mostly because of the short time they spent in the prison. The majority of teaching and learning was satisfactory, with some good features. There was some good distance learning work at higher level, including Open University, and women received support for their studies.
- HP26 In addition to the 100 education places, there were about 300 employment places. The quality of most work was reasonable, with opportunities for skills development in areas such as the library, gardens and kitchens. Some work was relevant to employment needs. About 60 women worked as cleaners and housekeepers and there were up to 20 places in the kitchens. There were about 60 vocational and skills training places with opportunities for qualifications in BICS and kitchens and other areas, but there was scope for more development in areas such as in hairdressing, where the frequent redeployment of the instructor meant women missed the opportunity to gain a useful qualification.
- HP27 Fewer women than the comparator in our survey said they went to the library once a week. There were no evening or weekend sessions. Library orderlies were effectively used and able to achieve customer service qualifications. A reasonable range of books was provided including in languages other than English, but there was no internet or intranet access for the librarian to ensure up-to-date Prison Service Orders and other materials.
- HP28 Women were positive about their opportunities to participate in PE and access was reasonably good. There was effective team working by PE staff and a good range of PE courses was run, with high success rates. PE facilities were good and well equipped.

## Resettlement

---

- HP29 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.

- HP30 There was still no clear national strategic direction about Holloway's resettlement role. There was no up-to-date resettlement policy, although one was in the process of development, but so far did not identify the specific needs of different groups of women prisoners. The last needs analysis had been carried out in 2008. A reducing reoffending committee met quarterly and was well attended by a cross section of staff to take the work forward. Resettlement pathway leads had been identified and action plans for each of the pathways had been produced, but some were limited.
- HP31 Offender management was well organised, with probation officers acting as offender supervisors for the 50 or so women in scope. Offender assessment system (OASys) assessment and sentence plans for those in scope were up to date and the offender management model was also extended to women serving life sentences. Multidisciplinary sentence planning boards were held. A throughcare team of officers completed OASys and sentence plans for other women serving sentences of 12 months and over and there was no backlog. All women had resettlement needs assessed by interview on arrival for resettlement passports, but their purpose was not well explained. Women did not receive a copy of the passport and it did not result in a formal custody plan document with timed targets. Public protection arrangements were sound. Other than drugs programmes, there were no accredited offending behaviour programmes, but a thinking skills programme was about to be introduced.
- HP32 There were 32 women serving life sentences and 11 serving indeterminate sentences for public protection. Potential lifers were also identified and supported. Eighteen of these women were past their tariff and most had parole hearings planned, but there was little at the prison to help their progression. Some occasional meetings of specific interest to women serving indeterminate sentences had been held and arrangements were made to ensure that one of the family days was available to this group.
- HP33 Reintegration services were reasonable, including some good housing services. Some help with finances was provided and relevant education courses such as in budgeting were run as part of a range of personal development courses. There was no formal pre-release course. Liaison with London community mental health teams was good, but there was no systematic link to community primary care services. There were effective community links for women known to mental health services, including primary services, and some were able to continue counselling for up to a year after release. Work with women who had been victims of domestic violence and involved as sex workers was developing, much of it related to initiatives in specific London boroughs.
- HP34 Visitors complained about difficulties getting through to the telephone booking line and said visits usually started late, as we observed. The visitors' centre provided a supportive service. The visits room was comfortable, but cramped when full with little privacy. Evening visits and children's days helped women maintain family contact, but special family days were only for women on the enhanced level of the IEP scheme.

Some good family support services were provided, but there was little evidence in wing files that officers were aware of the needs and experiences of women prisoners as mothers separated from children.

HP35 A good and well managed drug strategy included alcohol services. Appropriate interventions were run, including the short duration drugs programme and prisons addressing substance-related offending (P-ASRO), but it was a concern that there were not enough referrals for the next P-ASRO group. It was good that the counselling, assessment, referral, advice and throughcare (CARAT) service included primary alcohol use in its remit, but there was no structured intervention for alcohol. Good throughcare arrangements included link workers from four London boroughs who regularly visited the prison to liaise with clients.

## Main recommendations

---

- HP36 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.
- HP37 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.
- HP38 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.
- HP39 Occupancy rates of shared rooms should be reduced so that no more than four women are required to share the larger dormitories.
- HP40 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.
- HP41 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.
- HP42 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.
- HP43 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.
- HP44 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.



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



# Section 1: Arrival in custody

## Courts, escorts and transfers

---

### Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

- 1.1 Most women had short journeys, but some spent long days at court. All were handcuffed to and from vans without an individual risk assessment. Few women received information about Holloway in advance.
- 1.2 Most women had short journeys to Holloway, but were generally negative about their experience of escorts in our survey. Information leaflets about the prison had been sent to local courts, but few women were given them.
- 1.3 Movements to court were well managed by reception and escort staff and all relevant documents travelled with prisoners. All women prisoners were handcuffed when going to and from escort vans, which was not based on individual risk assessments (see section on security).
- 1.4 Women who had been woken early for courts or transfers and taken to wait in reception were not given drinks or breakfast. Although breakfast packs were given at lunchtime, many said they ate them before morning.
- 1.5 It was not unusual for some women to wait in court cells for some time after their court appearance. One woman had completed her appearance at 10.30am, but did not leave court until 4.15pm, and another left court after 5pm having completed her appearance at 11.30am. In a recent month, 88 women had arrived at Holloway after 7pm, including 32 after 8pm and 18 after 8.30pm. A manager regularly raised issues of late arrival and long days in court with the escort provider. This sometimes resulted in an investigation or apology, but women continued to experience long days in court.
- 1.6 The video link was underused. In a recent period, only 89 women had used the video link compared to 245 women who had physically attended court.

### Recommendations

---

- 1.7 Women prisoners should be able to have a drink and something to eat in reception before going to court or being transferred.
- 1.8 Women prisoners should return from court as soon as possible after the completion of their cases and should arrive before 7pm.
- 1.9 More use should be made of the court video link.

# First days in custody

---

## Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

1.10 The reception area was not particularly welcoming or attractive and staff did not engage with women prisoners. Women could spend several hours in reception, but little was provided to pass the time. Women did not receive sufficient underwear. All women were offered a free telephone call, but not all were able to shower on their first night. There was no first night policy or strategy and many women had felt unsafe on their first night. First night and induction information was poorly planned and delivered, with little or no staff oversight or involvement.

## Reception

---

- 1.11 Although not particularly welcoming, the reception area was clean and spacious. The area was busy and reception and escort staff quickly dealt with the exchange of prisoners' property and paperwork. Staff were polite, but did not wear name badges or engage much with new arrivals to reassure them or inform them of what would happen in their first days in custody. There was little consistent peer support. In our survey, just 50% of prisoners, significantly fewer than the comparator of 71%, said they had been well or very well treated in reception. Some women described reception officers as curt and unhelpful.
- 1.12 Women prisoners returning from court were separated from those new to custody. Although there was some comfortable seating in the open reception area, this was not used and women were locked in a holding room. Prison Advice and Care Trust (PACT) leaflets about the first night in custody were not available in the holding room and new arrivals did not get a copy. Depending on their time of arrival and the numbers involved, some women spent several hours in reception waiting to be taken to their accommodation. Apart from books in one holding room, nothing was provided to pass the time.
- 1.13 Women could note down any numbers on their mobile telephones before these were stored away. They could also buy a smoker's or non-smoker's reception pack, but were not told how long it had to last, the cost or that it had to be repaid. New arrivals were given a bag of toiletries and clothes, but socks and bras were not provided and women were given only two pairs of knickers. Some prisoners did not receive a towel and basic items were sometimes missing.
- 1.14 Each new arrival was interviewed by a reception officer in private in a booth, although noise could be a distraction and not all officers closed the door. Prisoners were asked how they were feeling and if they had any questions. The aim of the cell-sharing risk assessment (CSRA) was not explained and prisoners were not asked if they understood the terms used. All women were tested for pregnancy in reception, but this was not done with informed consent.
- 1.15 All women new to custody were also interviewed in private by a PACT worker who was based in reception from 3pm until 9pm. Anyone arriving outside these times was followed up the next day. The PACT worker completed the first section of the Holloway passport, gathering information under the resettlement pathways. She checked prisoners' personal details and

circumstances, asked about any accommodation or children and family needs, and could ring a friend or family member on the woman's behalf if necessary. Women whose children were being cared for by family members were referred to the PACT kinship support worker (see section on resettlement pathways). The PACT worker also asked about any self-harm and suicide or health issues, although some of this was also covered by health care staff and risked duplication and confusion. Referrals were made to in-house support such as drugs workers, probation and housing advice.

- 1.16 The remainder of the passport was completed the following day by resettlement staff. The information was subsequently included on the London initial screening and referral form (LISAR), a computer system used to collate resettlement information from across the London prisons.
- 1.17 Neither PACT workers nor reception officers had the details of any local authority social service departments or emergency duty teams. Any child care concerns were referred to the senior officer.
- 1.18 We saw officers and other staff finding it difficult to communicate with women whose first language was not English. Professional telephone interpreters were rarely used (see section on foreign nationals).

## First night

---

- 1.19 In our survey, 49% of women said they were new to custody, but there was no published first night strategy setting out what was required to be done for support and access to facilities such as showers and telephones. More women than the comparator said they had a problem on arrival and only 61% had felt safe on their first night. One woman commented in the survey that Holloway was 'a very scary place for a first time prisoner'. All women could have a free five-minute telephone call, but not all were able to have a shower.
- 1.20 All new arrivals went first to the first night centre (FNC) on D2 and rooms were prepared in advance. Many rooms were shared. The centre could accommodate up to 17 women in comfortable surroundings. Women were seen by a GP and anyone needing detoxification or stabilisation was then moved to the substance misuse unit on H1.
- 1.21 New arrivals on the FNC were met by a peer supporter, but there was no similar support for those going to H1. The peer supporter gave each woman a single sheet of paper detailing visiting times and information about the FNC. Women were not asked if they could read or understand English and there was no structured verbal information or support. Instead of a specific prisoner information booklet, FNC officers simply handed each new arrival a 'residential unit compact' containing details of the incentives and earned privileges scheme, some wing rules, writing paper and an envelope but no pen, and several stapled forms and sheets of information in English. One of these forms was for women to note any immediate concerns, which placed the onus on the prisoner rather than staff to identify problems. This had been highlighted at our inspection in 2004 and it was a concern to find it was still being used.
- 1.22 As we had found previously, there was little to prepare women for their first night and little appreciation of their needs as well as an over-reliance on written information. Officers on the FNC did not engage women in conversation, explain the information given to them, encourage any questions or offer any support. During our night visit, staff did not know how many women had arrived that day or how many were experiencing their first night in custody.

## Induction

---

- 1.23 The day after arrival, women from the FNC attended a one-day induction led by a peer supporter in a dedicated room in resettlement. There was minimal or no input from officers. All women signed in advance to confirm they had received information on 40 different topics even though this was not the case. They were given a poorly reproduced compact containing a range of information, some of it difficult to read and it was only in English. The peer supporter told two Bulgarian prisoners to find someone who could translate it for them.
- 1.24 The morning of induction consisted of presentations by education, the chaplaincy and drugs workers. A resettlement officer also interviewed each woman in private to complete the passport document. The purpose of the passport was not explained, but women were told about any referrals made on their behalf. An information sheet detailing the support available was provided. Women were asked if they needed extra clothes and if they wanted a referral to the family learning workshop or the Women in Prison voluntary support group. However, not all women received the information sheet or were asked the additional questions. The passport included a 'custody care plan' where needs identified under the resettlement pathways and any referrals were recorded. The completed form was held by resettlement staff, but a copy was not given to the prisoner or placed on her wing file to inform wing staff of identified need.
- 1.25 In the afternoon, a peer supporter gave information about regimes and services, but simply read this out from printed sheets. Women could ask questions, but the peer supporter did not actively engage with them. One group of women was asked if anyone was suicidal, disabled or pregnant and when no one identified themselves, information about relevant support was simply left out of the presentation. Terms such as 'CARATs', 'IMB' and 'passport' were not explained. Some peer supporters gave incorrect information or could not answer questions, but there was no effective input or management of induction by staff.
- 1.26 In our survey, fewer than the comparator said they had attended induction and that it had covered everything they needed to know. Women who went to the substance misuse unit on H1 did not attend induction and an officer went there to complete their passport paperwork.

## Recommendations

---

- 1.27 **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.**
- 1.28 **Prisoners should be held in reception for as short a time as possible.**
- 1.29 **New arrivals should receive all essential clothing and kit, including several pairs of knickers, socks and bras.**
- 1.30 **Pregnancy tests should be undertaken only with properly informed consent.**
- 1.31 **Questions related to health issues on the first night should be dealt with by health care staff.**
- 1.32 **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.**
- 1.33 **Night staff should know who has arrived on the first night centre during the day and who is experiencing their first time in custody.**

- 1.34 Published induction information should be appropriately presented and reproduced in a range of relevant languages.
- 1.35 Resettlement officers should fully explain to women prisoners how their resettlement needs are assessed and identified during induction and any action taken.

### Housekeeping points

---

- 1.36 Newspapers, magazines and other means of occupying women should be provided in holding rooms.
- 1.37 New arrivals should be told how long the reception pack is to last, its cost and the repayment system.
- 1.38 The aim of the cell-sharing risk assessment and terms used should be explained.
- 1.39 A pen should be given to new arrivals.
- 1.40 All women on induction should receive the information sheet about the support available and officers should ensure that they can read and understand it.





# Section 2: Environment and relationships

## Residential units

---

### Expected outcomes:

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

2.1 Residential units were generally clean and bright, but some dormitory rooms were too cramped and overcrowded and electricity was unnecessarily switched off during the core working day. Women could wear their own clothes, but had poor access to laundry facilities. Communal areas were comfortable and outside areas were well kept.

### Accommodation and facilities

---

- 2.2 Residential areas were generally clean and bright. Rooms were single or shared and many accommodated five women. The shared dormitories were cramped, lacked privacy and were unsuitable for five people. Rooms were designated smoking and non-smoking, but non-smokers were sometimes expected to share with smokers. Most, but not all, rooms had curtains and some were overlooked by flats opposite the prison, which made women feel exposed. Some women had made makeshift curtains from sheets, toilet roll and towels. Graffiti was prevalent in some rooms. Not all women had a lockable cupboard. There were small safes in all rooms, but only women holding medication in possession were given keys. Larger lockers operated by pin numbers had been successfully trialled on some units and were being installed on other units.
- 2.3 Many toilets were stained with limescale. Most were appropriately screened, but some had only a shower curtain and others, particularly on H1, C1 and C3, had no curtains on the window so could be seen from outside. Efforts to address this started during the inspection.
- 2.4 Electric fans were provided, but ventilation was poor and rooms became very stuffy when the heating was on. Only women deemed by health care staff to have a medical need were allowed to leave room hatches open. Many rooms quickly became cold when the heating was turned off. To encourage prisoners to attend activities, electricity was unnecessarily, inappropriately and often inconsistently turned off in rooms during the core working day, so anyone remaining in room could not use the kettle, fan or other electrical equipment. This included those with legitimate reasons to stay in their rooms, such as those on rest days or unconvicted women who chose not to work.
- 2.5 No distinction was made between convicted and unconvicted women when allocating rooms, and young adults sometimes mixed with adults without risk assessment other than the cell-sharing risk assessment. Staff on designated adult units were often unaware of the young adult prisoners located there and there was no central record kept.
- 2.6 Association and communal dining areas were clean, with televisions, drinking water and comfortable seating. Sinks for washing cutlery and crockery had been installed in all dining areas, but washing up liquid was sometimes in short supply. There were enough telephones on each unit, but the hoods provided offered little privacy. Association and recreational facilities varied considerably across the units. Only a few had a pool table, two had a computer

room and only one had a comfortable and well stocked information room. Residential areas were generally quiet at night. Outside areas of the prison were attractive and well kept.

- 2.7 Monthly prisoner consultation meetings were scheduled for each level, but took place infrequently and prisoner attendance was often low. Meetings were chaired by an officer and it did not appear that any other staff or managers attended regularly. Minutes indicated that many concerns raised were not addressed between meetings. Issues were not shared formally with the senior management team and did not appear to be dealt with appropriately (see section on staff-prisoner relationships).

## Hygiene

---

- 2.8 Communal areas and rooms were clean and well maintained. Women were encouraged to clean their rooms, but only 70% in our survey, against a comparator of 82%, said they could get cell cleaning materials weekly. Some cleaners said they had not had relevant training.
- 2.9 Some communal bathrooms were poorly ventilated, but were generally clean. Apart from on H1, most baths and showers were appropriately screened. In our survey, fewer than the comparator and than at the last inspection said they could have a bath or shower every day. Women said there were often too many competing factors in the mornings, including late unlock, to allow time for a bath or shower, which led to high demand during evening association and often meant the hot water ran out.
- 2.10 Sheets and blankets were washed centrally. Staff said they could be exchanged weekly, but only 67% of women in our survey, against a comparator of 81%, said they received clean sheets every week. Duvet covers were in short supply and some women were sleeping under duvets without them.

## Clothing and possessions

---

- 2.11 Women wore their own clothes and were usually give two sets of prison clothing on arrival (see section on arrival in custody). In our survey, only 39% of women, against a comparator of 58%, said they were offered enough clean clothes for the week. Prison-issue clothes were generally clean and the right size, but the system to exchange items was ad hoc. Clothes could be sent in or handed in on a visit. Women who did not have enough clothes of their own could apply to buy non-uniform items for a nominal charge. However, there were often delays in using this system. Those with little or no money could receive two sets of non-prison-issue clothing free of charge.
- 2.12 Not all units had washing machines or tumble driers and not all women were allowed to wash their own clothes. Women were given laundry bags, which they could use to send up to four items to the laundry twice a week, which was insufficient. Many preferred to hand wash their clothes. Notices advised women that underwear could not be washed in the laundry and women were given a bowl and soap powder to wash these items in their rooms.
- 2.13 Prisoners' property was stored in reception. Staff said there was no backlog of applications, but women could exchange property only quarterly and therefore found access difficult. In the six months to February 2010, there had been 64 complaints about property and there was evidence that women were offered compensation and an apology if the prison was at fault. Facilities lists were clearly displayed on units and most women knew what they were allowed to have in possession.

## Recommendations

---

- 2.14 Non-smokers should not be expected to share rooms with smokers.
- 2.15 All rooms should be fitted with curtains.
- 2.16 All women should be provided with a lockable cupboard.
- 2.17 All toilets should be appropriately screened and de-scaled and a programme for regular de-scaling introduced.
- 2.18 All rooms should be properly ventilated and kept at an appropriate temperature.
- 2.19 Electricity should not be switched off in rooms during the core working day.
- 2.20 Unconvicted women prisoners should not be required to share rooms with convicted prisoners.
- 2.21 Appropriate risk assessments should be completed when integrating young adult women with women over 21 and a central register should be maintained.
- 2.22 Telephones should be housed in booths to allow calls to be made in private.
- 2.23 Association and recreational facilities should be equitable across all residential units.
- 2.24 Bathroom facilities on H1 should be appropriately screened for privacy.
- 2.25 Prisoners should be given enough time to have a bath or shower during all periods of unlock.
- 2.26 Appropriate bedding, including duvet covers, should be provided and exchanged weekly.
- 2.27 All women should be able to use laundry facilities personally to wash all times of clothing.
- 2.28 Prisoners should be able to get property from reception within a week of application.

## Housekeeping points

---

- 2.29 Washing up liquid should be readily available.
- 2.30 Prisoners should be able to get cleaning materials at least weekly.
- 2.31 All cleaners should have appropriate training.
- 2.32 Women prisoners should be able to exchange prison-issue clothing weekly.
- 2.33 Women without sufficient clothes of their own should be able to get additional non-prison issue items on or shortly after arrival.

## Staff-prisoner relationships

---

### Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.34 Most women in our survey said they had a member of staff they could turn to for support. However, fewer said they were treated with respect and more said they had been victimised by staff. Interactions we saw were mostly good but some written records were judgmental. Women prisoners we spoke to were generally positive, but also gave accounts of some poor and disrespectful treatment by a minority of staff including inappropriate attention from some male staff. They had little confidence that their views would be taken seriously and there was no senior management involvement in consultation meetings.
- 2.35 Women prisoners in groups and in interviews were reasonably positive in describing their relationships with officers on the units. Most agreed that the majority of officers treated them satisfactorily and said some were very helpful and kind, but they also said some officers were not prepared to make much effort when they went to them for help. Some reported unwanted attention from male staff, which they did not believe was appropriately dealt with and they had little confidence that anyone in authority would listen to them. They were disconcerted about male night staff observing them through hatches. Given the life experiences of many women prisoners, these reports were a particular concern. Some male staff were under investigation for alleged inappropriate behaviour, but senior managers said it was often very difficult to get conclusive evidence, even when they had identified concerns about specific individuals.
- 2.36 Many prisoners referred to staff favouritism in relation to certain women and said that inconsistent treatment and behaviour by staff made it difficult to be clear about appropriate boundaries. They believed that some officers brought their personal issues to work and were not certain that their confidences would be kept to those who needed to know. There was some consultation with women prisoners on the wings about residential matters (see section on residential units), but no senior management involvement to allow matters such as relationships to be discussed and to give confidence to women that their views would be taken seriously and that all allegations against staff would be appropriately investigated.
- 2.37 More positively, most women agreed that there was at least one member of staff they could rely on for help and, although they said a minority of officers could be provocative and petty, they also gave some examples of officers being very supportive. However, an underlying theme was that officers were judgemental and 'talked down' to women prisoners. This view was supported by some of the comments we saw in prisoners' files. Officers particularly disapproved of women who chose to voice their opinion and supported other women. One officer, commenting on a woman who had been given a formal incentives and earned privileges warning for interrupting a conversation with another prisoner, said 'she finds it hard not to get involved in others' issues and I feel a time on basic would make her think about her behaviour.'
- 2.38 There was a sense that, for staff, the women's identity was almost wholly defined as prisoners, with little recognition of them as adult women with responsibilities and concerns in their outside lives and apparently little understanding of the anxieties of mothers separated from their

children. There were some good examples of staff arranging telephone calls in times of domestic crisis, but the written records suggested that staff believed women who were polite to staff and well behaved had 'no issues or problems', which was unlikely to be the case with many women at Holloway. Some staff actions lacked empathy, such as the removal by force to the segregation unit of a distressed woman who had buried her stillborn child the day before, or the firm rebuttal of a request from one young woman on the basic regime to be allowed out of her cell for 10 minutes as she was feeling upset on Mother's Day.

- 2.39 Interactions we observed were mostly positive and relaxed, although we also came across at least one example of disrespectful and provocative behaviour by an officer that was not challenged by a senior manager who was present. Officers often referred to women by their surnames alone, although they usually used first names and titles when speaking to them. Residential officers were usually very busy, which limited the opportunities for informal interaction, and almost 40% of women prisoners in our survey said staff rarely or never spoke to them during association. Few foreign national women compared to British women said staff usually spoke to them during association. These views were reflected in our survey where significantly fewer than the comparator said most staff treated them with respect. However, three-quarters of women said they had a member of staff they could turn to for help.
- 2.40 Some new specific training for staff working with women prisoners had been run in the last year, but less than 10% of staff had taken part and a number of them were managers rather than front line staff.

## Recommendations

---

- 2.41 **Managers should monitor and ensure that all officers treat women prisoners fairly and respectfully and challenge immediately any unacceptable behaviour or language.**
- 2.42 **All staff working at Holloway should receive the Women Awareness Staff Programme.**

## Personal officers

---

Expected outcomes:

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

- 2.43 A relatively new personal officer scheme had been introduced, but fewer women than the comparator in our survey said they had a personal officer or found them helpful. Young adult women were more positive. Personal officer entries in history sheets were mainly observational and restricted to comments about behaviour rather than resettlement or family issues.
- 2.44 The personal officer scheme had been reintroduced in October 2009 and was set out in a document with policy statements and staff information. The policy document outlined personal officers' main responsibilities, which included making initial contact within 24 hours and recording this, discussing patterns of offending and factors that had prevented rehabilitation in the past, monitoring progress against targets, contributing to a range of resettlement reports and encouraging prisoners to maintain or re-establish links with their families. Personal officers were expected to complete a care plan to help monitor progress and make a minimum of a

weekly written record in history sheets of interaction with each prisoner for whom they were responsible. Other than the written guidance, there was no specific training for personal officers.

- 2.45 In our survey, significantly fewer women than the comparator, but little changed from the time of the last inspection, said they had a personal officer. Of those who said they had a personal officer, fewer than the comparator, and also little changed from previously, said they found them helpful. Similar to last time, 40% of women prisoners said they did not have a personal officer or had not met them. In our structured interviews (see appendix 3), only about half of the women we spoke to said they could approach their personal officer for help and the rest said they did not have one or that they were unapproachable. Women in our consultation groups also had a very mixed view about the usefulness and helpfulness of personal officers, although some spoke very favourably about the help received. Young adult women were generally more positive and this was reflected in our survey, where many more young adults than others reported having a personal officer.
- 2.46 Most wing files we examined had a record of the identified personal officer and the reserve, but did not always make clear how or whether this information was conveyed to the prisoner. Few files recorded that the personal officer had introduced themselves, although where this was done there were some thoughtful entries. Most, but not all, files contained a weekly entry, but not always from the personal officer or reserve. There was no evidence of the care plan referred to in the policy document. Entries were almost wholly related to behaviour on the units and, with a few exceptions, were mostly observational rather than recording any positive engagement and interactions with the women. Positive personal officer entries tended to be along the lines of 'polite and respectful to staff' rather than recording any achievements. The more negative entries described women as 'loud' and 'demanding' or 'disrespectful.' There were few references to resettlement targets or family issues. Resettlement staff said they usually received helpful reports from personal officers when required, but unit records did not make clear how they gathered the information for this. Documents such as the resettlement passports identifying women's reintegration needs were not available in unit offices.

## Recommendations

---

- 2.47 **Personal officers should receive specific training about what is expected of them and how to carry out their responsibilities effectively.**
- 2.48 **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.**

## Section 3: Duty of care

### Bullying and violence reduction

---

#### Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 Significant numbers of women had felt unsafe and, despite some active consultation, there had been limited action to address concerns, which included communal living in dormitories and movements to activities. There were few serious incidents, but many low-level violent and anti-social incidents were recorded. The violence reduction strategy was comprehensive, but not fully understood or implemented by all staff and there was little formal monitoring.
- 3.2 In our survey, 57% of women, significantly more than the comparator of 42%, said they had felt unsafe at some time and in nine of the 14 questions relating to victimisation by other prisoners the responses were also significantly worse than the comparator. More than the comparator said they felt unsafe at the time of the survey.
- 3.3 A lot of consultation had taken place with prisoners about perceptions of safety and bullying. The prison's own focus groups and exit surveys indicated that bullying was under-reported and that areas of concern included the gym, education, landings, movement to activities and dormitories. Almost 40% of women in exit surveys were not positive that staff took bullying seriously. Bullying was also consistently raised as a concern at prisoner consultation meetings. We were told that changes made following consultation included increasing staffing levels during main movement to activities. However, in movements we observed, staff were inattentive and did not challenge inappropriate behaviour, and it was clear that the overall experience could be daunting for women (see section on security). We examined issues of safety further through individual interviews (see appendix 3). Our findings reflected those from different sources at Holloway. Main concerns were the layout of the prison, movement to work, overcrowding and the response of staff to bullying and violence.
- 3.4 The violence reduction strategy encouraged staff to challenge and manage all violent and anti-social incidents and included useful descriptions of unacceptable behaviours. The strategy outlined a four-stage process for 'challenging and changing violent behaviour', ranging from informal challenging and monitoring to segregation for reasons of good order or discipline, but some staff and managers were confused about the stages and this was reflected in the way figures were reported. The strategy emphasised the importance of supporting victims of bullying, but there was no evidence of the support plans it required. Any proven adjudication for assault was expected automatically to trigger stage three and the opening of a behavioural monitoring document, but this happened only infrequently. There was reference to violence reduction training for staff being held eight times a year, but only 18 staff had been trained in two sessions of bullying awareness since March 2009.
- 3.5 The violence reduction committee met monthly and was generally well attended, although there was rarely a representative from the security department or a prisoner representative. The standing agenda was often not followed. The psychology department presented a report

on violent and anti-social incidents resulting in an adjudication and the number of formal complaints referring to racist or bullying behaviour. There was some useful analysis and discussion of this data, but little evidence that it was used to inform strategy. The number of violence report forms (VRFs) was considered at some meetings, but other sources of data such as security information reports, reported incidents, unexplained injuries and injury to prisoner forms were not interrogated. The violence reduction action plan (VRAP) had not been reviewed or updated for some time and the most recent copy given to us was dated November 2008.

- 3.6 The safer custody team maintained a database of the number and type of VRFs received and actions taken. In 2009, 556 VRFs were submitted, of which only 27 were from prisoners. To the end of March 2010, 95 had been received with 16 from prisoners. Incidents were usefully broken down into sub-categories and there was some level of investigation and action on most forms, but cell-sharing risk assessments were not always reviewed and updated in appropriate cases. Observation books recorded a number of incidents where VRFs were not completed, so the figures were not entirely accurate. Nevertheless, it was apparent that much of the violence and anti-social behaviour was low level and there had been only two serious assaults in 2009 and none to date in 2010.
- 3.7 Despite the high number of VRFs, the number of prisoners monitored formally under anti-bullying procedures was relatively low. According to a central log of monitoring documents, only nine women had been subject to behavioural monitoring documents (stage 3) in 2009/10 and only 59 to more informal short-term covert monitoring. In a small number of cases, monitoring documents showed that the anti-social or bullying behaviour had continued, but the prisoner had not been escalated to the higher stage and interventions, particularly behaviour compacts, had not been used to manage the behaviour. Residential senior officers management-checked these documents, but the quality varied and comments were often observational and included unhelpful or inappropriate entries. The safer custody team and prisoner community governors were also expected to quality assure the documents, but rarely did so. Mediation was often cited as an intervention, but no staff were formally trained.
- 3.8 There were violence reduction notice boards on all units, but some of the information was out of date. Three staff were nominated as violence reduction representatives, but their names and photographs were not clearly displayed. There were only two prisoner violence reduction representatives, one of whom said it was difficult to move between units to undertake her role or to be released from regular activities to attend the violence reduction committee.

## Recommendations

---

- 3.9 **Victims of bullying and violence should receive effective personal support.**
- 3.10 **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.**
- 3.11 **The violence reduction action plan should be updated and subsequently reviewed at each violence reduction committee meeting.**
- 3.12 **Cell-sharing risk assessments should be reviewed and updated following any incidents of violence against other prisoners.**
- 3.13 **Mediation should only be undertaken by staff trained in the process.**



## Housekeeping points

---

- 3.14 All members of the violence reduction committee, including prisoner representatives, should attend the monthly meetings.
- 3.15 Management checks of anti-bullying documentation should ensure that observations are appropriate and feedback should be provided to residential staff.
- 3.16 Violence reduction notice boards should be kept up to date.
- 3.17 Staff and prisoner violence reduction representatives should be selected to represent each unit.

## Self-harm and suicide

---

### Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.18 There had been no self-inflicted deaths in recent years, but levels of self-harm, as in similar prisons, were high. There was a good range of interventions, but assessment, care in custody and teamwork reviews were not multidisciplinary. Interpreting services were not consistently used if women at risk did not understand English well. The circumstances of women at risk placed in special accommodation were not monitored by the suicide prevention team. The Listener scheme was under-supported.
- 3.19 A monthly suicide prevention meeting was chaired by the head of prisoner community and attended by relevant departments, although Listeners had only attended consistently in recent months. The prison's suicide prevention and self-harm management strategy had last been reviewed in 2008/09. It highlighted specific aspects of vulnerability specific to women in custody and described the role of staff and the supports available for women.
- 3.20 The day-to-day management of the strategy was the responsibility of the safer custody team, which included a safer custody manager (a senior officer), two officers and an operational support grade. The safer custody manager had set up some useful databases to manage information about prisoners at risk. A member of the safer custody team scanned the files of all new receptions for any indicators of risk and recorded these on a reception log, forwarding concerns to residential staff. Information about women at risk who were being released or transferred was also well managed.
- 3.21 The suicide prevention meeting examined a good range of data that differentiated adults and young women. It identified prisoners who self-harmed in the days following reception or during detoxification to identify any emerging trends. However, minutes of meetings did not indicate much discussion of underlying causes or of what were proving effective interventions to reduce levels of self-harm.

- 3.22 A third of the women were foreign national prisoners, not all of whom spoke or understood English well. It was clear from the case of one Vietnamese woman at risk that interpreting services had been used inconsistently during the time she was subject to assessment, care in custody and teamwork (ACCT) procedures.
- 3.23 As in other women's local prisons, the number of incidents of self-harm was high. Many involved the same women repeatedly. Numbers varied widely, but had averaged 143 incidents a month in 2009. This was significantly higher than the average of 88 incidents a month in 2008, but it was not clear whether this reflected a real increase or was due to better recording procedures. Data indicated lock-up periods as times of greater risk for self-harm. Activity boxes, which had fallen into misuse, were being reintroduced. Staff said there was an emphasis on ensuring women at risk were involved in activities, but some we met who had not been in the prison long had not been allocated to an activity and spent much of their time in their rooms.
- 3.24 Despite the very vulnerable population there had been no self inflicted deaths since 2007 and, unusually, there had been no recorded near-fatal incidents where women either required resuscitation or treatment in hospital as a consequence of self-harm. A consolidated action plan based on recommendations from death in custody investigations, findings from coroners' inquests and from one near-fatal incident had been developed and included a significant number of actions required from health care. A traffic light system used to monitor progress indicated that some required actions going back several years remained unachieved. Action had been taken on some recommendations, including that concerns highlighted at recent inquests should be published to staff and guidance provided on reducing future risks. The plan was not thoroughly reviewed periodically at the suicide prevention team meeting.
- 3.25 An ACCT log was kept and a recently developed database helped track reviews. There had been 120 ACCT documents opened in the first three months of 2010, an average of 40 a month and less than the average of 57 a month in 2008. Twenty-three ACCTs were open on one day of the inspection. Of the 16 ACCT assessors, only two were non-uniformed grades and they rarely completed assessments.
- 3.26 The quality of ACCT documents we looked at varied. Many reviews were arranged at short notice, so other departments such as drug workers, health care, psychology or chaplaincy were often unable to attend and many reviews were not multidisciplinary. There were examples where senior officers had conducted reviews alone and, in one case, closed the document. Some enhanced reviews for women in the segregation unit were better, with comprehensive assessments and reviews. Most ACCT documents had regular management checks, but these did not always comment on the quality. Many entries in the on-going record were respectful and evidenced engagement with women, but entries were at too regular and predictable times. Care plans also varied, with most making little reference to families as a potential support to prisoners and to staff managing the case. Closed documents were monitored by the safer custody team and line managers were alerted where deficiencies had been identified.
- 3.27 Most use of special accommodation and alternative or protective clothing involved women who self-harmed and who were cared for in the mental health assessment unit (C1) or in the segregation unit. Fourteen women had been held in the segregation unit when on an ACCT document in the previous six months. It was not clear that all women held there met the strict criteria outlined in the segregation unit protocol or the local suicide prevention strategy. There was no overview or monitoring of the use of special accommodation or protective clothing by the suicide prevention meeting to ensure it was necessary and an appropriate therapeutic response.

- 3.28 The local strategy included the potential use of 20 safer cells in the mental health assessment unit, health care, the detoxification unit, C3 and D3, although the safer custody manager said the cells did not meet the latest specification. There was no protocol for the use of these cells.
- 3.29 Women who repeatedly self-harmed were referred to the mental health in-reach team. There was a range of one-to-one interventions through the counselling psychology service and the Holloway skills therapy (HoST) programme open to all women with borderline personality disorder. Camouflage make-up was also available. An alternatives to self-harm group for women had restarted, but was currently not running.
- 3.30 There were only three Listeners. Managers said prisoners were reluctant to apply to be Listeners. Three additional Listeners had been trained, but had not been allowed by security to take up this role. The three current Listeners could not provide a service to prisoners who did not speak English. There was no Listener in reception or on the first night centre and neither Listeners nor the safer custody team had a specific role in induction. In our survey, only 38% of women, against a comparator of 53%, said they had been given information about what help was available for women feeling depressed or suicidal. Responses about access to Listeners were also poorer than the comparator. The only care suite (C3) was occupied by two Listeners and we were told this was only used at night when women were considered at high risk of self-harm. There were no other designated rooms to provide confidentiality and Listeners routinely had to listen to distressed prisoners at door hatches during patrol periods. This was inappropriate, particularly when distressed women were located in a dormitory. This was also the case in the segregation unit and more individual risk assessment was required.
- 3.31 It was difficult for women in dormitories to use the dedicated Samaritans telephones in private. Another problem highlighted over many months at the suicide prevention meetings was that these telephones did not work in some areas of the prison. The prison had set up an account to provide free telephone access to the Samaritans from landing telephones, but there were insufficient funds in the account when we tried to make a call.
- 3.32 Not all cell call bells were answered quickly enough and the monitoring system was ineffective. Use of the cell call system was recorded electronically. Duty governors were required to check this daily, but not all did so and there were many gaps in governor daily report sheets. Governors checked only three calls a day and not all interrogated why calls had been left unanswered. In some recorded cases, it had taken as long as 13 minutes to respond to a call. In our survey, only 24% of women, against a comparator of 46%, said their cell bell was normally responded to within five minutes.
- 3.33 ACCT foundation training was available regularly and some training had recently taken place for night staff, but some operational support grades working at night had not been trained. Staff working at night had mixed views about entering cells in an emergency. Few were aware of the formal policy reiterated through a notice to staff in February 2010, which emphasised that the preservation of life took precedence over security concerns where there appeared to be immediate danger to life. All officers had been issued with a ligature cutter and most wore these on their belts.

## Recommendations

---

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

- 3.35 Women identified as at risk of self-harm should be provided with the opportunity for regular purposeful activity.
- 3.36 The consolidated death in custody action plan should be updated in coordination with health care managers and periodically reviewed at the suicide prevention meeting.
- 3.37 Improvements should be made to assessment, care in custody and teamwork (ACCT) procedures, including planned and multidisciplinary reviews and more comprehensive management checks.
- 3.38 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.
- 3.39 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.
- 3.40 All women prisoners should have free 24-hour confidential telephone access to the Samaritans.
- 3.41 Cell bells should be responded to promptly and an effective system introduced to monitor and investigate delays in responding to bells.
- 3.42 All staff with prisoner contact should receive assessment, care in custody and teamwork foundation training and be aware of the policy on entering cells.

### Housekeeping points

---

- 3.43 Listeners should be represented at all suicide prevention meetings.
- 3.44 A local protocol for the use of the safer cells outlined in the suicide prevention policy should be developed.

## Mothers and babies

---

### Expected outcomes:

**Mothers and babies are provided with a safe, supportive and comfortable environment which prioritises the care and development of the child. Pregnant women receive appropriate support.**

3.45 The mother and baby unit was spacious and provided a safe, stimulating and generally supportive environment for mothers and babies. There was no local policy, no dedicated manager, none of the managers were childcare professionals and a trained officer was not always present on the unit. Mothers and babies were unreasonably expected to stay in their room after 8pm. There were care plans for all babies, but reviews were not multidisciplinary. Support for women separated from their babies was inconsistent.

3.46 The mother and baby unit (MBU) was on the upper floor of the prison. It was spacious and contained a crèche, two kitchens, a dining room, a laundry, three lounges and an outside

garden rooftop area. A sensory room had recently been refurbished. There was also a classroom, storage rooms and offices. The unit was clean and calm and furniture, bedding and equipment were clean and well maintained. However, rooms were cramped, with toilets separated only by a curtain. This appeared unhygienic and effectively babies were required to sleep in rooms with toilets, which would not be acceptable in the community. Mothers said they would like doors to screen toilets.

- 3.47 The unit could house up to 13 mothers and 14 babies, and there were seven women and six babies during the inspection. Women could apply for a place on the MBU from anywhere in the prison or another establishment. They could live on the unit for about a month before the birth and emergency admissions were possible. Babies could stay until they were nine months old, although this was flexible depending on need. Women applying for a place on the MBU were invited to an admissions board.
- 3.48 There was still no dedicated manager with sole overall responsibility for the MBU. The unit was managed by a residential governor, a developing prison service manager (DPSM), and three senior officers. None of the managers were childcare professionals.
- 3.49 Managers and discipline officers covered not just the MBU, but all residential units on the fourth floor. There were five trained mother and baby officers in a team of 19 discipline officers, but no system to ensure that a trained officer would always be present on the unit. Officers wore prison uniforms, which was at odds with the overall ethos of creating as natural an environment as possible. All staff had been subject to enhanced Criminal Records Bureau checks, but officers were not trained in paediatric resuscitation and were unsure where equipment was kept. The OSG on duty during the night visit had received no specific training and was unsure how many babies were on the unit.
- 3.50 The formal daily running of the MBU was the sole responsibility of Prison Service operational staff, although the advice of qualified personnel such as nursery nurses and social workers was taken into account. This risked prison priorities taking precedence over best childcare and child development practice. Nevertheless, overall, the MBU was a safe, stimulating and supportive environment, with an emphasis on allowing mothers to take parental responsibility for their babies through informed choices. However, the opportunity to exercise normal responsibility was sometimes unnecessarily curtailed, including the fact that mothers and babies were expected to stay in their rooms after 8pm, which was too restrictive and unrepresentative of a normal environment. This required those who were bottle feeding to prepare and store bottles in their room rather than in the unit kitchen. Mothers could cook for themselves and their babies, but were only allowed to buy and store fruit and vegetables, not meat.
- 3.51 There was a job description for officers working on the unit, but no local mother and baby policy, including procedures such as a stillbirth, miscarriage or death of a child. We were told this information was available only in the escort pack for officers accompanying a woman to hospital.
- 3.52 Care plans were available for each baby, including plans in case they had to leave the unit at short notice. These were agreed with the mother. Staff on the unit knew the plan for each mother and baby without reference to the paperwork. Separation plans were in place when necessary. The identified needs of babies in care plans were generic, eight-week reviews were not multidisciplinary to include childcare professionals and records indicated that only the mother and DPSM had attended. None had any written contributions.

- 3.53 Each baby had a named nursery nurse who kept weekly records of planned and actual activity for each child, including learning objectives. Also included were photographs and palm/foot prints. Nurses made individual daily observations and notes on the baby's development.
- 3.54 The Ofsted registered crèche managed by Rainbow Early Years was staffed by nursery nurses every weekday and provided a safe and stimulating environment for up to six babies left there while mothers attended work, education or other appointments. It was not open when the nursery nurses were not there. The crèche had been inspected in October 2009 and an action plan had been produced in response to some identified shortfalls, most of which had been addressed.
- 3.55 Mothers had weekly access to a health visitor, a paediatrician, midwives and a social worker. Volunteers from the Mothers Union took babies out into the community and mothers and babies could take part in weekly 'baby bounce' singing and movement sessions. Breast feeding support was provided by Birth Companions, and Parents in Prison regularly attended to take photographs and help women update developmental books for their child. There were quarterly meetings with the DPSM and the various statutory and voluntary groups working with the mothers and babies and pregnant women. A selection of new and good quality donated baby clothes and equipment was available and all women shopped on line from a local store. Some mothers were eligible for maternity allowance and child benefits and foreign national women who were not entitled to benefits received £16.45 a week. No visits were allowed on the unit and women used the family room adjacent to the visits room.
- 3.56 Information about the unit was not given to women during induction, but was displayed on units. Many, but not all, pregnant women were accommodated on C4, which provided a quieter environment than some other wings. Nine of the 15 currently pregnant women were on C4, where ante-natal classes, midwives and a parenting class were run. Prisoners' partners could not attend ante-natal classes. Birth partners could be arranged through Birth Companions whose workers attended the prison regularly.
- 3.57 Support for women separated from their baby was good on the mother and baby unit, but not on other units. Comments in files of many pregnant women made no reference to their pregnancies. In one case, a note in the wing file recorded that a prisoner had been told her baby was going to be removed at birth, but the subsequent three entries by wing officers made no reference to this, instead focusing on her adherence to the wing routine. There was no separation care plan.
- 3.58 One pregnant woman had mental health issues. Comment in her file from a health care worker recorded that her medication had been stopped during pregnancy and noted the effect of this and how she was feeling. Further comments recorded how she was feeling at regular meetings and an ACCT was opened when she was told the baby would be removed at birth. However, two days later an officer wrote 'Not a problem on wing. Polite to staff. No concerns'.

## Recommendations

---

- 3.59 **Doors should be fitted to screen toilets in rooms or suitable alternative arrangements provided.**
- 3.60 **All staff working on the mother and baby unit, including night staff, should be specifically trained including in infant resuscitation.**
- 3.61 **Mothers and their babies should not be confined to their rooms at night.**

- 3.62 A local mother and baby policy that reflects all necessary procedures for the unit should be introduced.
- 3.63 Care plan reviews should be multidisciplinary and include written contributions where appropriate.
- 3.64 Provision should be made for partners to be involved in ante-natal care and preparation with their pregnant partner in the prison.
- 3.65 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.

### Housekeeping points

---

- 3.66 Officers should not wear prison uniforms on the mother and baby unit.
- 3.67 Mothers should be able to cater fully for themselves and their children.
- 3.68 The facility in the crèche should be available to mothers and babies at weekends and in the evenings.

## Applications and complaints

---

### Expected outcomes:

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

- 3.69 Women expressed little confidence in the application and complaints system. There was no clear guidance on applications and little opportunity to resolve routine issues informally. Complaint forms were readily available. Replies were mainly respectful and timely and there was some quality assurance by managers. There was no routine scrutiny by a senior manager of complaints about staff.
- 3.70 There was no formal guidance on the application system and only 25% of women in our survey, against a comparator of 34%, said they were given information about how to make routine requests. More foreign national prisoners than other prisoners said that they found it difficult to get an application form. Some women expressed their frustration that it was difficult to resolve routine issues without recourse to formal applications.
- 3.71 A range of application forms was kept in wing offices and had to be requested. Women could make routine requests in the morning between unlock and moving to activities, but this was also when they were expected to complete several other tasks. No central log of applications submitted was kept. Each application was recorded on a separate sheet on prisoners' personal files and almost all simply recorded the date the application had been submitted. There was no way of tracing if a response had been received or how long this had taken. In our survey, only 29%, against a comparator of 44%, said applications were dealt with promptly and 53%, similar to the comparator, said they were dealt with fairly.

- 3.72 Sealed boxes for submitting formal complaints were located in the dining rooms on residential units and on the main 'trolley route', and were emptied each night by night staff. Posters nearby described the complaints procedure. There were stocks of complaint forms and envelopes as well as forms for appealing against decisions.
- 3.73 Between October 2009 and March 2010, an average of 123 were submitted each month. The highest number by type, 23 a month on average, were made under confidential access. Approximately 17 a month on average were complaints about 'medical' issues, mostly related to appointments and complaints from women prescribed methadone who were held in their rooms each morning without electricity until they had received their treatment. On average, 10 complaints a month were about staff, mainly staff rudeness. These were forwarded to line managers for a response. The clerk referred any serious complaints to her line manager. One case had been referred to the police in September 2009, but the final outcome had not been recorded. A useful analysis of trends in complaints was discussed by the senior management team.
- 3.74 The clerk read responses to complaints and any she considered unsatisfactory were passed to the line manager of the person who had responded. The responses we examined were respectful, legible and answered the complaint. Interim replies were followed up with a full reply and replies often offered apologies. Key performance targets indicated that nearly all replies were completed within the required deadlines. Managers checked a sample of responses each month for quality. In most cases where remedial action was required they spoke directly to the person responsible. In our survey, 30% of women, against a comparator of 45%, said complaints were dealt with fairly.
- 3.75 Prisoners had access to boxes to submit complaints to the Independent Monitoring Board and posters on most residential units advertised the work of the Prisons and Probation Ombudsman.

## Recommendations

---

- 3.76 Guidance on making applications should be published and explained to prisoners, including how to resolve routine requests informally.
- 3.77 A senior manager should scrutinise all complaints about staff, including any that have been withdrawn, to ensure all are dealt with appropriately.

## Legal rights

---

### Expected outcomes:

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

- 3.78 Legal services and bail information were provided on most days, but there were not enough trained staff to ensure an effective service.
- 3.79 Legal services were managed as part of the resettlement department. Legal services work was detailed daily, usually to particular officers within the resettlement group. None of the officers had formal training.



- 3.80 All work under legal services was logged and no women were waiting to be seen. On average, 58 legal applications a month had been made between January and March 2010. Much of the work involved facilitating telephone calls to solicitors for those without enough funds to do this. On average, 95 calls a month had been facilitated in the same period.
- 3.81 Officers had access to a range of relevant legal information leaflets, including community legal services directories and information on lawyers who specialised in immigration. Information was available on legal aid, indeterminate sentences, release on licence and procedures for lodging outstanding fines. Some officers had full internet access, providing further sources of information and there was some information available in languages other than English.
- 3.82 Legal and professional visits took place over two hours each day. Visits could be booked by telephone or faxed and spaces were usually available within 48 hours. There were 10 enclosed booths and two included video and audio facilities.
- 3.83 The bail information officer was full time and had been in post since December 2008. She was the only officer trained to provide bail information, albeit about six years previously. She interviewed all unconvicted women on the day following their reception. Information leaflets about the bail information scheme and ClearSprings bail accommodation and support was available in the resettlement department where new prisoners came for induction on their first day in custody.
- 3.84 There was insufficient cover when the bail information officer was on leave or involved in training. In her absence, a second officer completed some basic tasks monitoring who was eligible for bail, but had not received any formal training and did not feel competent to complete bail information reports. The bail information officer produced a brief monthly report of her work. This included the number of days she had been unavailable, which had amounted to over eight weeks in the previous six months. In our survey, 12% of women, against a comparator of 28%, said it was easy to get bail information.
- 3.85 Monthly bail information scheme monitoring figures were compiled and noted referrals to ClearSprings and approved premises. One significant problem was the lack of approved premises in London. The nearest approved premises for women used for higher risk women were in Bedford or Reading and many women were reluctant to consider these. The bail officer had completed 18 bail information reports in the previous five months. Of these 13 (68%) had been granted bail, but many more (58) were granted bail without a report being done.

## Recommendation

---

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

## 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.

- 3.87 Prisoners were able to practise their religion. The chaplaincy team coordinated a good range of faith and non-faith groups and were well integrated into prison life.
- 3.88 A full-time Church of England chaplain acted as coordinating chaplain. The rest of the team comprised a full-time Catholic chaplain, a part-time Pentecostal chaplain and a part-time Muslim chaplain, all of whom acted as duty chaplain on a rota basis. Sessional chaplains from the Jewish, Hindu, Sikh, Buddhist and Pagan faiths were available when required. The chaplains saw all new receptions the day after arrival and responded to all applications, which were logged along with any action taken.
- 3.89 Information about the chaplaincy was displayed on units and there was a good display of information on the main walkway. The Christian chapel was large, with separate Catholic and Anglican altars and the facility to partition both off and create a multi-faith area. A separate designated multi-faith room was clean, of a good size and suitably neutral. There were good links with the external agencies and the outside community. Church groups from the local community led half the Anglican Sunday services and the London City Mission attended four days a week, holding groups and individual bible study.
- 3.90 The chaplaincy team coordinated a wide range of faith and non-faith groups, including bible studies, Islamic studies, a women's group, a meditation group and Arabic classes. The team had also previously identified a large Spanish-speaking South American population and had responded by arranging a mid-week Spanish Mass. More recently, it had identified a similar growth in women from Eastern Europe and had arranged for monthly Russian and Romanian Orthodox services. The chaplaincy team was well represented in all aspects of prison life, with representatives at all major meetings, including the senior management team and the diversity and race equality action team.

## Substance use

---

### Expected outcomes:

**Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.**

- 3.91 The prison had begun to implement the integrated drug treatment system in 2009. While the clinical management of opiate-dependent women had improved, treatment did not begin until the following day. During the first night, only symptomatic relief was provided unless women were pregnant. The specialist clinical team was not yet fully staffed, but women received a safe level of care on the stabilisation unit. There had been a 30% drop in the number of admissions compared to the previous year. Mandatory drug testing rates were relatively low.

## Clinical management

---

- 3.92 Following reception screening and testing, new arrivals saw a GP on the first night centre before being admitted to the stabilisation unit on H1, called the Ivor Ward (substance misuse) unit. Treatment for alcohol or benzodiazepines withdrawal began immediately. However, unless pregnant, opiate users, including those prescribed methadone, were given only first

night symptom relief. Treatment started the following morning after a comprehensive assessment by substance misuse nurses and the GP.

- 3.93 In 2009/10, an average of 74 women a month had been admitted to the stabilisation unit, compared to 107 a month in 2008/09. Thirty per cent of women required alcohol detoxification. Those dependent on opiates were prescribed buprenorphine (Subutex) or methadone. A five-day stabilisation regime had been introduced since the last inspection, after which most women undertook extended reduction or maintenance regimes. Levels of prescribing had also become more flexible.
- 3.94 Clinical substance misuse services were provided by the Central and North West London NHS Foundation Trust. Appropriate clinical leadership and a clinical governance framework were in place. Additional resources had been made available to implement the integrated drug treatment system (IDTS). A band 8, a band 7 and three band 6 nurses were in post, but the recruitment of band 5 nurses had proved difficult and the substance misuse team carried seven vacancies. Agency nurses helped provide unit cover. A locum GP provided daily sessions.
- 3.95 H1 could accommodate 40 women, but was rarely full. Only 33 were located there during the inspection. Women stayed for an average of two weeks before moving to D3, the new second stage unit. Those prescribed buprenorphine remained on the unit. The administration of controlled drugs was well monitored by nurses and officers. New treatment rooms were almost complete and would contain methasoft pumps and iris recognition equipment.
- 3.96 Women on H1 could use a range of support services, including IDTS group work modules, art therapy sessions, Narcotics Anonymous groups and a patient consultation group. Staff shortages meant nurses currently only co-facilitated two of the IDTS modules and gym staff were not yet involved. Officers on the unit had received substance misuse awareness training and linked in well with counselling, assessment, referral, advice and throughcare (CARAT) and nursing staff.
- 3.97 Information-sharing between clinical and CARAT staff was good, helped by one CARAT worker based on the unit, but not all five-day reviews were conducted jointly. Due to a shortage of nurses, there were no regular multi-agency meetings with CARAT and mental health staff to plan and coordinate women's care. However, nurses in both the clinical substance misuse and mental in-reach teams were experienced in working with dual diagnosis clients.
- 3.98 Follow-up care provided by substance misuse nurses for women discharged from Ivor Ward included regular liaison with wing nurses and weekly clinics for those maintained on methadone. Of the 70 women on methadone maintenance regimes in April 2010, half were located on D3. IDTS modules had not yet been introduced on this unit and women located there needed a more supportive regime.
- 3.99 Good links had been established with community services and the clinical team worked closely with CARAT staff to ensure treatment continuation.

## Drug testing

---

- 3.100 At the time of inspection, the random mandatory drug testing (MDT) positive rate for the 12 months to end March 2010 stood at 3.3% against a target of 4%. About 20% of security information reports were drug-related and suspicion tests were conducted within the required

timeframe. The positive rate averaged 41.3%. Frequent, risk and reception testing also took place.

- 3.101 The prison had appointed an MDT coordinator and the programme was now adequately resourced to meet targets. Drug finds and test results indicated heroin followed by Subutex as the main drugs of use. Women reported little drug-related bullying, but described how they 'helped each other out'.
- 3.102 A detailed supply reduction action plan had been developed and there were good links between drug strategy and security departments. A supply reduction committee met monthly in addition to drug strategy group meetings.

## **Recommendations**

---

- 3.103 **Opiate-dependent women should have access to effective first night treatment and substitute prescribing regimes should start without delay.**
- 3.104 **CARAT, clinical substance misuse and mental health in-reach services should provide fully integrated care, including for dual diagnosis clients.**
- 3.105 **A supportive regime should be developed for women on the second stage unit on D3.**

## Section 4: Diversity

### Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

- 4.1 All principal diversity strands apart from religion and sexuality were covered by individual policies. A regular well attended diversity and race equality committee meeting, chaired by the Governor, provided focused strategic management of all diversity strands.
- 4.2 There was no overarching diversity and race equality policy, but most diversity strands apart from religion and sexuality had clear policies. A comprehensive supporting diversity and race equality action plan incorporated all aspects of diversity.
- 4.3 A diversity and race equality action team (DREAT) met monthly, chaired by the Governor, and the focus shifted on alternate months between a standing agenda and the DREAT action plan. Attendance was good from all functions and prisoner representatives. The standing agenda covered all key areas, including analysis of SMART data, racist incident report form (RIRF) analysis and issues arising from prisoner consultation. Identified action points were consistently taken forward until completed.
- 4.4 A senior officer was the race equality officer (REO) and had full-time responsibility for race, gender and sexual orientation work, with an officer acting as a full-time deputy. A second officer had full-time responsibilities for foreign national, age and disability work.
- 4.5 Prisoner representatives were known as FREDs (foreign national, race equality, equal opportunities and disability). They showed impressive commitment to their roles and said they felt well supported by managers, although less so by officers. FRED folders were kept on all units and contained a comprehensive range of information on all aspects of the prison's work in supporting and promoting diversity. Prisoners spoke favourably of FREDs and FRED folders, but wing staff knowledge and interest in the folders was less positive. Most staff we spoke to said they had never looked at the contents (see section on foreign nationals).

### Recommendation

---

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

### Race equality

---

- 4.7 Black and minority ethnic women formed the majority of the population and their perceptions were mostly as good as, and often better than, those of white women. Race equality work was a clear priority for the Governor and therefore the prison as a whole. Related data were routinely and effectively monitored and feedback from women was acted on by the DREAT. Racist incidents were effectively dealt with through the RIRF process.

- 4.8 The Governor was extremely committed to the promotion of race equality, citing Holloway's racially diverse population (with about 56% of women from a black and minority ethnic background) as a further reason why it was necessary to give sufficient weight to work in this area. She chaired all DREAT meetings and both staff and prisoner representatives reported excellent support for their roles and associated work.
- 4.9 Priority was given to training in race equality work. All but three of the 26 members of the DREAT had been trained in promoting and managing diversity and race equality promotion and nearly 300 staff had undertaken the 'Challenge it, Change it' course in the previous 14 months.
- 4.10 SMART data were collated by the REO and presented in a bi-monthly report to the DREAT committee for analysis. In addition to mandatory areas of monitoring, allocation to education, CARATs, offending behaviour programmes and the various units had been identified as requiring monitoring. The REO report and DREAT minutes were circulated to all wings for inclusion in FRED folders.

### **Managing racist incidents**

---

- 4.11 RIRFs were freely available on all units and were posted in locked boxes, to which only the diversity team had access. In 2009, 210 RIRFs had been submitted compared to 375 in 2008. All RIRFs were investigated to a good standard by the REO and all were scrutinised by the Governor before being signed off. During the inspection, none of the RIRFs being investigated were older than 28 days. Further scrutiny of RIRFs was conducted quarterly by the regional custody manager. Monthly external scrutiny was carried out by a representative from Race on the Agenda (ROTA), a social policy think tank focusing on issues affecting black and minority ethnic communities. A template completed for each RIRF highlighted any areas that required further attention.
- 4.12 Interventions ranged from informal discussions to more formal measures such as incentives and earned privileges warnings and adjudication charges. The DREAT was developing further interventions, in consultation with prisoner representatives, to address more effectively verbal abuse, the main issue raised in RIRFs.

### **Race equality duty**

---

- 4.13 In our survey, black and minority ethnic women were generally as positive as, or more positive than, white women, most notably in relation to feelings of safety and attending activities. The overwhelming majority of black and minority ethnic women we spoke to said there was equality of treatment regardless of ethnicity.
- 4.14 Women convicted of a current or previous racially aggravated offence were identified by public protection staff and this information was entered on a public database, with relevant wing managers emailed to make an entry in the prisoner's wing file. A number of staff we spoke to were aware of the women on the database on their wing, but fewer were aware when a wing move had taken place.
- 4.15 There was no specific consultation with black and minority ethnic prisoners, but a useful monthly focus group was held incorporating all the diversity strands apart from disability and foreign nationals. Feedback from this was provided to the DREAT meeting with further action points when necessary.

- 4.16 No race impact assessments had been completed in the previous 12 months and five of the nine we were shown were four years old.
- 4.17 Celebrations of cultural, ethnic or religious holidays took place regularly, but mainly consisted of displays, albeit of impressive quality, and some meal choices on the weekly menu (see section on catering). Few external organisations were invited to take part in the celebrations.

## Recommendation

---

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

## Housekeeping point

---

- 4.19 The database for racially aggravated offences and wing records should be updated when moves take place.

## Religion

---

- 4.20 There was no formal monitoring of equality of treatment in this area. Muslim women's perceptions of safety in our survey were poor.
- 4.21 There was no formal policy or action plan describing how the religious needs of all women would be met. A representative from the chaplaincy team regularly attended the DREAT and minutes indicated broad issues were picked up and discussed occasionally, but there was no formal monitoring of equality of treatment.
- 4.22 In our survey, Muslim women reported experiences broadly similar to other women, except in questions about victimisation or intimidation by staff. While significantly fewer Muslim women than non-Muslim women said they had been threatened or intimidated by other prisoners, significantly more said they had been victimised, threatened or intimidated by a member of staff.

## Recommendations

---

- 4.23 There should be a formal policy describing how the religious needs of all women will be met and monitored.
- 4.24 The prison should investigate why more Muslim women than non-Muslim women report being victimised, threatened or intimidated by staff.

## Foreign nationals

---

- 4.25 A third of the population were foreign national prisoners and an assessment of their needs had recently been completed. A knowledgeable full-time foreign national coordinator was in post and adequate welfare and specialist immigration services were delivered respectively by

Hibiscus and the criminal casework directorate. Despite this, women who spoke little or no English did not receive enough information in their own language.

- 4.26 There were 152 foreign national prisoners, eight of whom were immigration detainees, including three who had been transferred from Yarl's Wood immigration removal centre in March 2010 following incidents there.
- 4.27 A foreign national prisoner policy dated January 2009 contained details of services and support for foreign national women as well as information about repatriation and deportation. A needs analysis had been completed in December 2009 and the findings brought together as a 'to do' list. The main themes included language barriers, problems with induction, maintaining contact with family, lack of understanding of the prison system, immigration concerns, isolation and resettlement. It concluded that foreign national prisoners, particularly those who spoke little or no English, were frequently an excluded group.
- 4.28 The foreign national coordinator (FNC), who was also the disability liaison officer, understood the needs of foreign national prisoners well. A foreign national clerk worked in the discipline office and provided appropriate support to the FNC.
- 4.29 The foreign national committee was chaired by a senior manager and was scheduled to meet quarterly, but had last met on 6 October 2009. Meetings were generally well attended. Prisoner representation was welcomed, but usually only one attended. Updates from the FNC and prisoner representatives often cited 'no concerns', which did not reflect the conclusions of the needs assessment, the views of Hibiscus or those of the women we spoke to. The action plan for foreign national prisoners was incorporated in the diversity and race equality action plan (DREAP) and was considered both at the foreign national committee meeting and bi-monthly by the DREAT. However, this did not incorporate all the actions from the 2009 needs assessment.
- 4.30 The welfare needs of foreign national women were competently addressed through Hibiscus, a charitable organisation. The Hibiscus contract had been extended and there was now provision for two full-time staff from Mondays to Fridays. The Hibiscus team members said they were sufficiently resourced and received appropriate support from staff and managers, and prisoners felt well supported by them. Hibiscus aimed to meet all newly received foreign national women on the first working day after their arrival. They held a fortnightly group session for all newly arrived women and a monthly meeting was open to all foreign national women and was well attended. There were no notes from these meetings, but Hibiscus staff attended the foreign national committee and DREAT meetings and fed back any areas of concern.
- 4.31 The UK Border Agency a service four days per week. An immigration officer from the criminal casework directorate attended for three days a week and a member of the local immigration team attended on the fourth day. The immigration officer held a surgery every Wednesday for newly arrived foreign national women where their individual circumstances were explored. The immigration officer, FNC and the foreign national clerk worked closely to ensure appropriate case management of individuals. Although the immigration officer had circulated among staff a brief explanation of immigration procedures, many women prisoners were anxious about their immigration status.
- 4.32 The Detention Advisory Service visited the prison monthly to provide accredited, independent immigration advice and Hibiscus also directed women to solicitors. There were eight foreign national liaison officers whose names, but not photographs, were widely displayed alongside the FNC. The names and photographs of the FRED prisoner representatives were also displayed, but not consistently across all units.



- 4.33 A concern shared by many foreign national women was the lack of information available in languages other than English. All units displayed a poster in about 20 languages stating that requests for translated information could be made through general application to the FNC, but no such requests had been made and there had been no exploration of the reasons why. The touch screen information service in the resettlement unit provided some basic information in eight languages other than English, but some of it was considerably out of date and it was considered too expensive to update. Staff were aware of interpreting services and there was an up-to-date list of staff and prisoners who could speak other languages. A professional telephone interpreting service was used, but staff tended to get by or use prisoner interpreters for some important and confidential procedures such as reception, first night interviews and some assessment, care in custody and teamwork reviews.
- 4.34 Maintaining contact with their families was a major issue for many foreign national women. Foreign nationals could spend an unlimited amount on international telephone cards from the prison shop, but were entitled to a free five-minute telephone call only if they had not had any visits. Prisoners could exchange unused visiting orders for £2.50 of telephone credit, but few staff or prisoners were aware of this.
- 4.35 Staff we spoke to admitted having limited understanding of the specific needs of foreign national prisoners. FRED folders were a valuable source of information, but staff preferred to refer women to the FNC, Hibiscus or the immigration officer when issues arose.

## Recommendations

---

- 4.36 Women who have finished their prison sentence should not be detained in Holloway.
- 4.37 The prison should provide basic information about Holloway and prison life in a range of languages other than English appropriate to the population.
- 4.38 Accredited interpreting services should be used wherever confidentiality or matters of factual accuracy are a factor.
- 4.39 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.
- 4.40 All staff should receive awareness training around the specific needs of foreign national prisoners and how to meet them.

## Housekeeping points

---

- 4.41 Foreign national committee meetings should take place as scheduled.
- 4.42 Photographs of officer and prisoner foreign national representatives should be displayed across all residential units and activity areas.
- 4.43 All prisoners and staff should be advised that prisoners can exchange each unused visiting order for £2.50 of telephone credit.

## Disability and older prisoners

---

- 4.44 The disability policy was out of date. There were inadequate systems for identifying and addressing the continuing needs of women with disabilities. Adaptations were insufficient. The lack of a recognised carer scheme contributed to wheelchair users not being able to access the full regime. Work for older prisoners was underdeveloped.
- 4.45 There was a policy that clearly outlined expected provision for women with disabilities, but it had not been reviewed for almost two years. There were no impact assessments related to women with disabilities.
- 4.46 The disability liaison officer (DLO) provided a report for the DREAT meeting, which was expected to be based on issues arising from the monthly disability committee meeting. However, there had only been one disability committee meeting in the previous year and there had been no prisoner representation. The meeting also had a joint remit of covering staff issues, which was inappropriate.
- 4.47 Women were asked on reception and at induction if they wanted to declare any disabilities, but this was in a public forum. However, the health care screening also identified women with disabilities and the information was passed to the DLO. Prison figures showed that 5% of prisoners were recorded as having a disability, compared to 21% in our survey. However, 74% of those in our survey who said they had a disability also said this related to mental health, which suggested that most women with a physical disability had been identified. Women with disabilities were seen by the DLO, but care plans were not drawn up and there was no regular follow up. Two women were wheelchair users and both complained that no one had been to see them since shortly after their arrival.
- 4.48 There were two cells referred to as 'adapted' on C3, but the adaptation amounted simply to handrails to assist wheelchair users. No adaptations had been made in response to the specific needs of individual women. One toilet hand rail was of no use to one woman as it was on the side of an injured arm. She had fallen out of her wheelchair trying to use it and had not been able to alert anybody because she could not reach the cell call bell. There was no recognised carer scheme and wheelchair users had not been able to access exercise and education as staff were particularly busy at these times. Personal evacuation plans had been raised for identified prisoners, but were not routinely reviewed and most staff were unaware of women requiring assistance in an emergency.
- 4.49 The prison defined an older prisoner as any woman over the age of 50, of which there were 28 at the time of the inspection. The older prisoner policy was 13 months old and due for review. The DLO took lead responsibility for work in this area, which was underdeveloped. There was no routine consultation with older prisoners other than an open invitation to the prisoner diversity forum, but older prisoners we spoke to did not know they could raise age-related issues at the forum or were reluctant to do so in public. There was no regular individual consultation about specific needs.

## Recommendations

---

- 4.50 The local disability policy should be reviewed at least annually.
- 4.51 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.

- 4.52 The disability committee should meet regularly, with prisoner representation, and focus on prisoner issues.
- 4.53 Women should not be asked to declare disabilities in public during the first night and induction processes.
- 4.54 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.
- 4.55 There should be a recognised carer scheme for women with disabilities.
- 4.56 Personal evacuation plans should be routinely reviewed and updated and all staff should be aware of women who would require assistance in an emergency.
- 4.57 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.

## Sexual orientation

---

- 4.58 Work to meet the specific needs of lesbian/gay or bisexual prisoners was in development.
- 4.59 In our survey, over 20% of women identified themselves as lesbian/gay or bisexual. They reported broadly similar experiences to heterosexual women, but were more likely to say they had been restrained or had a night in the segregation unit. Lesbian/gay or bisexual women we spoke to were positive about their treatment and said discrimination was not tolerated by staff or other prisoners. However, work in this area was underdeveloped. A formal policy was being developed, but there were no links with external agencies or support groups.

## Recommendation

---

- 4.60 A local policy on sexual orientation should be developed.



## Section 5: Health services

### Expected outcomes:

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

5.1 Health services were provided by a range of different agencies and were due to be re-commissioned. Women in our survey were not positive about the overall quality of health services, but some work was under way to deal with identified concerns, including complaints about nurse attitudes and delays with appointments. Staff shortages had put pressure on services and had affected the regular delivery of the full range of nurse-led clinics. A number of wing treatment rooms were not fit for purpose. Few external hospital appointments were cancelled. The dentist provided a good service, but waiting lists were too long. Medicines management was mostly good. Mental health services were wide ranging, but there were some gaps in primary mental health services. The providers worked well together but there was limited communication with officers, few of whom had attended recent mental health awareness training. The inpatient unit operated as a mental health assessment unit and there was no permanent provision for women with physical health problems. The unit had a reasonable regime and day care provision, but women elsewhere in the prison had restricted access.

### General

---

- 5.2 Primary care services were commissioned by NHS Islington (the PCT) and provided by Holloway staff under the direction of a head of health care and drug strategy from the Central and North West London NHS Foundation Trust (CNWL), who was a nurse. Secondary mental health services were provided by Camden and Islington Mental Health NHS Foundation Trust and forensic psychiatry by North London Forensic Services. Several other services were provided by voluntary organisations at no cost to the PCT. Governance arrangements for the voluntary providers were not subject to written agreements. There was a prison health care commissioning partnership board (partnership board) with representatives from the PCT and prison, which met quarterly. The last health needs analysis had been undertaken in 2008. A primary care strategy 2010-15 had recently been agreed by the partnership board. There were proposals to integrate services and put them out to tender in the near future.
- 5.3 A health intranet had recently been introduced. PCT clinical policies and procedures and National Institute for Health and Clinical Excellence (NICE)-related guidelines were included, as were the infection control policy and procedures, a policy for communicable diseases, a multi-agency information-sharing policy, records of meetings and management reports on complaints and untoward incidents. Several policies were over the review dates. The site was also used for staff consultation on service re-provision.
- 5.4 Seven primary care triage and treatment rooms were strategically located on the landings. Other than two that had recently been upgraded, they were dusty, grubby and in need of refurbishment. Primary care facilities and clinical environments were generally showing wear. The PCT had commissioned a series of infection control audits in the last year and there were action plans to address the required compliance measures. There were plans to open a new

primary care centre in the next two months and to rationalise and upgrade the other health care facilities.

- 5.5 There was no systematic health promotion. Fifteen per cent of women were under the age of 21 years, yet none of the health-related materials on display were particularly age appropriate or gender specific, other than in the sexual health clinic. We saw no health promotion materials in languages other than English. Health care staff said they used professional telephone interpreting services to assist patients when required and relevant telephone numbers were prominently displayed in health care facilities.
- 5.6 Our survey showed that 32% of women, lower than the comparator and than at the last inspection, were satisfied with the quality of health care. Prisoners we spoke to were dissatisfied with staff attitudes and the prison's complaints records showed that a third of complaints were about staff attitude. The interactions we observed between prisoners and health care staff appeared appropriate. We were told that the primary care services manager was providing customer care training followed by monitoring and performance management of individual staff whose attitudes had presented challenges.
- 5.7 A lead nurse for the care of older women had recently taken the role, although the service was underdeveloped.
- 5.8 In our survey, only 35% of prisoners, against a comparator of 50%, said they had received information about health care when they arrived at the prison. A printed health care guide was available, but not consistently distributed.

## Recommendations

---

- 5.9 Governance arrangements for voluntary agencies should be subject to written agreements.
- 5.10 A health needs analysis should take place as a matter of priority.
- 5.11 Landing treatment rooms should be made fit for purpose.
- 5.12 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.

## Housekeeping points

---

- 5.13 Health care policies should be reviewed in line with their review date.
- 5.14 Prisoners should be given information about prison health services on arrival.

## Clinical governance

---

- 5.15 The clinical governance committee met every two months and there were sub-groups for primary care, mental health and substance misuse, which met regularly.
- 5.16 Primary care staffing levels appeared adequate and included a small administrative team. However, there were four vacancies out of 15 whole time equivalent (WTE) registered nurses and only one permanent GP. We were told that security clearance for newly appointed

members of staff was taking up to six months and that some staff who had been appointed had been lost to other employers because of the delay. Health care vacancies were covered by agency staff, but the number of vacancies was affecting the routine delivery of some clinics, which had become ad hoc leading to inequalities in accessing services.

- 5.17 All staff had been offered access to clinical supervision, but not all primary care staff had taken advantage of this. Staff training records were available and staff were up to date with mandatory requirements. Staff frequently commented about increased opportunities for training in the last year.
- 5.18 Emergency resuscitation equipment, including a defibrillator, was kept in a number of appropriate locations throughout the prison and included paediatric equipment on the mother and baby unit. The equipment was regularly checked. There were two emergency childbirth kits, one in the midwives' room on the unit where pregnant women tended to be located and the other on the mother and baby unit. The kits were checked regularly by the visiting midwives. The emergency resuscitation equipment in the dental surgery was not stored in a similar way to elsewhere in the prison and was not maintained, incomplete and not regularly checked.
- 5.19 Occupational therapy equipment was available through local NHS services.
- 5.20 Health records were created, stored and retrieved electronically using the Egton Medical Information System (EMIS). The clinical records we reviewed were well documented, although there was not always a care plan. Old paper records were stored in locked cabinets in locked rooms with restricted access. These systems were Data Protection Act and Caldicott compliant. There were no clinical audits of treatment approaches, although we saw several being commissioned by the lead doctor.
- 5.21 There was a general absence of prisoner representation in health care other than in the substance use services. Prisoners' complaints were dealt with through the prison complaints system. Complaints about health care were investigated by the head of primary care and detailed aggregated complaints data were tabled at clinical governance meetings. Prisoners we spoke to expressed confidence in the system. The PCT patient advice and liaison services (PALS) system had been introduced, but was not functioning despite PALS leaflets being available on some landings.

## Recommendations

---

- 5.22 **The Prison Service should ensure faster security clearance of healthcare staff so that prisoner care is not compromised.**
- 5.23 **All health services staff should attend regular clinical supervision.**
- 5.24 **All resuscitation equipment should be regularly checked and maintained.**
- 5.25 **Access to the NHS PALS system should be freely available to all prisoners.**

## Primary care

---

- 5.26 There was one health interview room in reception with two interview desks and an adjoining treatment room. The facilities were grubby and poorly furnished and the interview room had damp around the window. Confidentiality was not possible when two interviews were taking

place at the same time. There was no separate sluice area for urinalysis and we saw one prisoner being told how to use urine sample equipment in front of another prisoner, which did not preserve her privacy or dignity. There were plans to re-provide reception health facilities and staff had been consulted on the proposals.

- 5.27 A prison advice and care trust (PACT) worker saw each new arrival before health staff and asked questions about health care, but this information was not passed to health staff. Health staff took personal details from all prisoners, sought written consent to obtain previous health records from GPs, took vital signs and then undertook urinalysis for a range of purposes, including testing for pregnancy (see section on first days in custody).
- 5.28 A nurse followed by a doctor continued with two further stages of the reception health screening process on the first night unit. Some prisoners took up to three hours to reach the stage of seeing the doctor, which was the first opportunity to offer medication for the relief of pain or other problems. The nurse or doctor made urgent referrals to other health care professionals if required using the EMIS system. Prisoners requiring detoxification were transferred to the substance misuse treatment unit the same night. There was no health care input directly into the induction programme, although leaflets on in-possession medication and a health appointments form were included in a pack of photocopied papers given out. Staff said the printed guide to health care was available at induction, but none of the prisoners on the induction unit had one.
- 5.29 Women prisoners could request to see a nurse or doctor and were directed to the triage clinics held daily on each landing. They could also make written applications to see a health professional, but application forms were not readily available on all wings. Prisoners we spoke to lacked confidence in the appointment system. The triage nurse saw prisoners and offered advice, treatment or referral. Registered nurses provided a 24-hour service and out-of-hours medical cover was provided by Camidoc, a local GP service. Generally, staff were satisfied with out-of-hours arrangements, although the Camidoc policy not to prescribe opiate substitutes was not conducive to good patient care.
- 5.30 Services for high risk groups other than those related to substance use or sexual health were not advertised throughout the prison. Specialist clinics were run by sexual health specialists who provided access to barrier protection and a blood-borne viruses service, including a rolling programme of Hepatitis B and other vaccinations with follow-up of non-attendees if required. The availability of barrier protection was not well advertised. An osteopath provided two sessions a week. Smoking cessation had become an ad hoc activity despite staff believing there to be a high demand for it. A mobile mammography service visited annually.
- 5.31 Although a third of complaints were about limited access to doctors, clinics and doctor's surgery bookings were reasonably organised, including follow-up of non-attendees. After triage by a nurse, a prisoner could see a doctor for urgent consultation within 48 hours and within two weeks for non-urgent reasons. Women could request to see a female GP. A new internal appointments system was to be introduced the week after the inspection in response to complaints. Prisoners and health care staff expressed frustration with the organisation of prisoner movements around the prison, which was said to result in a significant number of missed clinic appointments. None of the prisoners we spoke to complained of excessive waiting times once they had arrived for an appointment.
- 5.32 Pregnant women had good access to ante-natal and post-natal services. Midwives attended three times a week and women could see them as often as they wanted. Women attended the local maternity unit for dating scans and to give birth, and each had a birthing plan and access to birth companions if required. There were arrangements to hand over care of anyone



released before she gave birth to maternity services in her area. An obstetrics consultant attended the prison every eight weeks. The clinical room used by the midwives was fit for purpose, but they also used another room containing an old ultrasound scanner and cardiocograph (CTG) machine. The room doubled as a store cupboard, was not clean and was an inappropriate environment. Neither piece of equipment had an up-to-date service certificate to confirm it was safe and accurate to use.

- 5.33 Several primary care nurses had lead roles for life-long disease management and were at various stages of training to offer services to prisoners, particularly those with asthma, diabetes and heart disease. Registers of prisoners with life-long conditions were located on EMIS, as were treatment instructions based on NICE guidance. Primary care staff regularly undertook duties on the landings and we saw prisoners with life-long conditions receiving help and advice.

## Recommendations

---

- 5.34 Reception health facilities should be fit for purpose and provide appropriate confidentiality.
- 5.35 The initial and secondary health screening should not be combined.
- 5.36 Movements should be arranged to ensure that women prisoners can keep health services appointments.
- 5.37 Clinical equipment should be regularly serviced, fit for purpose and used in appropriate surroundings.

## Housekeeping points

---

- 5.38 Prisoners should receive an introduction to health services during induction.
- 5.39 The availability of services for high risk groups should be advertised throughout the prison.
- 5.40 The availability of barrier protection should be advertised throughout the prison.

## Pharmacy

---

- 5.41 The pharmacy was generally kept in good order, but was in need of refurbishment. Pharmacy services were provided in-house and the level of staffing was appropriate. There were plans to recruit two further technicians to supply and administer medications. Prisoners could not routinely see a pharmacist and there were no pharmacist-led clinics.
- 5.42 Thermolabile products were stored in appropriate conditions. The maximum and minimum temperatures of fridges were recorded daily and were within the required range. Pharmacy stock storage facilities were good and controlled drugs were stored in line with the safe custody regulations. Stock in the dispensary and the treatment rooms was regularly date checked, although these checks were not documented.
- 5.43 Administration of supervised medication was by nursing staff four times a day from the treatment rooms on the landings. Methadone was administered from several treatment rooms, but there were plans to limit this to two locations. Prisoners could get medication out of hours.

- 5.44 In-possession medication was supplied for three days, weekly or monthly and our survey showed that 49% of prisoners, against a comparator of 37%, held some medication in-possession. A comprehensive in-possession risk assessment was regularly reviewed. Patient information leaflets were supplied where possible and could be requested. A limited list of medication was available to supply on special sick, including basic analgesia, although all doses were administered as prisoners could not have such supplies in possession. There were a minimal number of patient group directions and a very basic range of over-the-counter remedies available from the canteen list. Those with in-possession medication could take their supply with them if attending court, being discharged or transferred. Prisoners who did not have their medications in possession were given an adequate supply if sufficient notice of any movements was received by the pharmacy. A dose of methadone was routinely given to those on maintenance programmes before discharge and arrangements made for its continuation on release.
- 5.45 A medicines and therapeutics committee met once every two months. Meetings were minuted and had appropriate representation. There was a wide range of written policies, although it was not documented when the relevant staff had read, adopted and signed them. There was a prison formulary to assist with prescribing. There appeared to a high level of use of some drugs liable to abuse or diversion.
- 5.46 Patient medication records were kept on the pharmacy computer. Supplies made from stock held in the treatment rooms were not recorded other than on the prescription and administration sheets (HR013 forms), so the use of stock could not easily be audited. Regular balance checks of controlled drugs were done, although this was not always clearly documented. Prescriptions were recorded on EMIS. Controlled drug prescriptions for methadone were handwritten on specific forms. Administered medications given by nurses were recorded on the HR013 forms. There were some gaps or omissions that indicated that missed doses of regular medication such as antibiotics and anti-psychotics were not always followed up.

## Recommendations

---

- 5.47 The pharmacy should be refurbished.
- 5.48 Prisoners should have direct access to appropriately trained pharmacy staff.
- 5.49 The use of patient group directions should be extended to allow supply of more potent medicines by nurses where appropriate.
- 5.50 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.
- 5.51 Prescribing data should be used to demonstrate value for money, audit drugs liable to abuse or diversion and promote effective medicines management.
- 5.52 Full and complete records of administered medicines should be made and issues relating to drug omissions or compliance should be appropriately followed up.

## Housekeeping points

---

- 5.53 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued.
- 5.54 All pharmacy procedures and policies should be signed by the relevant staff to show they have agreed to adopt them.
- 5.55 Medicines management checks done by the pharmacy technicians in the treatment rooms should be documented.

## Dentistry

---

- 5.56 The two dental surgeries were in the out-patient area and housed in a single room with a central partition. They were well ventilated and bright, with a satisfactory adjacent waiting room. The dentist worked in one surgery, which was cramped, but adequately equipped. The second surgery was no longer functional. The equipment was maintained by the PCT. The dental surgery flooring was not sealed at the edges. The compressor was inappropriately housed near the suction unit in an internal room off the dental surgery. There was no recent documentation relating to compressor and autoclave maintenance and no schemes of maintenance for these pressure vessels. Servicing of the x-ray machine was in date, although pertinent documentation was incomplete. There was no x-ray viewer.
- 5.57 A detailed infection control audit had been provided by the PCT in September 2009 with recommended actions for compliance with up-to-date Department of Health Infection Prevention Society guidance (HTM01-05). The audit indicated a requirement for corrective actions, including the supply of several pieces of equipment. Clinical waste was stored and collected under the health care contract in accordance with guidelines. Hazardous waste was not collected and was stored in appropriate containers brought from other clinics by the dental staff. There was no container for storage of extracted teeth containing amalgam. Control of substances hazardous to health (COSHH) risk assessments and several of the required and recommended written policies relating to the practice of dentistry were not available in the surgery.
- 5.58 The dentist and dental surgery assistant, both employed by Islington PCT, worked two sessions a week on a temporary basis. There was currently no cover for the dentist's sick leave or annual leave. The dental service provision had recently been put out to tender and a new service provider was due to take over later in 2010.
- 5.59 Applications to see the dentist were logged on EMIS. There was no dental triage other than separation into 'urgent' or 'routine' by the wing nurses. Prisoners deemed urgent received palliative treatment from the prison doctor and/or were seen at the next dental session. Others were allocated routine appointments. There were 26 women on the dental waiting list, the longest for eight to 10 weeks. A full range of NHS treatments was provided. Courses of treatment were completed efficiently. The treatment observed was very good and patients were treated with care and courtesy. Treatment planning was sound and well documented. However, personal dental treatment plan forms (FP17DC) as required by general dental services regulations 2005 were not in use. All prisoners for the session were brought at the beginning of the session, resulting in long waits.

- 5.60 Oral health education was delivered at the chair side and oral health promotion literature was available. Toothbrushes and toothpaste of satisfactory quality were issued on admission and were available to buy from the shop.

## Recommendations

---

- 5.61 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.
- 5.62 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.
- 5.63 There should be dental triaging by a trained person.
- 5.64 An additional dentist or therapist session should be provided to reduce waiting times for routine treatment.

## Housekeeping points

---

- 5.65 An x-ray viewer should be provided in the dental surgery.
- 5.66 The dental surgery flooring should be sealed at the edges.
- 5.67 Hazardous waste should be collected and waste disposal contracts should be available.
- 5.68 There should be a receptacle in the dental surgery for storage of extracted teeth containing amalgam.
- 5.69 Relevant documentation relating to the practice of dentistry should be available and complete.
- 5.70 There should be cover for the dentist's annual and sick leave.
- 5.71 Personal dental treatment plan forms (FP17DC) should be used.
- 5.72 Women prisoners should be escorted to the dental clinic in accordance with their appointment time.

## Inpatient care

---

- 5.73 The inpatient unit had been relocated to a pleasant, light and airy unit of 28 beds. Only 25 were on the certified normal allocation, but the operational capacity was 17. These were in regular use as a mental health assessment unit. The remainder were in effect closed, but had been used to isolate patients during recent outbreaks of swine flu.
- 5.74 Women on the unit had a relaxed regime and access to a mental health day care centre and a pleasant garden area, but some had been there for many months and found the routines tedious. The day centre provided a range of activities such as art, pottery, sewing and cooking. It was spacious, with a separate room with a sprung floor for dance and exercise classes. It

was primarily for women on the inpatient unit and could take only five women from the rest of the prison, which did not fully utilise this useful resource.

- 5.75 The mental health assessment unit was well staffed by prison officers and nurses, who had an impressive in-depth knowledge of their patients. There was a weekly multidisciplinary ward round chaired by the lead nurse and attended by the unit's consultant psychiatrist. Women were admitted to the unit following assessment by the mental health team and were then fully assessed. They were discharged back to normal location only when there was a clear plan in place for their care. The plan could include a phased return such as a woman attending education only while still residing on the unit until she gained confidence. Staff sent both the primary care nurse and officers on the relevant landing a discharge summary when the woman eventually returned to normal location. Three women were awaiting transfer to secure NHS mental health beds.

## Recommendations

---

- 5.76 Day services should be available for all prisoners who need additional therapeutic support for emotional, behavioural and mental health problems.
- 5.77 Suitable in-patient facilities should be provided for women with physical health needs who require this level of medical care.

## Secondary care

---

- 5.78 There was an efficient system for booking hospital appointments and good coordination with the security and detail teams so that only four external appointments had been cancelled in the previous year due to congestion over escorts. The clinical necessity for external escorts and bed watches had been the subject of sustained scrutiny in the last year, which had reduced the level of external hospital activity and associated costs. Medical holds were used appropriately to ensure that prisoners received appropriate and timely secondary care.

## Mental health

---

- 5.79 In our survey, 47% of women, similar to other local women's prisons, said they had emotional well being/mental health issues, but of these, 21%, significantly worse than the comparator, said they were not receiving any help. In the previous 12 months, only 49 discipline staff had received mental health awareness training. Mental health services were provided by a multiplicity of agencies, not all of which were commissioned by NHS Islington.
- 5.80 Primary mental health services were provided by Forensic Therapies Ltd, a not-for-profit organisation that provided offence-focused psychotherapy and counselling on weekdays. They received referrals from a variety of sources, including self-referrals. There were about 15 referrals a week and those deemed urgent were seen within 48 hours. Each therapist was expected to give the organisation a commitment of at least two years. They saw four women a week, some as a once only referral and others as longer-term clients who were reviewed every 12 weeks. The team was still being recruited and there were only five therapists against an establishment of 10 and a waiting list of 53 women.
- 5.81 Forensic Therapies Ltd also provided the Holloway skills and therapies (HoST) programme. This was one of 12 national pilots and was due for evaluation within the next 18 months. It provided modified dialectic behaviour therapy for women with borderline personality disorder.

Three eight-week modules were run on a rolling programme with up to 10 women on each module. They had two group sessions a week and one session of one-to-one therapy. Each woman was assessed for her suitability for the programme and the referrer was sent a report on the outcome of the initial assessment. The therapists had all undergone specific training to provide the course and supervised each other at structured team meetings. One group about to graduate said they had benefited from the programme and gave examples of how their behaviour and outlook had altered as a result.

- 5.82** Women who had specific issues over loss of a child, either through miscarriage, abortion, still birth or adoption, could be seen by Care Confidential, a self-funded voluntary organisation that had directly approached the health services department to provide services at Holloway. They received referrals from a variety of sources, including other agencies such as the CARAT service and Adfam, as well as the midwives. Twenty-five per cent of all their referrals were for unplanned pregnancies. They helped the women to make decisions about their future, but were also able to offer a 10-step programme of structured support on a one-to-one basis. They had seen 81 clients in the previous financial year. They had to see clients on the landings, often in unsuitable surroundings, and we were told of several occasions when their client had agreed to meet with them in a cupboard rather than miss the appointment. They recorded brief interventions on EMIS, but also kept their own more detailed records. The Post-Adoption Centre, a third sector agency, also provided a counsellor every fortnight for women who had lost their babies through forced separation.
- 5.83** Secondary mental health services were provided by Camden and Islington NHS Foundation Trust, which was responsible for the community mental health team (CMHT), including two sessions a week of a consultant psychiatrist, a part-time counselling psychologist and a 'women in prison' link worker. Referrals were usually from local CMHTs, health staff in reception or staff on the drug stabilisation unit. Urgent referrals were seen the same day. Other referrals were discussed at a weekly meeting. The team had about 70 women on its caseload, 10 of whom had been referred in the previous week. Twenty-one were on enhanced care programme approach (CPA), with two awaiting secure mental health beds. Team members saw clients individually and implemented CPA if required. They recorded their clinical interactions on EMIS as well as maintaining their own records, and provided written information to prison staff with the patient's permission. They worked closely with staff on the segregation unit and with staff from North London Forensic Services who provided tertiary services. The Central and North West London NHS Foundation Trust provided the mental health (inpatient) assessment unit (C1) and the Tillson Day Centre.
- 5.84** Holloway also had the services of a psychotherapist directly employed by the prison to provide four sessions a week. She also had a team of psychotherapists in training, but they were all volunteers and did not even have honorary contracts. There were no governance arrangements for the service. Each was expected to take on two patients and attend the prison at least one day a week. The lead psychotherapist assessed all referrals before allocating them to one of her team. Referrals were from one of the other mental health providers. Women could wait up to a month to be seen for assessment. If they were then deemed suitable for longer-term therapy, there was no limit on the time for which they could be seen. Therapists used EMIS to record brief interventions, but also kept their own detailed notes that they took with them rather than storing them on site.
- 5.85** Waits for transfer to secure mental health beds were on average six weeks from the first assessment. However, there were often waits of up to six weeks from referral to assessment, which added further delay to the transfer process.

## Recommendations

---

- 5.86 More prison officers should have the appropriate training to recognise and take appropriate action when a woman prisoner may have mental health problems.
- 5.87 All primary mental health and counselling services should be commissioned and funded by NHS Islington.
- 5.88 Waiting times for women with primary mental health needs to see a therapist should be reduced significantly.
- 5.89 Appropriate private consulting rooms should be provided for Care Confidential to see clients.
- 5.90 Appropriate clinical governance arrangements should be developed for the psychotherapy service.
- 5.91 All clinical records should be stored in line with the Data Protection Act and Caldicott principles.
- 5.92 All women requiring assessment by specialist mental health services should be seen within seven days and transferred expeditiously if clinically indicated.





# Section 6: Activities

## Learning and skills and work activities

---

### Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

6.1 The prison had enough purposeful activity but about 30% were locked in their cells during activity periods. The leadership and management of learning and skills were satisfactory. Data were collected, but insufficiently used to measure participation and achievements and target improvement. Induction and initial assessment of literacy, numeracy and language support needs were satisfactory. Many education classes were full, but attendance at less popular classes was sometimes poor and badly organised movements led to many late arrivals. Vocational training provision had improved, but there was scope to develop this more. Links between individual learning plans and sentence plans were adequate, although learning plans were often weak. Achievement of qualifications was satisfactory for those who remained in the prison long enough to complete their learning goals. The quality of education and training provision was generally satisfactory. The library was a satisfactory resource, but access was limited.

### Leadership and management

---

- 6.2 The management of learning and skills was satisfactory. Senior managers were committed to developing and improving provision and offering education to all women. Good links with the offender learning and skills service (OLASS) contractor and other funded partners ensured that the prison offered a broad and relevant curriculum, including sex and relationships, baby nutrition and a good range of personal and social development programmes. There were some good and well managed areas of provision, such as vocational training programmes, and practical sessions such as cookery, hairdressing and pottery. The art classes had stopped due to staff shortages. Around 20 prisoners were involved in Open University courses and distance learning and several women had been released on temporary licence in the previous 12 months for work experience and training in the community.
- 6.3 Although the vocational training provision had significantly improved, not enough was done fully to implement accredited qualifications in some areas such as painting and decorating and gardening. Attendance was poor in some education classes, often below 60%, although the popular practical sessions were usually full to capacity. Movement to education and training was disorganised and prisoners often arrived 45 minutes late. The prison had begun to look at ways of recognising and recording non-accredited learning through their 'betterment scheme', but this had not yet been implemented.
- 6.4 The quality improvement group was working well and the self-assessment process was satisfactory, but was not yet sufficiently developed to measure performance effectively and drive forward improvements. The education OLASS provider had taken over the contract in November 2009 and areas such as staff development and appraisal and the observation of

teaching and learning had been allowed to slip past target dates and had not yet taken place. Much data about learners were now collected, but its use to monitor provision and inform improvements was still underdeveloped.

- 6.5 Equality and diversity were sufficiently promoted at induction and during learning sessions, but support for those with language difficulties was insufficient. Tutors challenged inappropriate behaviour and language in learning and training sessions. There was satisfactory initial assessment of literacy and numeracy support needs. Staff from the information, advice and guidance service (CIAS), managed by Prospects, worked effectively to support learners through the induction process. Some learners with ESOL needs were placed in education classes while they waited for ESOL inductions. Many education staff had received equality and diversity training in the last year. Access to education was good for most prisoners and outreach work on the units to promote participation in education was well managed. Some areas, such as textile sessions, were inaccessible for prisoners with mobility difficulties. In our survey, 62% of women, significantly more than the comparator, said they were currently involved in education. However, data on participation in education and skills showed that around 20% of prisoners participated in formal education classes. There was no analysis of young adult and adult prisoners taking part to ensure equality of access. Not enough use was made of the available data to analyse the performance of different groups. During the inspection, 30% were locked in cells during activity periods.

## Induction

---

- 6.6 All prisoners received a three-week induction to education, which included a screening of literacy and numeracy levels, and a programme of taster sessions to help women identify learning opportunities. At the start of the period, women were given a full education timetable, which was reviewed at the end of each week and changed if necessary. The programme was supported by CIAS staff, who helped prisoners develop an individual learning programme, which in some cases then contributed to sentence plans. Formal assessment of ESOL needs and diagnostics assessment of literacy and numeracy support needs were carried out during the three weeks. Not all information about support needs was passed on to training staff.

## Work

---

- 6.7 The prison provided enough reasonable quality work opportunities for most women. There was about 300 work places, excluding 100 full-time places in education sessions. On average, about 24% of women were identified and paid as unemployed. Fifty prisoners were waiting for security clearance to be allocated to work. About 60 places were available as housekeepers or cleaners and there were up to 20 places for work in the kitchens. Some of the work provided good employment-related opportunities for women, including NVQs in catering, industrial cleaning, hairdressing, painting and decorating, although not all areas provided accredited training. Some prisoners were used to support the induction process. While prisoners developed good interpersonal skills and self-confidence, much of this was not recognised or recorded. Problems with movements meant punctuality for work was poor, with prisoners arriving up to 45 minutes late, but the work ethic was good and most prisoners were motivated and keen to participate.
- 6.8 There were extensive waiting lists as each prisoner could put herself forward for any job. Work areas were responsible for recruiting from the waiting lists and there were no monitoring to ensure fairness. Rates of pay varied. Women in education were paid the lowest rate of £7.90, with bonuses of £2 for achievement of accredited qualifications. These were difficult to achieve

for many women who were not at the prison long. A few women attended work experience in the community through release on temporary licence.

## Vocational training

---

- 6.9 There were about 60 vocational training places available. Aspects of vocational training had significantly improved, including the range of provision and more qualifications linked to prison work. However, some programmes remained underdeveloped in terms of the amount of vocational training offered and achievement rates. Accredited training ranged from entry level 3 to level 2 and was offered in horticulture, information technology, catering, customer service, painting skills and cleaning. Physical education staff also delivered some good and relevant vocational qualifications (see section on physical education and health promotion). Most prisoners who remained on programmes achieved the qualification. Pass rates for customer service were high, but in catering were low. The catering training had recently started and three women had achieved an NVQ level 2, but accredited training was available only to those working in the kitchens. Women involved in training made good progress and developed vocational skills to support future employment opportunities. Women employed as orderlies in the library followed customer service awards.
- 6.10 Prisoners received good individual coaching in training sessions. Prisoners quickly got on with tasks set and developed a work ethic, but there was insufficient planning to meet individual learners' needs. Trainers had insufficient information about learners' vocational skills, literacy, numeracy support needs and personal learner information to plan effective training sessions. Vocational training accommodation and resources were satisfactory, with enough computers for the courses offered. Individual learning plans were insufficiently developed. The setting of targets was not specific and clear and did not always reflect what prisoners needed to do. Staffing arrangements for hairdressing resulted in too many training sessions being cancelled and women were often unable to complete their training in a reasonable timescale. Staffing arrangements for laundry training prevented women from gaining accredited training.

## Education

---

- 6.11 Kensington and Chelsea College managed the OLASS contract. There were approximately 100 full-time places in formal education sessions and another 24 on distance learning and higher level courses. The range of education was broad and offered progression opportunities from entry level up to graduate study. Learning sessions were delivered in the education department, by distance learning and through a tutor visiting women in their cells. Accredited outcomes were satisfactory, with most prisoners who stayed on their courses achieving a qualification. The standard of work was good and samples of textiles, art and crafts were well presented in classrooms and corridors. Success was celebrated, with some learners achieving externally recognised high profile awards.
- 6.12 Prisoners made a useful contribution to shaping the education provision by regularly evaluating their learning through questionnaires and discussions at the student forum. Health and well being were promoted through some personal development and social integration courses, such as sex and relationships. Women were positive about their involvement in education in the prison, although relatively few in our survey believed it would help them on release.
- 6.13 The standards of work in learning sessions were good and learners were keen to acquire new skills. Prisoners' work reflected their diverse cultural backgrounds well. They gained in confidence and made good progress. Attendance was low in theory sessions (see section on

leadership and management), but better in practical sessions such as cookery and pottery and in many cases classes were full.

- 6.14 Teaching and learning were broadly satisfactory with many good features. Many lessons were well planned with individual support provided by tutors. Inappropriate behaviour was managed well. Women were engaged and interested in their subjects, making a good contribution to discussions and working collaboratively. Assessment processes were satisfactory. In the weaker lessons, planning for learning was poor, with no records made of differentiated activities to meet individual additional learning needs and in these cases women were often disengaged.
- 6.15 The range of subjects offered, both full and part time, was good. Subjects included academic and practical skills development, from entry to higher level qualifications provided through distance learning. Partnerships with external organisations supported learning opportunities well, including the partnership with the local authority to provide a 'baby bounce' session in the library. There was not enough education provision during the evenings or at weekends to support prisoners working full time.
- 6.16 Information, advice and guidance was generally effective. However, initial assessments of literacy and numeracy were not always completed. Assessments that were completed were used to inform the development of an individual learning plan. The tutor advised on progression routes and career opportunities during its completion. However, individual learning plans did not always inform lesson planning or plans for learners' support needs. The process for recognising and recording progress and achievement was not routinely used to acknowledge achievements in non-accredited learning (see section on leadership and management).

## Library

---

- 6.17 The library service was contracted to Islington City Council. The service was managed by a part-time library manager and two part-time assistants. The library was in the education block and close to classrooms. A trolley service to areas where prisoners could not get to the main library was run on a Monday morning. Good use was made of prisoners as library orderlies and some were undertaking a nationally accredited customer service qualification. Library opening hours were published around the prison, but a visit to the library was not included in the prison induction. The library was not open in the evenings or at weekends. Although all women were allocated a 20-minute session in the library, this was dependent on prison officer escorts. Prisoners working full time had only limited access to the library. The library collected data about issues and loans, but was unaware of how many prisoners visited the library. Fewer women than the comparator in our survey said they went to the library once a week, but this was an improvement on the previous inspection.
- 6.18 The library was small and cramped. It was equipped with three computers and a small working area. There was little private study room and prisoners wanting to watch DVDs in the library often distracted other prisoners reading and browsing stock. Office space for library staff was also limited and there was no access to the Prison Service intranet or the internet to provide updated Prison Service Orders and legal reference and other material. The library hosted initiatives such as 'baby bounce', but this severely restricted access to about six half days a week.
- 6.19 There were approximately 6,000 books and stock loss was reasonable. Efforts were made to obtain magazines, journals and newspapers for foreign national prisoners and there was an

adequate supply of reading in about 37 languages. Easy reading material was readily available and some resources to support vocational training and personal development.

## Recommendations

---

- 6.20 Accredited vocational training provision should be fully implemented as planned.
- 6.21 Arrangements to recognise and record non-accredited learning should be introduced.
- 6.22 Quality improvement measures such as observation of teaching and learning should be fully implemented.
- 6.23 The use of data to analyse performance and participation of different groups in education and skills should be improved.
- 6.24 Security clearance arrangements should be improved to enable women to be allocated to work more quickly.
- 6.25 Allocation to activities should be improved and monitored to ensure fairness and equality.
- 6.26 Pay rates should be revised to ensure that women are not disadvantaged by undertaking education programmes.
- 6.27 Training should be better planned to ensure that all prisoners' learning and support needs are identified and recorded on learning and sentence plans.
- 6.28 Staffing arrangements for hairdressing and laundry training should be resolved to enable training to take place and prisoners to gain qualifications.
- 6.29 Planning and recording of differentiated learning activities to meet the specific needs of learners should be improved.
- 6.30 Evening or weekend classes should be provided for learners who work full time.
- 6.31 The library should be open during the evenings and at weekends.
- 6.32 The librarian should have access to the internet and Prison Service intranet to provide up-to-date reference material.

## Housekeeping points

---

- 6.33 A visit to the library should be included in the prison induction.
- 6.34 The library should record usage to monitor equality of access.

## Physical education and health promotion

---

### Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 6.35 The PE department was well managed with sufficient staff. Health promotion was well established through regular induction sessions. Facilities were good and included a swimming pool. The gym provided recreational PE and vocational training. All activities were well promoted across the prison.
- 6.36 All new arrivals completed a PE induction. The PE induction handbook was explained to all prisoners, who had a clear understanding of the rules and regulations. Prison staff ensured that women prisoners' abilities were assessed, which informed the selection of appropriate fitness and sports, although not all had individual exercise programmes. Women could request exercise plans to support personal goals such as weight loss.
- 6.37 The PE programme had recently been increased and offered a broad range of varied fitness and sport opportunities, including opportunities to use the pool and PE facilities, and the schedule of gym, fitness and pool opening times was well advertised. Five cardiovascular exercise sessions were available throughout the week and two sessions for the mother and baby group. The department provided recreational sessions, sports and circuit clubs and a range of competitions over the week. Access was available for remedial prisoners outside the normal PE schedule every weekday and included light exercise and swimming. In our survey, 37% of women, similar to the comparator, said they used the gym on average at least twice a week, but the PE department did not record which prisoners attended.
- 6.38 PE facilities were good. Gym facilities included a broad range of fitness equipment. Gym kit was issued at the start of each session and laundered regularly. Shower facilities were well maintained. Prison officers maintained an appropriate supervisory presence during changing times. Any incidents were recorded.
- 6.39 Prisoners could also complete a range of vocational training, including in community sports and weight lifting leaders award, pool lifeguard, first aid and heartstart. Achievement rates on vocational PE short courses were high.

### Recommendation

---

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

## Time out of cell

---

### Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 6.41 Although women did not have 10 hours unlocked each day, time out of cell was reasonably good. The published regime was not consistently adhered to and exercise periods were often curtailed.
- 6.42 The published regime allowed prisoners in full-time activities a maximum of nine hours five minutes unlocked Monday to Thursday and less than eight hours on Friday. Those not attending activities, but participating in exercise and association daily, could be out of their rooms for six hours 45 minutes on most weekdays, but less on Friday. Approximately a quarter of women were classified and paid as unemployed. At 10.30am on one day of the inspection 30% were locked in their rooms, not including those on the stabilisation or mental health assessment units. Almost 200 women were involved in activities off the wing. The published regime at weekends allowed for six hours 45 minutes of association each day.
- 6.43 The core day was displayed on unit notice boards, but prisoners were not always unlocked at the advertised times. This was a particular problem when women were unlocked late in the morning as there was little time between the unlock at 8.15am and main movement to activities at 8.45am for women to have breakfast, submit applications and attend for medication. There were frequent interruptions to the regime, often due to problems reconciling the roll. This often took 30 minutes to complete and sometimes up to one hour. On one morning of the inspection, the regime was disrupted for most of the morning to account for an apparently missing prisoner who was in fact working in reception, and we were aware of other occasions when this had happened. We observed several late movements to activities. Some prisoners complained that they were locked up early, particularly at weekends, and some had made formal complaints about this.
- 6.44 According to the published regime women returned to units from activities between 11.20am and 11.30am and exercise was scheduled for 30 minutes at 11.30am. It frequently started late and we saw it delayed by up to 10 minutes. A log in the control room indicated that exercise was frequently for as little as 20 minutes a day. There were plans to offer evening exercise from May 2010, but staff said anyone not taking this would lose an hour of association.
- 6.45 The exercise areas were generally a good size, with benches and well maintained flowerbeds. The garden for prisoners on the mental health assessment unit was particularly impressive. Exercise and association were rarely cancelled, but exercise was cancelled in poor weather as no outdoor clothing was provided.
- 6.46 Evening association was programmed for two hours each evening and over three hours on Friday afternoon. In our survey, 50% of women, similar to the comparator but better than at the last inspection, said they went on association more than five times a week. The association facilities varied (see section on accommodation and facilities).

## Recommendations

---

- 6.47 The number of women locked in their rooms during activity periods should be reduced significantly.
- 6.48 The published regime should be adhered to consistently.
- 6.49 All women prisoners should have the opportunity for at least one hour of exercise in the open air every day.

## Housekeeping point

---

- 6.50 Weatherproof clothing should be provided to allow women time in the open air in poor weather conditions.



# Section 7: Good order

## Security and rules

---

### Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

7.1 Physical and dynamic security were sound. Security arrangements were generally proportionate, but movement to and from activities was not well enough supervised. Rules were not sufficiently explained to women or displayed and were inconsistently applied by staff, often for very minor incidents.

### Security

---

- 7.2 Physical security was sound, as was dynamic security. Security information report (SIR) submissions averaged 310 a month over the previous six months. Those we looked at indicated good quality submissions based on sound observations by staff. The security committee met monthly, with good attendance from all relevant functions. A report was provided by the intelligence analyst and was based on a comprehensive range of data. Intelligence assessments were reviewed monthly and action points were taken forward until completed.
- 7.3 Security arrangements were largely proportionate, with two exceptions. The first was the routine cuffing of women on and off escort vehicles, which was unnecessary given the secure nature of the area. The second involved the main movement to and from the units and activities. Stairwells were not sufficiently supervised and there were numerous blind spots along the main walkway. We often saw staff talking to each other rather than paying attention to prisoners. Women in our safety interviews highlighted movements and stairwells as areas where they felt the least safe.
- 7.4 The criteria for placing women on closed visits were appropriate and three women were on closed visits. Women were told the minimum time they would remain on closed visits and could appeal against the decision, but their cases were not reviewed monthly to assess any change in circumstances or additional intelligence.
- 7.5 There was no routine strip searching of prisoners and this took place only based on risk and/or intelligence assessments. All strip searches were logged, but there was no managerial scrutiny of the data to identify whether there were any emerging trends or concerns, such as the involvement of particular members of staff.

### Rules

---

- 7.6 Rules were not sufficiently explained on induction and there was little information about them on units. Prisoners complained of inconsistency of application by staff and we saw many examples in wing files of staff issuing behaviour warnings for very minor incidents, such as interrupting a conversation or being 'demanding'.

## Recommendations

---

- 7.7 Women should not be handcuffed on and off escort vehicles unless a risk assessment indicates a specific risk.
- 7.8 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.
- 7.9 All women on closed visits should have their case reviewed monthly.
- 7.10 Data from the strip searching log should be routinely analysed for emerging trends.
- 7.11 Rules should be properly explained on induction, displayed on all units in an appropriate range of languages and applied consistently.

## 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.

- 7.12 Adjudication levels had been high, but were beginning to fall. Some charges appeared very minor and some were not fully investigated. Use of force was not high, mostly appropriate and properly documented. The segregation unit was a decent environment, but there was not enough coordination between functions and support for staff to help manage the high proportion of women with personality disorders and behavioural problems held there.

## Disciplinary procedures

---

- 7.13 The number of adjudications had been high, but data indicated a recent downward quarterly trend with 184 in the most recent quarter (January to March 2010) compared to 353 and 298 respectively in the previous two quarters. However, analysing trends quarterly rather than monthly risked missing underlying trends, including that the drop in the most recent quarter hid a sharp increase from 48 in February to 85 in March. An adjudication standardisation meeting was held quarterly and a range of data was analysed. This was relatively recent, but trends were starting to be analysed and issues were taken forward with ongoing action points.
- 7.14 The adjudication room in the segregation unit was large and bright. Prisoners were given enough time to prepare, understood why they were being adjudicated on, could seek legal advice on request and ask questions of all persons present. A pen and paper was not provided.
- 7.15 Adjudication records revealed many charges for petty reasons, when an incentives and earned privileges warning or more informal approach would have been appropriate. These included women being in someone else's room or calling officers silly names. The records also indicated that charges were not always fully investigated, particularly when a woman pleaded guilty, with little attempt to understand the background or motivation or whether there were mitigating circumstances. The deputy governor conducted a weekly random 10% quality check of all adjudications held, completing an in-depth template for each one. These were of good

quality and highlighted these issues, which were then discussed individually with the adjudicator concerned.

- 7.16 The adjudication tariff was reviewed regularly and the range of punishments was appropriate to charges. Punishments were often at the high end of the tariff and appeared severe in relation to the circumstances. A number of adjudicators we spoke to consistently referred to 'sending a message' to prisoners when deciding on a punishment, which was an inappropriate approach and not based on specific decisions to use exemplary punishments to deal with particular problems. Levels of cellular confinement had decreased significantly since the last inspection.

## The use of force

---

- 7.17 Levels of use of force were not high, with 46 incidents in the previous six months. Of these, 21 had been in the mental health assessment centre and mostly involved the removal of ligatures. Data were analysed by a monthly use of force committee, but this was limited to incident location and ethnicity of prisoner(s) involved, with nothing relating to disability, age, reasons why force had been used or the number of times individual staff were using spontaneous force.
- 7.18 Use of force paperwork was well documented, although there were some examples of incomplete paperwork dating back six weeks. Senior managers examined all completed documentation, but until recently planned removals had not been routinely filmed for subsequent scrutiny.
- 7.19 Documentation indicated appropriate use of force. The one significant exception involved a woman who had attended the funeral of her stillborn child the previous day and who spoke poor English who had been restrained and taken to the segregation unit for refusal to move from a corridor. Submitted reports did not indicate that the incident had been well handled, although a senior manager had indicated to staff her vulnerability. There were also conflicting accounts of the woman's behaviour. Most described her as simply 'waving her arms around', while a senior manager's submission, provided after we had raised our concerns, claimed she had kicked staff. Little was done to de-escalate the situation and use of force on a traumatised woman in the circumstances outlined in the records was unacceptable and did not meet the requirements that it must be reasonable in the circumstances and necessary and proportionate to make it lawful.
- 7.20 There were no unfurnished cells, although special cell paperwork was raised whenever a woman was located in one of two in the segregation unit and four in the mental health assessment unit with fixed adapted 'safer' furniture. These cells had been used 33 times in the year to date, 32 for safety reasons relating to self-harm. While the segregation monitoring and review group meeting maintained oversight of use relating to discipline, there was no such monitoring for reasons relating to self-harm (see section on self-harm and suicide). Use of special cell documentation was generally competed to a good standard.

## Segregation unit

---

- 7.21 The design of the segregation unit, with 12 cells on a narrow twisting corridor, was not ideal, but it was kept clean and bright and the fabric and build was in reasonable condition. The cells were clean and free of graffiti, with plenty of natural light.
- 7.22 Use of the segregation unit had fallen since our last inspection, with women relocated to the unit on average 11 times a month over the last six months. The same women were often

relocated several times. Most women remained for a short time, but a few had remained for significant periods and one had remained for six months, although she had been gradually reintegrated onto the main units over this period.

- 7.23 Records indicated that many women relocated to the unit had marked personality and behavioural problems and we saw staff being caring and supportive towards two such women. Review boards were attended by staff from a range of disciplines, but there was little evidence of their input and care plans we saw amounted to little more than a series of unrealistic and generic targets. Mental health in-reach staff were involved in the management of these women, but in isolation from segregation unit staff.
- 7.24 There was daily access to showers, use of the telephone and time in the open air. The exercise area was large and attempts had been made to make it seem less austere, with a large flower bed tended by the prisoners and murals on some of the walls. Women could use the gym twice a week and, subject to risk assessment, could attend visits. They did not attend religious services or education, but a teacher came to the unit once a week and provided in-cell work and chaplains attended regularly.
- 7.25 The segregation monitoring and review group (SMARG) met monthly and analysed an appropriate range of data for trends.

## Recommendations

---

- 7.26 All adjudication charges should be thoroughly investigated, regardless of the prisoner's plea, before a finding is made by the adjudicator.
- 7.27 Punishments at adjudications should use the lower end of the tariff as a starting point in deciding the appropriate level.
- 7.28 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.
- 7.29 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.

## Housekeeping points

---

- 7.30 All women should be given a pen and paper during their adjudication.
- 7.31 All planned removals should be filmed and subsequently scrutinised by senior managers.

## Incentives and earned privileges

---

### Expected outcomes:

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

**7.32** There were too few meaningful incentives. Different pay rates for the same job based on regime level were unfair. Many warnings were issued for relatively minor behaviour.

**7.33** The incentives and earned privileges (IEP) scheme had last been reviewed in October 2009. Information about the scheme was displayed on residential units and on the touch screen information pods in resettlement and reception. Most women were initially placed on the standard level, although those transferring on enhanced could remain on this level. Women on standard could apply for enhanced after 28 days if they had not had an adjudication, had attended activities regularly and could provide a negative drugs test result. The enhanced compact inappropriately required unconvicted prisoners to be in full-time employment or education. IEP levels were reviewed if a prisoner received three behaviour warnings within four weeks, a single adjudication or was placed on the second stage of the anti-bullying strategy.

**7.34** Prisoners placed on basic level were initially restricted to 30 minutes of association a day. Private cash spends were reduced and they could not work or use the gym, although they could attend education. They were also not allowed in-cell television, which meant some had to move to a single cell. On average, seven women a month were placed on the basic regime. These women were reviewed after seven days and some privileges, including additional association or the return of television at lock up, could be increased. Few were on basic for longer than 14 days, although one woman had been on the regime for five weeks.

**7.35** Reviews were conducted by a senior officer. Those we looked at indicated little discussion about any targets set, it was not always clear whether the woman was present and some reviews were very sparse. Daily monitoring entries of prisoners on basic were not always completed.

**7.36** On one day of the inspection, 84 women were on enhanced, 364 on standard and six on basic. Most women appeared uninterested in promotion. There were few incentives for women on enhanced, although women on the different levels of the scheme received different pay rates for the same job rather than any bonus for being on enhanced, which was unfair. The facilities list allowed enhanced prisoners to buy a range of goods that were no longer obtainable as catalogue shopping had been discontinued. The usual additional visits and higher private spends allowances had little impact for many women who had little external support. Some wings had an enhanced spur or enhanced dormitories, but these were often difficult to sustain due to the turnover of prisoners.

**7.37** The IEP scheme was almost completely related to behaviour and this was often reflected in personal challenges to officers. Many IEP warnings seemed petty and subjective. Frequently used phrases included 'polite to staff', 'well behaved', 'demanding' or 'rude and argumentative'. Many comments suggested the need for strict compliance, control and conformity. One woman said the approach to IEP contrasted with the encouragement they were given in therapeutic settings to assert themselves. Demotions were not always based on a pattern of behaviour and one woman had unreasonably been downgraded to standard because she had 'trafficked' a note to a member of staff. Some women commented on the unfair use of IEP warnings for very petty incidents and said the scheme was used more to threaten and punish than reward.

## Recommendations

---

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

- 7.39 Prisoners should not receive different pay rates for the same job.
- 7.40 History sheets should evidence more reasoned discussion with prisoners before warnings are given.

### Housekeeping point

---

- 7.41 The monitoring and review of women on basic should evidence discussion about progress against targets.

# Section 8: Services

## Catering

---

### Expected outcomes:

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

- 8.1 There was very little satisfaction with food. The catering department had a wide range of nationalities and cultures to satisfy and there was not enough direct consultation with women prisoners. Supervision of unit serveries was poor and unit staff did not ensure that important food and hygiene checks were completed.
- 8.2 Many women complained about the food. In our survey, only 16% of women, against a comparator of 30% and 25% in 2008, said the food was good or very good. Sixty-five per cent said it was bad or very bad. There were a wide range of nationalities and cultures to satisfy, although black and minority ethnic, foreign national and Muslim prisoners were more positive about the food than other women.
- 8.3 Women selected from a four-weekly menu cycle that included clearly marked healthy, halal and vegan options. The choice appeared reasonably good, but it was not always possible to have five portions of fruit or vegetables each day. Women said they found many accompaniments to main dishes, such as rice, potatoes and salad, poor and a lot of food was not eaten. A small number of special diets were catered for. Pregnant women could get extra milk and mothers could buy additional provisions for children. There was little promotion of healthy eating.
- 8.4 There was little direct consultation with women apart from a six-monthly survey in English only. The last survey had been in October 2009 and 63 questionnaires had been returned. Results from the last two surveys indicated that women did not like the food, did not think it provided a wide enough range of options and did not consider it was improving. There were no specific consultation meetings to discuss prisoners' views of food and catering. Staff said food comments books had been available in the past, but were always mislaid. These were replaced during the inspection.
- 8.5 Meals were prepared in a central kitchen, which had been refurbished since the last inspection. The catering manger was reasonably satisfied with the facilities and there was satisfactory storage. Staff and prisoners were appropriately dressed. The kitchen was clean during our night visit. The kitchen had received a five star (excellent) food hygiene rating from Islington Environmental Health in March 2010.
- 8.6 There were six kitchen staff in addition to the kitchen manager. They came from a diverse range of cultures and backgrounds and were being trained as NVQ assessors. It was difficult to maintain a consistent group of kitchen workers. Thirteen women were allocated to work in the kitchen, but this was often reduced to as few as three or four when prisoners attended visits or education, had health care appointments or were on rest days.
- 8.7 Food was taken to residential units in heated trolleys. Some wing serveries and dining rooms had been refurbished. Serveries were clean and servery workers were properly dressed and

wore gloves. Catering staff did not routinely monitor standards on serveries and there was poor supervision by wing staff. There was a high turnover of servery workers and not all had completed the basic food hygiene test, although this was rectified for current workers during the inspection. Food temperatures were not routinely taken at the point of serving and some we tasted was cold.

- 8.8 Meal times were reasonable. Breakfast was still pre-packed and collected the day before, but fresh toast was also made. Lunch was served between noon and 12.20pm during the week. Serving hatches were small and only one person was served at a time, so there was insufficient time for women to use the communal dining facilities. A brunch meal was served at 11.15am to 11.30am at weekends, which was slightly early. The evening meal was at 5.15pm from Monday to Thursday and at 5pm on Friday and at weekends. Women were given kettles and could make hot drinks between meals and at night.

## Recommendation

---

- 8.9 **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.**

## Housekeeping point

---

- 8.10 There should be more direct consultation with prisoner representatives about food and catering.

## Prison shop

---

### Expected outcomes:

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

- 8.11 For most women, there was an adequate range of products available through the prison shop, but items for some minority groups were limited and consultation was insufficient. There was no provision for catalogue shopping.
- 8.12 The prison shop was run as part of a national contract by DHL and Holloway operated as a self-packing site. Women were given a canteen sheet to complete and received their canteen the following working day under careful supervision by staff. The prison had negotiated with DHL to provide access to the shop as soon as possible after arrival and this was usually achieved within 48 hours.
- 8.13 About 380 items were available, including all possible women's products from the national product list. However, only 38% of women in our survey, against a comparator of 47%, said the shop stocked a wide enough range of products and some said products were more expensive than on the high street. The canteen list included products such as fresh fruit, health care items, cosmetics and some vegetarian, vegan and kosher items. Products for women with gluten intolerances, diabetic items and skincare and hair products specifically for black and minority ethnic women were limited, although additional products for all hair types were available through the hair salon.



- 8.14 A canteen consultation meeting had been held in April 2009 attended by a broad range of women. There had been no consultation meetings since. A canteen survey had taken place in October 2009, but the results did not indicate how many women had responded or whether any amendments had been made to the canteen list as a result.
- 8.15 Arrangements for catalogue shopping had stopped in January 2010 due to staff shortages and had not been resumed. This was a particular problem for women serving longer sentences, such as lifers.
- 8.16 Newspapers paid for by the prison were delivered daily to each residential unit. Prisoners could also order their own newspaper or magazines or could have newspapers sent in by their families.

## Recommendations

---

- 8.17 Prisoners should be periodically consulted about the canteen list.
- 8.18 Catalogue shopping should be reintroduced for all women.



# Section 9: Resettlement

## Strategic management of resettlement

---

### Expected outcomes:

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

- 9.1 There was still no clear national strategic direction about Holloway's resettlement role. There was no current local resettlement policy or strategy, although one was in development. Reducing reoffending meetings included an appropriate range of staff and representatives from the voluntary sector. Pathway leads had been identified and action plans produced for each pathway. There were insufficient interventions to meet the needs of women.
- 9.2 There was no current resettlement policy or strategy, although one was being developed. The last needs analysis had taken place in 2008. As in 2008, Holloway's main function was as a local prison, but it was also a first stage lifer prison and held young adults. There continued to be a lack of clarity at national level about the prison's resettlement role, except that it had to meet the needs of all groups of women including remand, foreign national women, lifers, recalled prisoners, mothers with babies, women with short sentences and young adults.
- 9.3 The reducing reoffending policy committee (RRPC) had been established in October 2009 to replace the previous pathway meetings. Two RRPC meetings had taken place, chaired by the head of reducing reoffending. Membership of the RRPC included a wide range of staff from across the prison and representatives from the voluntary sector. Terms of reference and the membership of the RRPC were published and pathway leads had been named. After consulting evidence including the 2008 needs analysis, LISAR statistics (see section on first days in custody), the Corston report and measuring the quality of prison life (MQPL) statistics, each pathway lead had produced a document describing current services and an action plan to develop them. It was anticipated that the action plans would be used as a basis for a reducing reoffending policy and strategy in the near future.
- 9.4 Research and action plans existed for the seven resettlement pathways and the two additional pathways for women (see section on resettlement pathways). Action plans had also been produced for faith, offender management, the mother and baby unit and clinical substance misuse. Some contained numerous action points with timescales for completion, but others were more limited.
- 9.5 The range of interventions available was not based on the 2008 needs assessment. Although some needs were met in prisons addressing substance-related offending (P-ASRO), the short duration drug programme and the Sycamore Tree programme, the needs analysis and pathway action plans identified much more unmet need (see section on resettlement pathways).
- 9.6 Although fewer women than the comparator in our survey said that they knew who to contact in the prison for help with resettlement services, the work of the resettlement centre was well known to women and was the conduit for many of the regularly voluntary sector groups who provided support services. All women were interviewed to complete the Holloway passport document, but this was not well explained to them (see section on induction).

- 9.7 Peer supporters completed a pre-release questionnaire, which was returned to the resettlement team six, four and two weeks before women were due for release. This covered accommodation, work and benefits and asked whether the woman had received any help with these in the prison. The success or otherwise of this was not monitored.

## Recommendation

---

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

## Offender management and planning

---

### Expected outcomes:

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

- 9.9 Offender management was well organised. Offender assessment system reports were up to date for all women in and out of the scope of offender management, as were sentence plans for those in scope. Reviews were multidisciplinary. Relationships with offender managers were generally good and caseloads of offender supervisors manageable. There was no custody planning for remanded women and those serving short sentences. Many women preferred to stay in the London area during their sentence, but this was not usually possible. Public protection procedures were generally good, but planned quarterly meetings had not taken place for nine months. Life-sentenced women were allocated an offender supervisor as well as a lifer officer. Eighteen had passed their tariff dates and there were insufficient interventions for this group and other sentenced women.

## Sentence planning and offender management

---

- 9.10 Without a reducing reoffending strategy, there was no formal document describing the purpose or process of offender management. In our survey, 43% of women, against a comparator of 51%, said they had a sentence plan and 55%, fewer than the comparator, said they had been involved in its development. A similar percentage to the comparator said a member of staff had helped them to address their offending behaviour.
- 9.11 The offender management unit (OMU) was managed by the senior probation officer. It included four full-time and one part-time probation officers, all of whom acted as offender supervisors, one probation service officer and one part-time case administrator. Fifty women were in scope for offender management, including two prolific and priority offenders and 11 women serving indeterminate sentences for public protection. All life-sentenced women were treated as in scope and allocated an offender supervisor. Each offender supervisor carried a caseload of about 20. Records of contact demonstrated detailed knowledge of women on their caseload and included information shared with offender managers in the community and any internal departments. Timescales for contact were not set and some offender supervisors said the frequency of contact varied from weekly to every two to three months.
- 9.12 The timeliness of offender assessment system (OASy) completions for women in and out of scope was generally good and sentence planning for the women in scope was up to date.

Many women lived within 50 miles of the prison and links with community-based offender managers was generally good. Initial and review sentence planning boards for those in scope were largely chaired by offender managers, but some, particularly those from outside London, were unable to attend. Telephone conferencing was used when necessary. Many offender managers also attended post-programme reviews. Sentence planning reviews included a cross-section of staff, including a personal or wing officer. Other departments provided written contributions and some reviews had included family members. Targets set were generally appropriate and had timescales for completion. Offender management was generally understood across the prison, but comment in wing files gave little indication that wing staff were aware of women's sentence plan targets (see section on personal officers).

- 9.13 Nearly 30% of women were serving sentences of over 12 months and therefore required OASys reports. The OASys for these women were completed within eight weeks of arrival by one of 12 officers in the throughcare team. This team consisted of 12 officers, home detention curfew (HDC) and release on temporary licence (ROTL) clerks, a lifer manager, a public protection coordinator and observation, classification and allocation (OCA) officers. Although officers were frequently re-deployed, OASys were up to date. The officers had received OASys training and some had had risk assessment training. The quality of completed OASys we saw was generally satisfactory and targets were relevant to prisoners' needs. Prisoners were seen only for their initial OASys and at the annual review. There were no formal sentence planning boards.
- 9.14 Ten per cent of completed OASys were quality checked by the head of reducing reoffending and the senior probation officer. Prisoners could have copies of their OASys and sentence planning documents.
- 9.15 All women were interviewed to complete a Holloway passport on arrival (see section on first days in custody). The passport was not translated into a target-based custody plan and women did not receive a copy, although they were told what referrals would be made. Personal officers did not follow up any needs identified and a copy of the passport was not sent to wing files and there was no system of formal feedback or meetings to assess progress.
- 9.16 In a recent six-month period, 217 women had applied for HDC, of whom 46 had been approved, and 23 had applied for ROTL, of whom seven had been granted it. ROTL had been used by women wanting to maintain contact with families through town visits and overnight stays, attend work and have interviews in a variety of organisations and to transfer to another establishment.
- 9.17 There were 19 licence recalls and recalled prisoners were seen individually by a throughcare officer on arrival to explain their situation. They also received written information about the recall process and appeals procedure.

## Categorisation

---

- 9.18 Women were seen by an officer and categorised, usually within 48 hours of arrival and often the day after arrival. There were regular moves to HMPs Send, Downview and Morton Hall. Women were told in writing where they had been allocated, which assumed they could read.
- 9.19 Many women preferred to stay at Holloway and not move from their families. However, moves could usually be put on hold only for women attending offending behaviour courses, for medical reasons or if a woman was on an open assessment, care in custody and teamwork document.

- 9.20 Re-categorisation boards were held for eligible prisoners annually or when they had completed an offending behaviour course. There were often difficulties in transferring women serving indeterminate sentences for public protection who had offences of arson.

## Public protection

---

- 9.21 There was a comprehensive public protection strategy. On arrival, all prisoners were screened for public protection issues by a daily sift of current and any previous convictions. A computer spreadsheet, to which all staff had access, was updated daily by the public protection senior officer. This identified women in the categories of safeguarding children and harassment, sex offences, violent offences, Persistent and Prolific Offenders, racially motivated offences and multi-agency public protection arrangements (MAPPA). Those monitored under public protection procedures were seen individually and their situation and any restrictions were explained.
- 9.22 A total of 143 prisoners were subject to monitoring. This included 111 subject to MAPPA, with five at level one, three at level two and the remainder not yet assigned a level. None were at the highest level, three. Others were subject to safeguarding children and harassment procedures. Links to MAPPA were generally good and a senior officer attended community-based meetings where possible and provided written reports on other cases. High risk cases were reviewed monthly at risk management meetings. Meetings were minuted and showed good attendance by a wide range of staff. Written contributions were sent when individuals could not attend in person. When necessary, each review detailed any ongoing risk factors and any action to be taken, and by who.
- 9.23 The reviewing and monitoring of existing procedures and discussion of policy issues took place at quarterly public protection meetings chaired by the senior probation officer. However, there had been no meetings since July 2009. Minutes of the July meeting evidenced a limited number of attendees, with no officer representation from wings, and this was not included in the terms of reference. Meetings were due to start again in the month after the inspection with an improved agenda.

## Indeterminate-sentenced prisoners

---

- 9.24 There were 32 life-sentenced prisoners and 11 women serving indeterminate sentences for public protection (IPPs). Remanded women likely to receive a life sentence were seen by the lifer manager to explain their situation. All newly life-sentenced prisoners were seen by a lifer-trained officer to explain how their sentences would be managed. Written information was also given to them. Women subject to IPP sentences were given a booklet of information.
- 9.25 Eighteen lifers were past their original tariff date. Most had parole hearings planned, but some had issues hindering their suitability for progression, including mental health and behavioural problems. HMPs Styal and Foston Hall were the usual second stage lifer prisons, but many women preferred to stay in Holloway. Some transferred to HMP Send to attend the RAPT course or the therapeutic community.
- 9.26 Many women serving indeterminate sentences lived on A5, the lifer unit. Some shared dormitories, which was not ideal for women spending a long time at the prison.
- 9.27 All lifers had an allocated lifer officer as well as an offender supervisor. There were five lifer staff, but only two were trained so there was not always a lifer-trained officer on A5.

- 9.28 Surgeries for women serving indeterminate sentences were held every fortnight on A5 by the lifer manager. Each lifer was personally invited to attend if she had any questions.
- 9.29 Life sentence plans were up to date and all women received a copy. There had been some meetings of specific interest to indeterminate-sentenced women, one including a presentation by staff from the therapeutic community at HMP Send, and one of the family days was used exclusively for this group. There was a lack of suitable interventions for IPPs, many of whom had offences of arson (see paragraph 9.90).

## Recommendation

---

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

## Housekeeping points

---

- 9.31 Women should be told verbally about their allocation.
- 9.32 All lifer officers should be trained in lifer procedures.

## Resettlement pathways

---

### Expected outcomes:

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

## Reintegration planning

---

- 9.33 Accommodation needs were identified on reception. Housing advice was good and women were positive about the support they received. There were good links with community agencies to support women finding accommodation on release. Vocational training provision was improving. Career advice and guidance was good, but there was no pre-release programme. Prisoners were seen by a primary care nurse before release, but sometimes only the day before. Women with mental health issues were given excellent continuity of care on release. There was help with debt management and with benefits claims on reception and pre-release.

## Accommodation

---

- 9.34 There were two full-time housing workers employed by St Mungo's. Women were asked about accommodation needs as part of the passport interviews (see section on first days in custody) and referrals were sent to the housing workers. Women also made applications to see a worker. Cases were prioritised and workers aimed to see women within a week of referral. They followed up any woman who had failed to attend an appointment. Housing workers did not formally check all women being discharged, although they were seen by resettlement officers. Over the last 12 months, an average of 140 referrals a month had been received.

- 9.35 The housing workers had links to all London boroughs and to a wide range of specialists including a housing solicitor from Islington Law Centre and Women in Prison who met women on release. A monthly surgery run in the prison by Hackney borough services was being piloted. A small number of referrals had been made to an organisation helping women being reunited with children on release and in need of accommodation. Between December 2009 and March 2010, 381 women had been released, of whom 17 had been to no fixed abode.

---

### **Education, training and employment**

---

*For further details, see Learning and skills and work activities in Section 6*

- 9.36 The prison had improved its vocational training provision, but there was room for further development. Opportunities for training included cleaning, gardening, textile work, painting and decorating, catering, customer service and general housekeeping. The prison had plans to open a multi-skills workshop to provide practical training in aspects of construction work. Prospects careers advice and guidance effectively supported prisoners and links with agencies such as JobCentre Plus were particularly effective. A few women in the previous year had gained work experience and training places in the community through ROTL. There was no pre-release programme, although the education department offered an employability programme. Assistance was also given with CVs and disclosure letters to employers.

---

### **Mental and physical health**

---

- 9.37 Prisoners were seen before release by a primary care nurse and given information to take to their GP and medication to take home. However, nurses said they sometimes had only one day's notice of release and one nurse said it was not unusual to hear about a release date first from the prisoner herself. Time limitations meant it was not routine to check that the prisoner had a GP or to assist her to find one.
- 9.38 The end of life policy did not contain an end of life pathway. There were links with a local hospice for prisoners with palliative care needs, but there was no palliative care policy.
- 9.39 Forensic Therapies Ltd continued to see clients released in to the London area up to a year after release if this was mutually acceptable. The community mental health team (CMHT) had a Women in Prison worker who met women known to the CMHT on release and escorted them to appointments in the community. The CMHT also had good links in the community to ensure that those subject to care programme approach were linked into community services on release.

---

### **Finance, benefit and debt**

---

- 9.40 There were two full-time advisers from JobCentre Plus based in the resettlement unit. Until March 2010, a peer adviser had explained the work of advisers to women on induction and identified those needing help to close down benefits. A new peer adviser was being recruited. Women were asked about their finances, any benefits they were receiving and debt during their initial passport interview (see section on first days in custody).
- 9.41 In a recent three-month period, an average of 39 women a month had asked for help after reception, primarily with outstanding benefits owed and closing down claims where appropriate. Advisers identified women six weeks before release and asked if they needed help with future claims. They had seen an average of 52 women a month about claims.



- 9.42 Islington People's Rights came into the prison one afternoon a week to help women with debt problems and some more complex benefit claims.
- 9.43 Although women were asked if they needed help to open a bank account, there were no established procedures or links with banks to support women to do this. Over the previous 12 months, 11 women had completed a budgeting, money management and independent living skills course run through the education department.

## Recommendations

---

- 9.44 The prison should introduce a pre-release programme at an appropriate stage of sentence.
- 9.45 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.

## Housekeeping point

---

- 9.46 The end of life policy should be further developed in partnership with local services and include palliative care.

## Good practice

---

- 9.47 *The work with mental health clients following release provided excellent continuity of care and ensured that women were referred on to community services.*

## Drugs and alcohol

---

9.48 The drug strategy was well managed. The policy document included alcohol services and was informed by an annual needs analysis. The substance abuse team was well integrated, and there were good links with community drugs services. Women could access a wide range of interventions, but there was no structured intervention for primary alcohol users. A service user forum, Alcoholics Anonymous and Narcotics Anonymous groups as well as the services of Adfam were available to offer additional support.

- 9.49 The head of health care and drug strategy chaired monthly drug strategy group meetings, which were attended by relevant departments and service providers. A designated drug strategy manager and a senior officer coordinated and monitored the different strands of the strategy effectively, and good links had been established with community planning bodies and organisations. Monthly continuity of care meetings provided a forum for discussing the implementation of the integrated drug treatment system (IDTS). The drug strategy policy document had recently been reviewed. It included alcohol services, was informed by an annual needs analysis and contained performance measures. Both a supply and a demand reduction action plan had been developed.
- 9.50 Drug strategy staff, counselling, assessment, referral, advice and throughcare (CARAT) workers and the short duration drugs programme (SDP) team were co-located and there was a

good level of joint work. The CARAT team consisted of a manager, eight workers (including two senior workers) and an administrator from RAPT. Primary alcohol users were included in their remit. The team contained a good skills mix and was well integrated in the prison. Women could get daily induction input on the stabilisation unit and the first night centre, although no written information was provided. Drug intervention records were completed within three days of women's arrival. In light of lower numbers, the annual key performance target had been reduced to 1,020 as of April 2010.

- 9.51 The open caseload stood at 166 clients. The team was sufficiently resourced to deliver a range of interventions, including structured one-to-one work supplemented by in-cell packs. Weekly evening sessions increased the accessibility of the service. IDTS group work modules had been introduced in January 2010. Nine group work sessions were delivered each week, some on the stabilisation unit and others in drug strategy premises. There were plans to offer group work support on the second stage unit on D3.
- 9.52 Designated CARAT workers were based on the stabilisation and the second stage unit. Joint work with the clinical team had improved. The CARAT team contributed to transfer and release plans and copied clients' care plans to the offender management unit. Links with community drug intervention programmes (DIPs) had been strengthened. Designated workers from four London boroughs held regular clinics at the prison and liaised closely with CARAT workers to coordinate post-release services. Service level agreements between the prison and the DIPs had been drawn up and DIP staff were invited to monthly continuity of care meetings.
- 9.53 Women with drug/drug and alcohol problems could access the SDP or the P-ASRO programme. The SDP team consisted of a treatment manager (a senior officer), two drug workers and an officer. Co-location and a nominated link facilitated joint work with the CARAT service. During the previous 12 months, 120 women had started and 90 had completed the programme against a 120/78 target. The course was open to young adults. A monthly service user forum had been established and the team was considering a peer support scheme, but women's stay at the prison was usually too short to make this viable.
- 9.54 The P-ASRO for women programme for sentenced prisoners with at least four months to serve had been introduced in February 2009. With 40 women starting and 35 completing the course, the initial target of 30 starts and 20 completions had been exceeded in the previous year. The programme team of a treatment manager and three facilitators (one officer and two drug workers) ran a monthly peer support group for women who had completed the course, and one worker was also trained to facilitate the SDP. Acceptance criteria had broadened to allow women stable on opiate substitutes to undertake P-ASRO and their inclusion had been successfully piloted at Holloway. Nevertheless, the team found it difficult to find enough eligible candidates for the programme and the level of referrals was too low to run a course in April 2010 as planned. Workers said many longer-term prisoners experienced primary alcohol problems, but unless this was combined with class A drug use, these women could not undertake the programme.
- 9.55 Women with primary alcohol problems could access CARAT services and Alcoholics Anonymous self-help sessions. An alcohol peer support group was no longer running and there was no programme to meet the needs of women requiring more structured intervention. There were plans for a designated alcohol counselling service to form part of the forensic therapies remit. Narcotics Anonymous and Alcoholics Anonymous self-help groups met regularly and were accessible to all. Continuation funding had been secured for the Adfam service, which provided support and information to prisoners' families and helped women to make or improve contact with family members.

- 9.56 Compact-based drug testing was available to women independent of location. Three designated officers managed the scheme well and met the target of 200 compacts and 300 tests a month. Voluntary drug testing (VDT) was clearly distinguished from incentive-based testing. In April 2010, 33 women had signed VDT compacts. Trusted workers, enhanced prisoners and those on the mother and baby unit were required to participate in incentive-based testing, with 168 compacts in force. The average positive rate stood at 3.5%, similar to the mandatory drug testing (MDT) figure. Designated premises and appropriate testing procedures were in place, but there was one example where a positive incentive-based test had resulted in a security information report and a suspicion MDT, which was inappropriate. We were assured this was exceptional.

## Recommendation

---

- 9.57 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.

## Housekeeping point

---

- 9.58 The CARAT team should provide women with written induction information.

## Children and families of offenders

---

- 9.59 The children and families pathway action plan was underdeveloped. Not all women could have a weekly visit, access to the booking line was difficult and visits did not start on time. The visitors' centre offered a good range of services and the PACT kinship worker provided a valuable service. There were children and family days and a variety of support services and courses for women. There were some, but limited, support services, but no qualified family support worker to identify and help women with child care issues outside the remit of existing services. There was little evidence that officers were aware of the needs of women as mothers.

- 9.60 In our survey, a similar percentage to the comparator said they had been helped to maintain contact with family and friends. There was no up-to date resettlement strategy to describe how the children and family pathway was being taken forward. There was a pathway lead, but no separate pathway meetings. The targets set for the pathway were very basic. No target dates were set and targets did not reflect the gaps in service identified by the pathway analysis. The 2008 needs analysis had identified issues for women of contact with children and families. Fourteen per cent of respondents had had no contact since being in custody and 36% had lost legal custody. One third felt Holloway did not offer enough opportunities to maintain supportive relationships and the same proportion said they needed help to rebuild relationships with children.

- 9.61 Information about resettlement services was advertised in the visitors' centre. Women whose children were cared for by an extended family member who was not the child's father were referred to the PACT kinship care worker on their day of arrival. The kinship worker saw all women referred to her and contacted the children's carers to offer support and information. She was able to signpost carers to support available in their community, such as Surestart groups, play groups and benefit advice agencies. The worker also facilitated a bi-monthly

support group in the visitors' centre for carers supporting prisoners in Holloway and those looking after children on behalf of prisoners in any of the London establishments.

- 9.62 Prisoners could send as many letters as they could afford and there were no restrictions on the number they could receive. In our survey, 41% of women said they had problems sending and receiving mail. This had improved from 49% in 2008, but, as then, the reasons for dissatisfaction were unclear. Some complained that post boxes on wings were emptied too early or not at all and that they did not receive post until the evening. Incoming emails could be received from family and friends. Each week, convicted prisoners had one free letter (two if a young adult woman) and remanded women got two free letters. As in 2008, many women did not know that they could have free children's letters or that they could exchange unused visiting orders for telephone credit.
- 9.63 Visits ran on Wednesday, Friday and Saturday mornings and every afternoon except Friday, with evening visits on Tuesday and Thursday. Unconvicted prisoners could have three visits a week, but convicted prisoners received only two visiting orders and enhanced prisoners only three visiting orders a month.
- 9.64 Visitors complained about access to the booking line, although visits could also be booked while at the prison. We managed to speak to a booking clerk on our fourth attempt, ringing at 15-minute intervals. There was no facility to leave a message requesting a call back if the line was engaged. Callers were told there was a queue, but not how long.
- 9.65 All visitors booked in at the spacious and bright visitors' centre managed and staffed by PACT. A variety of local and national information was displayed and visitors could speak to staff privately, including an Adfam worker who worked with prisoners with substance misuse issues and their families. Refreshments and a play area were provided. A free telephone visits booking line was available, but staff said it did not connect any faster to the booking clerk. Visitors made their way to the main gate, where they waited to be booked in by an operational support grade (OSG) officer. The number of visits available was halved during the inspection due to the introduction of a new IT system and there were lengthy queues. Although delays had been anticipated, only one OSG had been allocated to check visitors' documentation and many visitors who had arrived at the prison in good time got to the visits room 30 minutes after the advertised start of visits. Domestic and legal visitors said delays were common and many complained about not receiving their full visit entitlement.
- 9.66 Visitors were appropriately searched and those indicated by a drug dog were offered the choice of leaving or a closed visit without an individual risk assessment or additional supportive intelligence.
- 9.67 There was comfortable soft seating in the visits room, but little privacy between individual groups and the room was noisy when busy. A comfortable and separate family room was used by women from all areas of the prison. There were two closed visits facilities. These were not individual closed booths and visits could not be held in private when more than one was in use. A PACT worker supervised the small play area, but not at all sessions. Numerous hard corners presented a danger to children using the area. Women could not play with their children in the play area.
- 9.68 Supervising staff knew which prisoners were subject to public/child protection procedures.
- 9.69 In our survey, 51% of women said that they had children under the age of 18. Bi-monthly children's days were held and included grandmothers, and some young adults had been joined by siblings. Women contributed a £1 each for the children's days. Extended family days were

held four times a year for enhanced women only. London South Bank university worked with prisoners and children during children's days to make children's visits a positive experience for the family.

- 9.70 Some families had attended reviews at the end of accredited courses and a few had attended sentence planning meetings. Women prisoners could attend accredited programmes aimed at improving parenting skills through education, and a prison visitors scheme was still run by the chaplaincy. Wing files indicated that some women received inter-prison telephone calls and inter-prison video links. There was little demand for accumulated visits in other establishments. The kinship support worker helped families to access relationship counselling in the local community, but there was no opportunity for prisoners to undertake general relationship counselling with their immediate family. Release on temporary licence had been used to allow some women to have town visits and overnight stays with their family.
- 9.71 There was no identification of women who needed free letters and telephone calls specifically to maintain contact with children, and no provision for women to receive incoming calls from children or to deal with arrangements for them. There was no proactive easily accessed family support worker to offer support and help with family issues, child care concerns and parental rights, or to identify and support women with existing social service involvement.
- 9.72 A worker from Care Confidential was based in the prison and offered support to women who had experienced the loss of a child through miscarriage, stillbirth or adoption. Some women's children had been adopted or had been received into care and many others had tense relationships with those looking after their children, such as family members, current or ex-partners and friends. The kinship support worker worked with women whose children were cared for by family members and the Adfam worker supported the families of those with a substance misuse problem. Both responded to referrals either from the women, or more often from staff, but women were not told about their existence or role at induction and there was much unidentified and unmet need.
- 9.73 As in 2002, 2004 and 2008, there continued to be little evidence that officers had much understanding of the needs of women or any knowledge of their individual circumstances. Wing files contained comment about the difficulties and anguish some women experienced at being separated from children, but these were usually from staff other than officers.

## Recommendations

---

- 9.74 All prisoners should be told about the availability of children's letters and the opportunity to exchange unused visiting orders for telephone credit.
- 9.75 All prisoners should be able to have at least one visit a week.
- 9.76 The booking system should be improved to meet the needs of the number of visitors.
- 9.77 Visits should start at the advertised time and last for the designated length.
- 9.78 Closed visits should be authorised only when there is a significant risk justified by security intelligence.
- 9.79 Closed visits should be able to be used in private.

- 9.80 The play area should be supervised at all times, made suitable and safe for use and available for mothers to play with their children.
- 9.81 Family days should be open to all women and without cost to them.
- 9.82 Women prisoners should be able to participate in relationship counselling with their immediate family.
- 9.83 A qualified family support worker should be appointed to identify and support women with child care issues outside the remit of existing services.
- 9.84 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.

### Housekeeping points

---

- 9.85 Managers should explore with women the reasons for dissatisfaction with post and address any identified shortfalls.
- 9.86 Prisoners should be able to receive incoming calls from children or to deal with arrangements for them.

### Attitudes, thinking and behaviour

---

9.87 There were only two accredited programmes and these were for women with substance use problems. The thinking skills programme was due to be introduced later in 2010. Some one-to-one work was available.

- 9.88 The prison had struggled to find suitable women to attend the Focus on Resettlement (FOR) change course and the programme had been discontinued in 2009. The psychology team had reduced during this time, but was planned to increase during 2010. The enhanced thinking skills (ETS) programme was due to start later in 2010.
- 9.89 The only accredited courses were P-ASRO and the SDP. The Sycamore Tree victim awareness and restorative justice course was also run. Three Sycamore Tree courses were run each year and 46 prisoners had completed the course in 2009. Prisoners could attend Alcoholics Anonymous and Narcotics Anonymous meetings, and one-to-one work was carried out by a psychotherapist and probation officers.
- 9.90 There were not enough programmes to meet need. The 2008 needs assessment and pathways action plans identified much more unmet need for interventions for anger, relationship, impulse and emotional management, and alcohol interventions and assertiveness training. There were also no appropriate interventions for many IPP prisoners (see paragraph 9.29). Staff identified lack of appropriate interventions across the women's estate as a whole.

### Recommendation

---

- 9.91 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.

## Support for women who have been abused, raped or have experienced domestic violence/Support for women who have been involved in prostitution

---

9.92 Some services were provided for the additional pathways for women, much of it related to specific initiatives by London boroughs. More development was needed.

9.93 In the 2008 needs analysis, 48% of women said they had experienced domestic violence and 58% in two or more relationships, indicating repeat victimisation. Thirty-two per cent said their children had witnessed violence or been victims and 13% said their children had been taken into care as a result. All women were asked during their passport interview if they needed help or advice and a number of interventions were delivered through the resettlement centre. Most service provision was through local authority partnerships. Workers from Solace women's aid and the Nia project were available weekly, although women had to have links with Islington and Hackney borough councils to access these. Access to Solace also had to be through a CARAT worker. Women in Prison also provided some services under this pathway.

9.94 The 2008 needs analysis identified that 15% of women had some involvement in the sex industry, 67% of whom were involved in street-based work and 35% in a brothel. Women who had been involved in prostitution were asked if they wanted any help during their passport interview. They could be referred or self-refer to New Horizon workers available weekly and the service also provided help in the community. Outreach workers from Camden Safer Street team supported women with accommodation, substance misuse and diversion services under the pathway. Sexual health information was available thorough health care. Many staff said existing provision did not meet the level of need. The pathway lead had identified gaps in current service provision and an action plan had been published.

### Recommendation

---

9.95 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.





# Section 10: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations	To the governor
10.1 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, see HP6)	
10.2 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, see HP6)	
10.3 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, see HP7)	
10.4 Occupancy rates of shared rooms should be reduced so that no more than four women are required to share the larger dormitories. (HP39, see HP14)	
10.5 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, see HP12)	
10.6 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, see HP18)	
10.7 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, see HP19)	
10.8 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, see HP24)	
10.9 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, see HP30)	
10.10 An effective custody planning process for unconvicted and short-sentenced prisoners should be established. (HP45, see HP31)	

## **Recommendation**

To Director of Offender Management

---

- 10.11 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, see paragraph 9.55)

## **Recommendation**

To PECS

---

### **Courts, escorts and transfers**

---

- 10.12 Women prisoners should return from court as soon as possible after the completion of their cases and should arrive before 7pm. (1.8, see paragraph 105)

## **Recommendations**

To the governor

---

### **Courts, escorts and transfers**

---

- 10.13 Women prisoners should be able to have a drink and something to eat in reception before going to court or being transferred. (1.7, see paragraph 1.4)
- 10.14 More use should be made of the court video link. (1.9, see paragraph 1.6)

### **First days in custody**

---

- 10.15 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, see paragraph 1.11)
- 10.16 Prisoners should be held in reception for as short a time as possible. (1.28, see paragraph 1.12)
- 10.17 New arrivals should receive all essential clothing and kit, including several pairs of knickers, socks and bras. (1.29, see paragraph 1.13)
- 10.18 Pregnancy tests should be undertaken only with properly informed consent. (1.30, see paragraph 1.14)
- 10.19 Questions related to health issues on the first night should be dealt with by health care staff. (1.31, see paragraph 1.15)
- 10.20 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, see paragraph 1.17)
- 10.21 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, see paragraph 1.22)
- 10.22 Published induction information should be appropriately presented and reproduced in a range of relevant languages. (1.34, see paragraph 1.23)

- 10.23 Resettlement officers should fully explain to women prisoners how their resettlement needs are assessed and identified during induction and any action taken. (1.35, see paragraph 1.24)

### **Residential units**

---

- 10.24 Non-smokers should not be expected to share rooms with smokers. (2.14, see paragraph 2.2)
- 10.25 All rooms should be fitted with curtains. (2.15, see paragraph 2.2)
- 10.26 All women should be provided with a lockable cupboard. (2.16, see paragraph 2.2)
- 10.27 All toilets should be appropriately screened and de-scaled and a programme for regular de-scaling introduced. (2.17, see paragraph 2.2)
- 10.28 All rooms should be properly ventilated and kept at an appropriate temperature. (2.18, see paragraph 2.4)
- 10.29 Electricity should not be switched off in rooms during the core working day. (2.19, see paragraph 2.4)
- 10.30 Unconvicted women prisoners should not be required to share rooms with convicted prisoners. (2.20, see paragraph 2.5)
- 10.31 Appropriate risk assessments should be completed when integrating young adult women with women over 21 and a central register should be maintained. (2.21, see paragraph 2.5)
- 10.32 Telephones should be housed in booths to allow calls to be made in private. (2.22, see paragraph 2.6)
- 10.33 Association and recreational facilities should be equitable across all residential units. (2.23, see paragraph 2.6)
- 10.34 Bathroom facilities on H1 should be appropriately screened for privacy. (2.24, see paragraph 2.9)
- 10.35 Prisoners should be given enough time to have a bath or shower during all periods of unlock. (2.25, see paragraph 2.9)
- 10.36 Appropriate bedding, including duvet covers, should be provided and exchanged weekly. (2.26, see paragraph 2.10)
- 10.37 All women should be able to use laundry facilities personally to wash all times of clothing. (2.27, see paragraph 2.12)
- 10.38 Prisoners should be able to get property from reception within a week of application. (2.28, see paragraph 2.13)

### **Staff-prisoner relationships**

---

- 10.39 Managers should monitor and ensure that all officers treat women prisoners fairly and respectfully and challenge immediately any unacceptable behaviour or language. (2.41, see paragraph 2.39)

- 10.40 All staff working at Holloway should receive the Women Awareness Staff Programme. (2.42, see paragraph 2.40)

### **Personal officers**

---

- 10.41 Personal officers should receive specific training about what is expected of them and how to carry out their responsibilities effectively. (2.47, see paragraph 2.44)
- 10.42 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, see paragraph 2.46)

### **Bullying and violence reduction**

---

- 10.43 Victims of bullying and violence should receive effective personal support. (3.9, see paragraph 3.4)
- 10.44 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, see paragraph 3.5)
- 10.45 The violence reduction action plan should be updated and subsequently reviewed at each violence reduction committee meeting. (3.11, see paragraph 3.5)
- 10.46 Cell-sharing risk assessments should be reviewed and updated following any incidents of violence against other prisoners. (3.12, see paragraph 3.6)
- 10.47 Mediation should only be undertaken by staff trained in the process. (3.13, see paragraph 3.7)

### **Self-harm and suicide**

---

- 10.48 Interpreting services should be used at all assessment, care in custody and teamwork reviews if the prisoner is unable to understand English. (3.34, see paragraph 3.22)
- 10.49 Women identified as at risk of self-harm should be provided with the opportunity for regular purposeful activity. (3.35, see paragraph 3.23)
- 10.50 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, see paragraph 3.24)
- 10.51 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, see paragraph 3.26)
- 10.52 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, see paragraph 3.27)

- 10.53 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, see paragraph 3.30)
- 10.54 All women prisoners should have free 24-hour confidential telephone access to the Samaritans. (3.40, see paragraph 3.31)
- 10.55 Cell bells should be responded to promptly and an effective system introduced to monitor and investigate delays in responding to bells. (3.41, see paragraph 3.32)
- 10.56 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, see paragraph 3.33)

### **Mothers and babies**

---

- 10.57 Doors should be fitted to screen toilets in rooms or suitable alternative arrangements provided. (3.59, see paragraph 3.46)
- 10.58 All staff working on the mother and baby unit, including night staff, should be specifically trained including in infant resuscitation. (3.60, see paragraph 3.49)
- 10.59 Mothers and their babies should not be confined to their rooms at night. (3.61, see paragraph 3.50)
- 10.60 A local mother and baby policy that reflects all necessary procedures for the unit should be introduced. (3.62, see paragraph 3.51)
- 10.61 Care plan reviews should be multidisciplinary and include written contributions where appropriate. (3.63, see paragraph 3.52)
- 10.62 Provision should be made for partners to be involved in ante-natal care and preparation with their pregnant partner in the prison. (3.64, see paragraph 3.56)
- 10.63 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, see paragraph 3.58)

### **Applications and complaints**

---

- 10.64 Guidance on making applications should be published and explained to prisoners, including how to resolve routine requests informally. (3.76, see paragraph 3.70)
- 10.65 A senior manager should scrutinise all complaints about staff, including any that have been withdrawn, to ensure all are dealt with appropriately. (3.77, see paragraph 3.73)

### **Legal rights**

---

- 10.66 Sufficient trained staff should be available to provide effective legal services and bail information and support. (3.86, see paragraph 3.84)

## **Substance use**

---

- 10.67 Opiate-dependent women should have access to effective first night treatment and substitute prescribing regimes should start without delay. (3.103, see paragraph 3.92)
- 10.68 CARAT, clinical substance misuse and mental health in-reach services should provide fully integrated care, including for dual diagnosis clients. (3.104, see paragraph 3.97)
- 10.69 A supportive regime should be developed for women on the second stage unit on D3. (3.105, see paragraph 3.98)

## **Diversity**

---

- 10.70 Policies should be developed to cover diversity in religion and sexuality. (4.6, see paragraph 4.2)

## **Race equality**

---

- 10.71 All locally implemented policies should be assessed for their impact on race equality whenever each policy is updated. (4.18, see paragraph 4.16)

## **Religion**

---

- 10.72 There should be a formal policy describing how the religious needs of all women will be met and monitored. (4.23, see paragraph 4.21)
- 10.73 The prison should investigate why more Muslim women than non-Muslim women report being victimised, threatened or intimidated by staff. (4.24, see paragraph 4.22)

## **Foreign nationals**

---

- 10.74 Women who have finished their prison sentence should not be detained in Holloway. (4.36, see paragraph 4.26)
- 10.75 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, see paragraph 4.33)
- 10.76 Accredited interpreting services should be used wherever confidentiality or matters of factual accuracy are a factor. (4.38, see paragraph 4.33)
- 10.77 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, see paragraph 4.34)
- 10.78 All staff should receive awareness training around the specific needs of foreign national prisoners and how to meet them. (4.40, see paragraph 4.35)

## **Disability and older prisoners**

---

- 10.79 The local disability policy should be reviewed at least annually. (4.50, see paragraph 4.45)
- 10.80 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, see paragraph 4.45)
- 10.81 The disability committee should meet regularly, with prisoner representation, and focus on prisoner issues. (4.52, see paragraph 4.46)
- 10.82 Women should not be asked to declare disabilities in public during the first night and induction processes. (4.53, see paragraph 4.47)
- 10.83 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, see paragraph 4.47)
- 10.84 There should be a recognised carer scheme for women with disabilities. (4.55, see paragraph 4.48)
- 10.85 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, see paragraph 4.48)
- 10.86 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, see paragraph 4.49)

## **Sexual orientation**

---

- 10.87 A local policy on sexual orientation should be developed. (4.60, see paragraph 4.59)

## **Health services**

---

- 10.88 Governance arrangements for voluntary agencies should be subject to written agreements. (5.9, see paragraph 5.2)
- 10.89 A health needs analysis should take place as a matter of priority. (5.10, see paragraph 5.2)
- 10.90 Landing treatment rooms should be made fit for purpose. (5.11, see paragraph 5.4)
- 10.91 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, see paragraph 5.5)
- 10.92 The Prison Service should ensure faster security clearance of healthcare staff so that prisoner care is not compromised. (5.22, see paragraph 5.16)
- 10.93 All health services staff should attend regular clinical supervision. (5.23, see paragraph 5.17)

- 10.94 All resuscitation equipment should be regularly checked and maintained. (5.24, see paragraph 5.18)
- 10.95 Access to the NHS PALS system should be freely available to all prisoners. (5.25, see paragraph 5.21)
- 10.96 Reception health facilities should be fit for purpose and provide appropriate confidentiality. (5.34, see paragraph 5.26)
- 10.97 The initial and secondary health screening should not be combined. (5.35, see paragraph 5.28)
- 10.98 Movements should be arranged to ensure that women prisoners can keep health services appointments. (5.36, see paragraph 5.31)
- 10.99 Clinical equipment should be regularly serviced, fit for purpose and used in appropriate surroundings. (5.37, see paragraph 5.32)
- 10.100 The pharmacy should be refurbished. (5.47, see paragraph 5.41)
- 10.101 Prisoners should have direct access to appropriately trained pharmacy staff. (5.48, see paragraph 5.41)
- 10.102 The use of patient group directions should be extended to allow supply of more potent medicines by nurses where appropriate. (5.49, see paragraph 5.44)
- 10.103 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, see paragraph 5.44)
- 10.104 Prescribing data should be used to demonstrate value for money, audit drugs liable to abuse or diversion and promote effective medicines management. (5.51, see paragraph 5.45)
- 10.105 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, see paragraph 5.46)
- 10.106 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, see paragraph 5.56)
- 10.107 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, see paragraph 5.57)
- 10.108 There should be dental triaging by a trained person. (5.63, see paragraph 5.59)
- 10.109 An additional dentist or therapist session should be provided to reduce waiting times for routine treatment. (5.64, see paragraph 5.59)
- 10.110 Day services should be available for all prisoners who need additional therapeutic support for emotional, behavioural and mental health problems. (5.76, see paragraph 5.74)



- 10.111 Suitable in-patient facilities should be provided for women with physical health needs who require this level of medical care. (5.77, see paragraph 5.74)
- 10.112 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, see paragraph 5.79)
- 10.113 All primary mental health and counselling services should be commissioned and funded by NHS Islington. (5.87, see paragraph 5.80)
- 10.114 Waiting times for women with primary mental health needs to see a therapist should be reduced significantly. (5.88, see paragraph 5.80)
- 10.115 Appropriate private consulting rooms should be provided for Care Confidential to see clients. (5.89, see paragraph 5.82)
- 10.116 Appropriate clinical governance arrangements should be developed for the psychotherapy service. (5.90, see paragraph 5.84)
- 10.117 All clinical records should be stored in line with the Data Protection Act and Caldicott principles. (5.91, see paragraph 5.84)
- 10.118 All women requiring assessment by specialist mental health services should be seen within seven days and transferred expeditiously if clinically indicated. (5.92, see paragraph 5.85)

### **Learning and skills and work activities**

---

- 10.119 Accredited vocational training provision should be fully implemented as planned. (6.20, see paragraph 6.3)
- 10.120 Arrangements to recognise and record non-accredited learning should be introduced. (6.21, see paragraph 6.3)
- 10.121 Quality improvement measures such as observation of teaching and learning should be fully implemented. (6.22, see paragraph 6.4)
- 10.122 The use of data to analyse performance and participation of different groups in education and skills should be improved. (6.23, see paragraph 6.5)
- 10.123 Security clearance arrangements should be improved to enable women to be allocated to work more quickly. (6.24, see paragraph 6.7)
- 10.124 Allocation to activities should be improved and monitored to ensure fairness and equality. (6.25, see paragraph 6.8)
- 10.125 Pay rates should be revised to ensure that women are not disadvantaged by undertaking education programmes. (6.26, see paragraph 6.8)
- 10.126 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, see paragraph 6.10)
- 10.127 Staffing arrangements for hairdressing and laundry training should be resolved to enable training to take place and prisoners to gain qualifications. (6.28, see paragraph 6.10)

- 10.128 Planning and recording of differentiated learning activities to meet the specific needs of learners should be improved. (6.29, see paragraph 6.14)
- 10.129 Evening or weekend classes should be provided for learners who work full time. (6.30, see paragraph 6.15)
- 10.130 The library should be open during the evenings and at weekends. (6.31, see paragraph 6.17)
- 10.131 The librarian should have access to the internet and Prison Service intranet to provide up-to-date reference material. (6.32, see paragraph 6.18)

### **Physical education and health promotion**

---

- 10.132 The PE department should record prisoners participating in PE to ensure fairness and equality. (6.40, see paragraph 6.37)

### **Time out of cell**

---

- 10.133 The number of women locked in their rooms during activity periods should be reduced significantly. (6.47, see paragraph 6.42)
- 10.134 The published regime should be adhered to consistently. (6.48, see paragraph 6.43)
- 10.135 All women prisoners should have the opportunity for at least one hour of exercise in the open air every day. (6.49, see paragraph 6.44)

### **Security and rules**

---

- 10.136 Women should not be handcuffed on and off escort vehicles unless a risk assessment indicates a specific risk. (7.7, see paragraph 7.4)
- 10.137 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, see paragraph 7.3)
- 10.138 All women on closed visits should have their case reviewed monthly. (7.9, see paragraph 7.4)
- 10.139 Data from the strip searching log should be routinely analysed for emerging trends. (7.10, see paragraph 7.5)
- 10.140 Rules should be properly explained on induction, displayed on all units in an appropriate range of languages and applied consistently. (7.11, see paragraph 7.6)

### **Discipline**

---

- 10.141 All adjudication charges should be thoroughly investigated, regardless of the prisoner's plea, before a finding is made by the adjudicator. (7.26, see paragraph 7.15)
- 10.142 Punishments at adjudications should use the lower end of the tariff as a starting point in deciding the appropriate level. (7.27, see paragraph 7.16)

- 10.143 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, see paragraph 7.19)
- 10.144 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, see paragraph 7.23)

### **Incentives and earned privileges**

---

- 10.145 Unconvicted women should not be required to be in employment or education to be eligible for enhanced level privileges. (7.38, see paragraph 7.33)
- 10.146 Prisoners should not receive different pay rates for the same job. (7.39, see paragraph 7.36)
- 10.147 History sheets should evidence more reasoned discussion with prisoners before warnings are given. (7.40, see paragraph 7.37)

### **Catering**

---

- 10.148 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, see paragraph 8.7)

### **Prison shop**

---

- 10.149 Prisoners should be periodically consulted about the canteen list. (8.17, see paragraph 8.14)
- 10.150 Catalogue shopping should be reintroduced for all women. (8.18, see paragraph 8.15)

### **Strategic management of resettlement**

---

- 10.151 Responses to pre-release checks should be formally monitored and used to inform resettlement services. (9.8, see paragraph 9.7)

### **Offender management and planning**

---

- 10.152 Sentence planning boards should be held for all women serving 12 months or more. (9.30, see paragraph 9.13)

### **Resettlement pathways**

---

- 10.153 The prison should introduce a pre-release programme at an appropriate stage of sentence. (9.44, see paragraph 9.36)
- 10.154 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, see paragraph 9.37)

- 10.155 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, see paragraph 9.62)
- 10.156 All prisoners should be able to have at least one visit a week. (9.75, see paragraph 9.63)
- 10.157 The booking system should be improved to meet the needs of the number of visitors. (9.76, see paragraph 9.64)
- 10.158 Visits should start at the advertised time and last for the designated length. (9.77, see paragraph 9.65)
- 10.159 Closed visits should be authorised only when there is a significant risk justified by security intelligence. (9.78, see paragraph 9.66)
- 10.160 Closed visits should be able to be used in private. (9.79, see paragraph 9.67)
- 10.161 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, see paragraph 9.67)
- 10.162 Family days should be open to all women and without cost to them. (9.81, see paragraph 9.69)
- 10.163 Women prisoners should be able to participate in relationship counselling with their immediate family. (9.82, see paragraph 9.70)
- 10.164 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, see paragraph 9.71)
- 10.165 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, see paragraph 9.72)
- 10.166 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, see paragraph 9.90)
- 10.167 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, see paragraphs 9.92 and 9.93)

## **Housekeeping points**

---

### **First days in custody**

---

- 10.168 Newspapers, magazines and other means of occupying women should be provided in holding rooms. (1.36, see paragraph 1.12)
- 10.169 New arrivals should be told how long the reception pack is to last, its cost and the repayment system. (1.37, see paragraph 1.13)
- 10.170 The aim of the cell-sharing risk assessment and terms used should be explained. (1.38, see paragraph 1.14)

- 10.171 A pen should be given to new arrivals. (1.39, see paragraph 1.21)
- 10.172 All women on induction should receive the information sheet about the support available and officers should ensure that they can read and understand it. (1.40, see paragraph 1.24)

### **Residential units**

---

- 10.173 Washing up liquid should be readily available. (2.29, see paragraph 2.6)
- 10.174 Prisoners should be able to get cleaning materials at least weekly. (2.30, see paragraph 2.8)
- 10.175 All cleaners should have appropriate training. (2.31, see paragraph 2.8)
- 10.176 Women prisoners should be able to exchange prison-issue clothing weekly. (2.32, see paragraph 2.11)
- 10.177 Women without sufficient clothes of their own should be able to get additional non-prison issue items on or shortly after arrival. (2.33, see paragraph 2.11)

### **Bullying and violence reduction**

---

- 10.178 All members of the violence reduction committee, including prisoner representatives, should attend the monthly meetings. (3.14, see paragraph 3.5)
- 10.179 Management checks of anti-bullying documentation should ensure that observations are appropriate and feedback should be provided to residential staff. (3.15, see paragraph 3.7)
- 10.180 Violence reduction notice boards should be kept up to date. (3.16, see paragraph 3.8)
- 10.181 Staff and prisoner violence reduction representatives should be selected to represent each unit. (3.17, see paragraph 3.8)

### **Self-harm and suicide**

---

- 10.182 Listeners should be represented at all suicide prevention meetings. (3.43, see paragraph 3.19)
- 10.183 A local protocol for the use of the safer cells outlined in the suicide prevention policy should be developed. (3.44, see paragraph 3.28)

### **Mothers and babies**

---

- 10.184 Officers should not wear prison uniforms on the mother and baby unit. (3.66, see paragraph 3.49)
- 10.185 Mothers should be able to cater fully for themselves and their children. (3.67, see paragraph 3.50)
- 10.186 The facility in the crèche should be available to mothers and babies at weekends and in the evenings. (3.68, see paragraph 3.54)

## **Race equality**

---

10.187 The database for racially aggravated offences and wing records should be updated when moves take place. (4.19, see paragraph 4.14)

## **Foreign nationals**

---

10.188 Foreign national committee meetings should take place as scheduled. (4.41, see paragraph 4.29)

10.189 Photographs of officer and prisoner foreign national representatives should be displayed across all residential units and activity areas. (4.42, see paragraph 4.32)

10.190 All prisoners and staff should be advised that prisoners can exchange each unused visiting order for £2.50 of telephone credit. (4.43, see paragraph 4.34)

## **Health services**

---

10.191 Health care policies should be reviewed in line with their review date. (5.13, see paragraph 5.3)

10.192 Prisoners should be given information about prison health services on arrival. (5.14, see paragraph 5.8)

10.193 Prisoners should receive an introduction to health services during induction. (5.38, see paragraph 5.28)

10.194 The availability of services for high risk groups should be advertised throughout the prison. (5.39, see paragraph 5.30)

10.195 The availability of barrier protection should be advertised throughout the prison. (5.40, see paragraph 5.30)

10.196 The use of general stock should be audited so that stock supplied can be reconciled against prescriptions issued. (5.53, see paragraph 5.42)

10.197 All pharmacy procedures and policies should be signed by the relevant staff to show they have agreed to adopt them. (5.54, see paragraph 5.45)

10.198 Medicines management checks done by the pharmacy technicians in the treatment rooms should be documented. (5.55, see paragraph 5.46)

10.199 An x-ray viewer should be provided in the dental surgery. (5.65, see paragraph 5.56)

10.200 The dental surgery flooring should be sealed at the edges. (5.66, see paragraph 5.56)

10.201 Hazardous waste should be collected and waste disposal contracts should be available. (5.67, see paragraph 5.56)

10.202 There should be a receptacle in the dental surgery for storage of extracted teeth containing amalgam. (5.68 see paragraph 5.57)

- 10.203 Relevant documentation relating to the practice of dentistry should be available and complete. (5.69 see paragraph 5.57)
- 10.204 There should be cover for the dentist's annual and sick leave. (5.70 see paragraph 5.58)
- 10.205 Personal dental treatment plan forms (FP17DC) should be used. (5.71 see paragraph 5.59)
- 10.206 Women prisoners should be escorted to the dental clinic in accordance with their appointment time. (5.72 see paragraph 5.59)

### **Learning and skills and work activities**

---

- 10.207 A visit to the library should be included in the prison induction. (6.33, see paragraph 6.17)
- 10.208 The library should record usage to monitor equality of access. (6.34, see paragraph 6.17)

### **Time out of cell**

---

- 10.209 Weatherproof clothing should be provided to allow women time in the open air in poor weather conditions. (6.50, see paragraph 6.45)

### **Discipline**

---

- 10.210 All women should be given a pen and paper during their adjudication. (7.30, see paragraph 7.14)
- 10.211 All planned removals should be filmed and subsequently scrutinised by senior managers. (7.31, see paragraph 7.18)

### **Incentives and earned privileges**

---

- 10.212 The monitoring and review of women on basic should evidence discussion about progress against targets. (7.41, see paragraph 7.35)

### **Catering**

---

- 10.213 There should be more direct consultation with prisoner representatives about food and catering. (8.10, see paragraph 8.4)

### **Offender management and planning**

---

- 10.214 Women should be told verbally about their allocation. (9.31, see paragraph 9.18)
- 10.215 All lifer officers should be trained in lifer procedures. (9.37, see paragraph 9.22)

### **Resettlement pathways**

---

- 10.216 The end of life policy should be further developed in partnership with local services and include palliative care. (9.46, see paragraph 9.38)

- 10.217 The CARAT team should provide women with written induction information. (9.58, see paragraph 9.50)
- 10.218 Managers should explore with women the reasons for dissatisfaction with post and address any identified shortfalls. (9.85, see paragraph 9.62)
- 10.219 Prisoners should be able to receive incoming calls from children or to deal with arrangements for them. (9.86, see paragraph 9.71)

### Good practice

---

- 10.220 The work with mental health clients following release provided excellent continuity of care and ensured that women were referred on to community services. (9.47, see paragraph 9.39)



## Appendix I: Inspection team

---

Anne Owers	HM Chief Inspector of Prisons
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Kellie Reeve	Inspector
Martin Owens	Inspector
Elizabeth Tysoe	Health care inspector
Paul Tarbuck	Health care inspector
Helen Jackson	Pharmacy inspector
Jen Davies	Dental services inspector
Sigrid Engelen	Substance use inspector
Sherrelle Parke	Researcher
Amy Pearson	Researcher
Amy Summerfield	Researcher
Adam Altoft	Researcher
Bob Cowdrey	Ofsted lead
Rosy Belton	Ofsted
Richard Beaumont	Ofsted
Gerard McGrath	Ofsted

## Appendix II: Prison population profile<sup>1</sup>

### Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	43	225	57.39
Recall	3	18	4.49
Convicted unsentenced	5	53	12.42
Remand	14	83	20.77
Civil prisoners	0	0	0
Detainees	3	20	4.92
Total	68	399	99.99

Sentence	18–20 yr olds	21 and over	%
Unsentenced	22	155	37.90
Less than 6 months	5	66	15.20
6 months to less than 12 months	4	33	7.93
12 months to less than 2 years	13	30	9.20
2 years to less than 4 years	13	42	11.77
4 years to less than 10 years	7	28	7.50
10 years and over (not life)	0	5	1.07
ISPP	0	12	2.57
Life	4	28	6.86
Total	68	399	100

Age	Number of prisoners	%
Please state minimum age		
Under 21 years	68	14.56
21 years to 29 years	155	33.19
30 years to 39 years	129	27.62
40 years to 49 years	87	18.63
50 years to 59 years	22	4.71
60 years to 69 years	5	1.07
70 plus years	1	0.21
Maximum age	N/A	0
Total	467	99.99

Nationality	18–20 yr olds	21 and over	%
British	51	259	66.38
Foreign nationals	17	140	33.62
Total	68	399	100

Security category	18–20 yr olds	21 and over	%
Uncategorised unsentenced	0	0	0
Uncategorised sentenced	68	399	85.44
Cat A	0	0	0
Cat B	0	0	0

<sup>1</sup> Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Cat C	0	0	0
Cat D	0	0	0
Other	0	0	0
Total	68	399	85.44

Ethnicity	18–20 yr olds	21 and over	%
<i>White</i>			
British	27	175	43.25
Irish	0	4	0.86
Other white	10	65	16.06
<i>Mixed</i>			
White and black Caribbean	5	12	3.64
White and black African	1	1	0.42
White and Asian	1	0	0.21
Other mixed	2	4	1.29
<i>Asian or Asian British</i>			
Indian	1	5	1.28
Pakistani	0	2	0.43
Bangladeshi	0	3	0.64
Other Asian	3	7	2.14
<i>Black or black British</i>			
Caribbean	6	48	11.56
African	10	40	10.71
Other black	2	22	5.14
<i>Chinese or other ethnic group</i>			
Chinese	0	3	0.64
Other ethnic group	0	8	1.71
Not stated	0	0	0
Total	68	399	99.98

Religion	18–20 yr olds	21 and over	%
Baptist	0	3	0.64
Church of England	14	111	23.77
Roman Catholic	9	63	15.42
Other Christian denominations	7	33	34.5
Muslim	6	29	7.49
Sikh	1	3	0.85
Hindu	0	2	0.43
Buddhist	1	3	0.85
Jewish	0	0	0
Other	0	4	0.86
No religion	30	148	38.11
Total	68	399	97.63

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	4	1.38	76	26.21
1 month to 3 months	8	2.76	64	22.07
3 months to 6 months	16	5.52	24	8.28
6 months to 1 year	11	3.79	36	12.41
1 year to 2 years	3	1.03	21	7.24
2 years to 4 years	3	1.03	18	6.21
4 years or more	0	0.00	5	1.72
Total	290	15.51		84.14

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	9	5.08	57	32.20
1 month to 3 months	6	3.39	65	36.72
3 months to 6 months	5	2.82	22	12.43
6 months to 1 year	2	1.13	8	4.52
1 year to 2 years	0	0	3	1.69
2 years to 4 years	0	0	0	0
4 years or more	0	0	0	0
Total	177	12.42	155+	87.56

Main offence	18–20 yr olds	21 and over	%
Violence against the person	23	102	26.77
Sexual offences	1	4	1.07
Burglary	1	11	2.57
Robbery	12	26	8.14
Theft and handling	6	72	16.70
Fraud and forgery	2	54	11.99
Drugs offences	9	34	9.21
Other offences	13	85	20.98
Civil offences	0	1	0.21
Offence not recorded/holding warrant	1	10	2.35
Total	68	399	99.99

## Appendix III: Safety and staff-prisoner relationships interviews

---

Thirty prisoners were approached by the research team to undertake structured interviews regarding issues of safety and staff-prisoner relationships at HMP Holloway.

### Location of interviews

---

	Number of interviews
A3 unit	3
A4 unit	3
A5 unit	3
B3 unit	3
B4 unit	3
B5 unit	3
C3 unit	2
C4 unit	2
C5 unit	3
D3 unit	2
H1 unit	3
<b>Total</b>	<b>30</b>

Interviews were undertaken in a private interview room and participation was voluntary. An interview schedule was used to maintain consistency. Therefore all interviewees were asked the same questions. The interview schedule had two distinct sections, the first covering safety and the second staff-prisoner relationships.

The demographic information of interviewees is detailed below followed by the results from each section.

### Demographic information

---

- Length of time in prison on this sentence ranged from one week to six years.
- Length of time at HMP Holloway ranged from one week to six years.
- Twenty-one interviewees were sentenced, eight were on remand and one was an immigration detainee.
- Sentence length ranged from three weeks to life.
- Average age was 30 years (ranging from 19 to 50).
- Thirteen interviews were conducted with black and minority ethnic prisoners and 17 with white prisoners.
- Twelve interviewees stated their religion as Christian, four as Catholic, two as Muslim, one as Sikh, one as Buddhist and one as Pagan. The remaining 10 prisoners stated that they had no religion.
- Six interviewees stated they were a foreign national.
- Eight interviewees stated they had a disability.

### Safety

---

All interviewees were asked to identify areas of concern with regards to safety in HMP Holloway, as well as rating the problem on a scale of 1-4 (1 = a little unsafe, to 4 = extremely unsafe). A 'seriousness

score' was then calculated by multiplying the number of individuals who thought the issue was a problem by the average rating score.

Scores highlighted in red indicate areas in which over 50% of respondents mentioned the area to be of concern.

	Yes, this is a problem (number of respondents)	Average rate (1 = a little unsafe, to 4 = extremely unsafe)	Seriousness score
Layout/structure of the prison	15	2.3	34
Movement to work/education/gym	12	2.8	33
Overcrowding	13	2.3	30
Response of staff with regards to fights/bullying/self-harm in the prison	11	2.7	30
Health care facilities	10	2.9	29
Availability of drugs	9	3.2	29
Aggressive body language of prisoners	12	2.3	28
Staff behaviour with prisoners	10	2.7	27
Lack of confidence in staff	10	2.3	23
Surveillance cameras	10	2.3	23
Lack of trust in staff	10	2.1	21
Number of staff on duty during association	7	2.4	17
Lack of information about prison regime	7	2.4	17
The way meals are served	7	2.4	17
Number of staff on duty during the day	2	2.7	16
Existence of an illegal market	5	3.2	16
Aggressive body language of staff	4	2.75	11
Procedures for discipline (adjudications)	4	2.5	10
Staff members giving favours in return for something	3	3	9
Isolation (within the prison)	3	2.7	8
Gang culture	2	3	6

### **The top five issues were:**

---

#### **1. Layout/structure of the prison**

Interviewees reported feeling unsafe in the hidden areas of the prison, namely the corners of the corridor that are out of view from the office and not monitored by staff. It was reported that these areas are likely to be the location of fights.

#### **2. Movement to work/education/gym**

Interviewees reported that they felt unsafe on main movement, particularly on the stairwells. They complained that there were not enough staff to supervise the large number of prisoners and felt that 'anything can happen'.

### 3. Overcrowding

This safety issue related mainly to interviewees having to share dormitories with up to five other people. Others concerned overcrowding on movement, at education and in the gym.

### 4. Response of staff to fights/bullying/self-harm in the prison

Interviewees reported feeling unsafe because staff sometimes did not see fights or were unaware of bullying taking place. It was mentioned that staff took too long to respond to the cell bell, which could indicate prisoners were concerned about fights occurring in dormitories. Bullying mainly involved taking other prisoners' canteen sheet, tobacco or medication, with victims likely to be vulnerable first-timers.

### 5. Health care facilities

## Overall rating

---

Interviewees were asked to give an overall rating for safety at HMP Holloway, with 1 being very bad and 4 being very good. **The average rating was 2.6.**

A breakdown of the scores given is shown in the table below:

1	2	3	4
2 (7%)	11 (37%)	14 (47%)	3 (10%)

## Staff-prisoner relationships

---

All interviewees were asked to rate their relationship with wing staff for the following questions. However, one interviewee did not answer this part of the interview so these findings are out of 29 respondents. For each question, a breakdown of responses is provided, as well as an average rating, where applicable.

### 1. Do you feel that staff are respectful towards you?

1 Completely	2	3	4 Not at all
8 (28%)	10 (34%)	9 (31%)	2 (7%)

The average rating was 2.2

Comments mostly described staff rudeness and disagreeable attitudes, although the overall score is on the positive side.

### 2. How often are staff appropriate in their comments and attitudes to you?

1 Always	2	3	4 Never
8 (28%)	8 (28%)	11 (38%)	2 (7%)

The average rating was 2.2

Comments may indicate a lack of professionalism in the interactions between wing staff and women at Holloway. Women describe feeling belittled on occasions, but the ratings are split evenly between positive and negative.

**3. How often do wing staff address you by your first name or by Mr/Ms?**

1 Always	2	3	4 Never
7 (24%)	3 (10%)	14 (48%)	5 (17%)

The average rating was 2.6

Most said they were called by their surname but did not really mind, although one woman commented that it was annoying being called by just her surname if the person was half her age.

**4. How often do wing staff knock before entering your cell?**

1 Always	2	3	4 Never
10 (34%)	11 (38%)	4 (14%)	4 (14%)

The average rating was 2.1

While most women said staff did knock before entering, some mentioned the lack of privacy when officers do not knock.

**5. How helpful are staff generally with questions and day-to-day issues?**

1 Very helpful	2	3	4 Not at all helpful
7 (24%)	9 (31%)	8 (28%)	5 (17%)

The average rating was 2.4

Women described some of their frustrations at trying to get help from officers for simple everyday requests and tasks. While there were many positive comments about helpful staff, there was also an equal amount regarding lazy and unhelpful officers.

**6. How often are staff appropriate in their behaviour?**

1 Always	2	3	4 Never
11 (37%)	9 (31%)	7 (24%)	2 (7%)

The average rating was 2

Similar to inappropriate attitudes and comments, some women felt officers were unprofessional at times.

**7. Do staff treat prisoners fairly?**

1 Completely	2	3	4 Not at all
10 (34%)	7 (24%)	8 (28%)	4 (14%)

The average rating was 2.2

While the rating is on the positive side, any comments received were largely negative references to favouritism and the unfair treatment some had experienced.



**8. Do staff members treat you fairly when applying the rules of the prison?**

1 Completely	2	3	4 Not at all
12 (41%)	9 (31%)	5 (17%)	3 (10%)

The average rating was 2.

**9. Are staff fair and consistent in their approach to the IEP scheme?\***

1 Completely	2	3	4 Not at all
6 (23%)	6 (23%)	9 (35%)	5 (19%)

*\*Three missing cases*

The average rating was 2.5

Interviewees often commented on the unfair use of IEP warnings for very petty incidents. They felt the IEP system was used to threaten and punish rather than reward, as there were few useful benefits from being on the enhanced level.

**10. Would staff take it seriously if you were being victimised or bullied on the wing?**

Yes	No	Depends who you approach
17 (61%)	6 (21%)	5 (18%)

**11. How often do staff interact with you?**

1 Always	2	3	4 Never
9 (31%)	5 (17%)	7 (24%)	8 (28%)

The average rating was 2.5

**12. Do you have a member of staff to turn to if you have a problem?**

11 (38%) answered no to this question, while 18 (62%) felt they did have a member of staff they could turn to. Of these 18, the following ratings were given in reference to the amount of staff they felt they could approach:

1 Many	2	3	4 One
3 (20%)	3 (20%)	7 (47%)	2 (13%)

The average rating was 2.5

**13. Can you approach your personal officer?**

Yes	No	Do not have one
15 (52%)	7 (24%)	7 (24%)

**14. Do staff challenge inappropriate behaviour?**

1 Always	2	3	4 Never
12 (41%)	7 (24%)	9 (31%)	1 (3%)

The average rating was 2

**15. Do staff promote responsible behaviour?**

1 Always	2	3	4 Never
11 (38%)	6 (21%)	6 (21%)	6 (21%)

The average rating was 2.2

**16. Do staff provide assistance if you need it in applying for jobs/education/ROTL etc.?**

1 Always	2	3	4 Never
6 (27%)	4 (18%)	5 (23%)	7 (32%)

The average rating was 2.6

**17. Do staff actively encourage you to take part in activities outside your cell?**

1 Always	2	3	4 Never
12 (41%)	3 (10%)	5 (17%)	9 (31%)

The average rating was 2.4

**18. Have you ever been discriminated against by staff because of:**

- Ethnicity

Two (7%) interviewees felt they had been discriminated against because of their ethnicity.

- Nationality

Two (7%) interviewees felt they had been discriminated against because of their nationality.

- Religion

One (3%) interviewee felt they had been discriminated against because of their religion.

- Your age

One (3%) interviewee felt they had been discriminated against because of their age.

- No one felt discriminated against because of a disability or sexual orientation.

- Sentence status

One interviewee felt that she had been discriminated against because of her sentence status.

**Overall rating**

---

Interviewees were asked to give an overall rating for staff-prisoner relationships at HMP Holloway, with 1 being excellent and 4 being poor.

**The average rating was 2.4.**

A breakdown of the scores given is shown in the table below:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
7 (24%)	8 (28%)	9 (31%)	5 (17%)

# 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.

### Choosing the sample size

---

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

At the time of the survey on 14 April 2010, the prisoner population at HMP Holloway was 441. The sample size was 196. Overall, this represented 44% of the prisoner population.

### Selecting the sample

---

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

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

## Methodology

---

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

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

- have their questionnaire ready to hand back to a member of the research team at a specified time
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable
- seal the questionnaire in the envelope provided and leave it in their room for collection

Respondents were not asked to put their names on their questionnaire.

## Response rates

---

In total, 161 respondents completed and returned their questionnaires. This represented 37% of the prison population. The response rate was 82%. In addition to the six respondents who refused to complete a questionnaire, 22 questionnaires were not returned and seven were returned blank.

## Comparisons

---

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

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

The following analyses have been conducted:

- The current survey responses in 2010 against comparator figures for all prisoners surveyed in female prisons. This comparator is based on all responses from prisoner surveys carried out in 13 women prisons since April 2003.
- The current survey responses in 2010 against the responses of prisoners surveyed at HMP/YOI Holloway in 2008.
- A comparison within the 2010 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2010 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2010 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2010 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 2010 survey between responses of prisoners who consider themselves to be homosexual, bisexual or other and those who consider themselves to be heterosexual.
- A comparison within the 2010 survey between responses of prisoners who are aged 21 and under and those who are over 21.

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

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

## Summary

---

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

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

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

## Summary of survey results

---

### Section 1: About you

Q1.1	What wing or houseblock are you currently living on? See front sheet	
Q1.2	How old are you?	
	<i>Under 21</i>	26 (16%)
	<i>21 - 29</i>	64 (40%)
	<i>30 - 39</i>	41 (26%)
	<i>40 - 49</i>	22 (14%)
	<i>50 - 59</i>	5 (3%)
	<i>60 - 69</i>	0 (0%)
	<i>70 and over</i>	1 (1%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	92 (58%)
	<i>Yes - on recall</i>	11 (7%)
	<i>No - awaiting trial</i>	25 (16%)
	<i>No - awaiting sentence</i>	28 (18%)
	<i>No - awaiting deportation</i>	3 (2%)
Q1.4	How long is your sentence?	
	<b><i>Not sentenced</i></b>	56 (36%)
	<i>Less than 6 months</i>	24 (15%)
	<i>6 months to less than 1 year</i>	17 (11%)
	<i>1 year to less than 2 years</i>	11 (7%)
	<i>2 years to less than 4 years</i>	17 (11%)
	<i>4 years to less than 10 years</i>	11 (7%)
	<i>10 years or more</i>	2 (1%)
	<i>IPP (Indeterminate Sentence for Public Protection)</i>	5 (3%)
	<i>Life</i>	12 (8%)
Q1.5	Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?	
	<b><i>Not sentenced</i></b>	56 (40%)
	<i>6 months or less</i>	54 (38%)
	<i>More than 6 months</i>	31 (22%)
Q1.6	How long have you been in this prison?	
	<i>Less than 1 month</i>	42 (26%)
	<i>1 to less than 3 months</i>	42 (26%)
	<i>3 to less than 6 months</i>	21 (13%)
	<i>6 to less than 12 months</i>	23 (14%)
	<i>12 months to less than 2 years</i>	12 (7%)
	<i>2 to less than 4 years</i>	15 (9%)
	<i>4 years or more</i>	6 (4%)
Q1.7	Are you a foreign national (i.e. do not hold UK citizenship)?	
	<i>Yes</i>	38 (24%)
	<i>No</i>	120 (76%)

Q1.8	<b>Is English your first language?</b>			
	<i>Yes</i>			126 (81%)
	<i>No</i>			29 (19%)
Q1.9	<b>What is your ethnic origin?</b>			
	<i>White - British</i>	65 (41%)	<i>Asian or Asian British - Bangladeshi</i>	2 (1%)
	<i>White - Irish</i>	4 (3%)	<i>Asian or Asian British - other</i>	4 (3%)
	<i>White - other</i>	15 (10%)	<i>Mixed heritage - white and black Caribbean</i>	16 (10%)
	<i>Black or black British - Caribbean</i>	14 (9%)	<i>Mixed heritage - white and black African</i>	2 (1%)
	<i>Black or black British - African</i>	19 (12%)	<i>Mixed heritage - white and Asian</i>	1 (1%)
	<i>Black or black British - other</i>	4 (3%)	<i>Mixed heritage - other</i>	5 (3%)
	<i>Asian or Asian British - Indian</i>	2 (1%)	<i>Chinese</i>	0 (0%)
	<i>Asian or Asian British - Pakistani</i>	1 (1%)	<i>Other ethnic group</i>	3 (2%)
Q1.10	<b>Do you consider yourself to be Gypsy/Romany/Traveller?</b>			
	<i>Yes</i>			13 (8%)
	<i>No</i>			143 (92%)
Q1.11	<b>What is your religion?</b>			
	<i>None</i>	39 (25%)	<i>Hindu</i>	0 (0%)
	<i>Church of England</i>	34 (22%)	<i>Jewish</i>	0 (0%)
	<i>Catholic</i>	36 (23%)	<i>Muslim</i>	18 (12%)
	<i>Protestant</i>	2 (1%)	<i>Sikh</i>	2 (1%)
	<i>Other Christian denomination</i>	17 (11%)	<i>Other</i>	7 (4%)
	<i>Buddhist</i>	1 (1%)		
Q1.12	<b>How would you describe your sexual orientation?</b>			
	<i>Heterosexual/straight</i>			121 (78%)
	<i>Homosexual/gay</i>			11 (7%)
	<i>Bisexual</i>			22 (14%)
	<i>Other</i>			2 (1%)
Q1.13	<b>Do you consider yourself to have a disability?</b>			
	<i>Yes</i>			33 (21%)
	<i>No</i>			127 (79%)
Q1.14	<b>How many times have you been in prison before?</b>			
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
	79 (49%)	22 (14%)	34 (21%)	25 (16%)
Q1.15	<b>Including this prison, how many prisons have you been in during this sentence/remand time?</b>			
	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>	
	110 (72%)	38 (25%)	4 (3%)	
Q1.16	<b>Do you have any children under the age of 18?</b>			
	<i>Yes</i>			81 (51%)
	<i>No</i>			78 (49%)



## Section 2: Courts, transfers and escorts

**Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons. How was:**

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	11 (7%)	54 (35%)	25 (16%)	35 (23%)	19 (12%)	9 (6%)	2 (1%)
Your personal safety during the journey?	13 (9%)	53 (38%)	22 (16%)	27 (19%)	21 (15%)	3 (2%)	1 (1%)
The comfort of the van?	4 (3%)	13 (9%)	11 (7%)	37 (25%)	80 (53%)	4 (3%)	1 (1%)
The attention paid to your health needs?	9 (6%)	30 (20%)	23 (16%)	32 (22%)	37 (25%)	6 (4%)	10 (7%)
The frequency of toilet breaks?	4 (3%)	12 (8%)	15 (10%)	26 (18%)	60 (41%)	3 (2%)	28 (19%)

**Q2.2 How long did you spend in the van?**

	<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
	48 (30%)	72 (46%)	24 (15%)	5 (3%)	9 (6%)

**Q2.3 How did you feel you were treated by the escort staff?**

	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	32 (20%)	68 (43%)	35 (22%)	12 (8%)	10 (6%)	1 (1%)

**Q2.4 Please answer the following questions about when you first arrived here:**

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	119 (76%)	36 (23%)	2 (1%)
Before you arrived here did you receive any written information about what would happen to you?	15 (10%)	129 (83%)	12 (8%)
When you first arrived here did your property arrive at the same time as you?	124 (82%)	24 (16%)	4 (3%)

## Section 3: Reception, first night and induction

**Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)**

<i>Didn't ask about any of these</i>	15 (10%)	<i>Money worries</i>	30 (19%)
<i>Loss of property</i>	14 (9%)	<i>Feeling depressed or suicidal</i>	90 (58%)
<i>Housing problems</i>	48 (31%)	<i>Health problems</i>	93 (60%)
<i>Contacting employers</i>	17 (11%)	<i>Needing protection from other prisoners</i>	20 (13%)
<i>Contacting family</i>	103 (67%)	<i>Accessing phone numbers</i>	72 (47%)
<i>Ensuring dependants were being looked after</i>	39 (25%)	<i>Other</i>	7 (5%)

**Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)**

<i>Didn't have any problems</i>	24 (17%)	<i>Money worries</i>	46 (33%)
<i>Loss of property</i>	23 (16%)	<i>Feeling depressed or suicidal</i>	62 (44%)
<i>Housing problems</i>	50 (35%)	<i>Health problems</i>	68 (48%)
<i>Contacting employers</i>	12 (9%)	<i>Needing protection from other prisoners</i>	18 (13%)
<i>Contacting family</i>	65 (46%)	<i>Accessing phone numbers</i>	46 (33%)
<i>Ensuring dependants were looked after</i>	20 (14%)	<i>Other</i>	7 (5%)

Q3.3	Please answer the following questions about reception:				
		Yes	No	Don't remember	
	Were you seen by a member of health services?	133 (85%)	18 (11%)	6 (4%)	
	When you were searched, was this carried out in a respectful way?	121 (77%)	30 (19%)	6 (4%)	
Q3.4	Overall, how well did you feel you were treated in reception?				
	Very well	Well	Neither	Badly	Very badly
	26 (17%)	52 (33%)	47 (30%)	18 (11%)	11 (7%)
Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)				
	<i>Information about what was going to happen to you</i>				68 (45%)
	<i>Information about what support was available for people feeling depressed or suicidal</i>				58 (38%)
	<i>Information about how to make routine requests</i>				38 (25%)
	<i>Information about your entitlement to visits</i>				48 (32%)
	<i>Information about health services</i>				53 (35%)
	<i>Information about the chaplaincy</i>				41 (27%)
	<b>Not offered anything</b>				50 (33%)
Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)				
	<i>A smokers/non-smokers pack</i>				128 (82%)
	<i>The opportunity to have a shower</i>				67 (43%)
	<i>The opportunity to make a free telephone call</i>				125 (80%)
	<i>Something to eat</i>				129 (83%)
	<b>Did not receive anything</b>				1 (1%)
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)				
	<i>Chaplain or religious leader</i>				39 (26%)
	<i>Someone from health services</i>				110 (74%)
	<i>A Listener/Samaritans</i>				30 (20%)
	<b>Did not meet any of these people</b>				26 (17%)
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?				
	Yes				30 (19%)
	No				124 (81%)
Q3.9	Did you feel safe on your first night here?				
	Yes				95 (61%)
	No				49 (31%)
	Don't remember				12 (8%)
Q3.10	How soon after your arrival did you go on an induction course?				
	<b>Have not been on an induction course</b>				32 (21%)
	<i>Within the first week</i>				89 (58%)
	<i>More than a week</i>				23 (15%)
	<i>Don't remember</i>				9 (6%)
Q3.11	Did the induction course cover everything you needed to know about the prison?				
	<b>Have not been on an induction course</b>				32 (22%)
	Yes				49 (33%)
	No				47 (32%)
	Don't remember				19 (13%)

## Section 4: Legal rights and respectful custody

Q4.1	<b>How easy is it to:</b>						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	15 (10%)	35 (23%)	29 (19%)	40 (26%)	29 (19%)	4 (3%)
	Attend legal visits?	23 (16%)	50 (34%)	28 (19%)	21 (14%)	9 (6%)	15 (10%)
	Obtain bail information?	4 (3%)	13 (9%)	21 (15%)	33 (24%)	21 (15%)	48 (34%)
Q4.2	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>						
	<i>Not had any letters</i>						13 (9%)
	<i>Yes</i>						65 (43%)
	<i>No</i>						74 (49%)
Q4.3	<b>Please answer the following questions about the wing/unit you are currently living on:</b>						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>		
	Are you normally offered enough clean, suitable clothes for the week?	60 (39%)	67 (44%)	5 (3%)	21 (14%)		
	Are you normally able to have a shower every day?	117 (75%)	37 (24%)	0 (0%)	1 (1%)		
	Do you normally receive clean sheets every week?	103 (66%)	42 (27%)	3 (2%)	7 (5%)		
	Do you normally get cell cleaning materials every week?	108 (70%)	42 (27%)	2 (1%)	2 (1%)		
	Is your cell call bell normally answered within five minutes?	36 (24%)	98 (64%)	14 (9%)	5 (3%)		
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	86 (57%)	60 (40%)	2 (1%)	2 (1%)		
	Can you normally get your stored property, if you need to?	34 (23%)	79 (52%)	29 (19%)	9 (6%)		
Q4.4	<b>What is the food like here?</b>						
	<i>Very good</i>	3 (2%)	22 (14%)	30 (19%)	46 (30%)	54 (35%)	
Q4.5	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>						
	<i>Have not bought anything yet</i>						4 (3%)
	<i>Yes</i>						59 (38%)
	<i>No</i>						91 (59%)
Q4.6	<b>Is it easy or difficult to get:</b>						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	A complaint form	42 (27%)	68 (44%)	8 (5%)	15 (10%)	9 (6%)	13 (8%)
	An application form	38 (25%)	71 (47%)	12 (8%)	15 (10%)	7 (5%)	7 (5%)
Q4.7	<b>Have you made an application?</b>						
	<i>Yes</i>						128 (83%)
	<i>No</i>						27 (17%)
Q4.8	<b>Please answer the following questions concerning applications: (If you have not made an application please tick the 'not made one' option.)</b>						
		<i>Not made one</i>	<i>Yes</i>	<i>No</i>			
	Do you feel <i>applications</i> are dealt with fairly?	27 (18%)	63 (43%)	56 (38%)			
	Do you feel <i>applications</i> are dealt with promptly (within seven days)?	27 (19%)	34 (24%)	83 (58%)			

Q4.9	Have you made a complaint? Yes No						73 (48%) 78 (52%)
Q4.10	Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)						
		<b>Not made one</b>	Yes	No			
	Do you feel <i>complaints</i> are dealt with fairly?	78 (52%)	21 (14%)	50 (34%)			
	Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	78 (51%)	25 (16%)	50 (33%)			
	Were you given information about how to make an appeal?	40 (30%)	23 (17%)	71 (53%)			
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison? <i>Not made a complaint</i> Yes No						78 (51%) 23 (15%) 51 (34%)
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)? <i>Don't know who they are</i> 39 (26%)	<i>Very easy</i> 14 (9%)	<i>Easy</i> 34 (23%)	<i>Neither</i> 25 (17%)	<i>Difficult</i> 27 (18%)	<i>Very difficult</i> 9 (6%)	
Q4.13	What level of the IEP scheme are you on now? <i>Don't know what the IEP scheme is</i> <i>Enhanced</i> <i>Standard</i> <i>Basic</i> <i>Don't know</i>						12 (8%) 34 (22%) 94 (61%) 5 (3%) 8 (5%)
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme? <i>Don't know what the IEP scheme is</i> Yes No <i>Don't know</i>						12 (9%) 63 (45%) 43 (30%) 23 (16%)
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour? <i>Don't know what the IEP scheme is</i> Yes No <i>Don't know</i>						12 (9%) 56 (41%) 46 (34%) 23 (17%)
Q4.16	Please answer the following questions about this prison:  In the last six months have any members of staff physically restrained you (C and R)? In the last six months have you spent a night in the segregation/care and separation unit?						Yes 8 (5%) 10 (7%) No 144 (95%) 136 (93%)
Q4.17	Please answer the following questions about your religious beliefs:  Do you feel your religious beliefs are respected? Are you able to speak to a religious leader of your faith in private if you want to?						Yes 94 (61%) 91 (63%) No 28 (18%) 15 (10%) <i>Don't know/N/A</i> 32 (21%) 38 (26%)

Q4.18 Can you speak to a Listener at any time if you want to?

Yes	No	Don't know
79 (51%)	18 (12%)	57 (37%)

Q4.19 Please answer the following questions about staff in this prison:

Is there a member of staff you can turn to for help if you have a problem?	Yes 113 (73%)	No 41 (27%)
Do most staff treat you with respect?	98 (66%)	50 (34%)

### Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?

Yes	88 (57%)
No	67 (43%)

Q5.2 Do you feel unsafe in this prison at the moment?

Yes	34 (22%)
No	120 (78%)

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)

<i>Never felt unsafe</i>	67 (44%)	<i>At mealtimes</i>	16 (11%)
<i>Everywhere</i>	18 (12%)	<i>At health services</i>	9 (6%)
<i>Segregation unit</i>	5 (3%)	<i>Visit's area</i>	15 (10%)
<i>Association areas</i>	18 (12%)	<i>In wing showers</i>	26 (17%)
<i>Reception area</i>	16 (11%)	<i>In gym showers</i>	11 (7%)
<i>At the gym</i>	22 (14%)	<i>In corridors/stairwells</i>	24 (16%)
<i>In an exercise yard</i>	36 (24%)	<i>On your landing/wing</i>	25 (16%)
<i>At work</i>	7 (5%)	<i>In your cell</i>	14 (9%)
<i>During movement</i>	40 (26%)	<i>At religious services</i>	7 (5%)
<i>At education</i>	27 (18%)		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes	47 (31%)	
No	105 (69%)	If No, go to question 5.6

Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	31 (20%)	<i>Because of your sexuality</i>	6 (4%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	17 (11%)	<i>Because you have a disability</i>	7 (5%)
<i>Sexual abuse</i>	6 (4%)	<i>Because of your religion/religious beliefs</i>	5 (3%)
<i>Because of your race or ethnic origin</i>	9 (6%)	<i>Because of your age</i>	6 (4%)
<i>Because of drugs</i>	11 (7%)	<i>Being from a different part of the country than others</i>	7 (5%)
<i>Having your canteen/property taken</i>	17 (11%)	<i>Because of your offence/crime</i>	17 (11%)
<i>Because you were new here</i>	17 (11%)	<i>Because of gang related issues</i>	5 (3%)

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes	41 (28%)	
No	106 (72%)	If No, go to question 5.8

Q5.7	<b>If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)</b>			
	<i>Insulting remarks (about you or your family or friends)</i>	18 (12%)	<i>Because you have a disability</i>	5 (3%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (4%)	<i>Because of your religion/religious beliefs</i>	6 (4%)
	<i>Sexual abuse</i>	2 (1%)	<i>Because of your age</i>	5 (3%)
	<i>Because of your race or ethnic origin</i>	6 (4%)	<i>Being from a different part of the country than others</i>	3 (2%)
	<i>Because of drugs</i>	4 (3%)	<i>Because of your offence/crime</i>	10 (7%)
	<i>Because you were new here</i>	9 (6%)	<i>Because of gang related issues</i>	2 (1%)
	<i>Because of your sexuality</i>	5 (3%)		

Q5.8	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	<i>Not been victimised</i>	80 (58%)
	<i>Yes</i>	30 (22%)
	<i>No</i>	29 (21%)

Q5.9	<b>Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?</b>	
	<i>Yes</i>	56 (38%)
	<i>No</i>	90 (62%)

Q5.10	<b>Have you ever felt threatened or intimidated by a member of staff/group of staff in here?</b>	
	<i>Yes</i>	45 (31%)
	<i>No</i>	100 (69%)

Q5.11	<b>Is it easy or difficult to get illegal drugs in this prison?</b>					
	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	21 (14%)	18 (12%)	7 (5%)	9 (6%)	12 (8%)	80 (54%)

### Section 6: Health services

Q6.1	<b>How easy or difficult is it to see the following people?</b>						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	6 (4%)	3 (2%)	22 (15%)	12 (8%)	61 (41%)	44 (30%)
	The nurse	2 (1%)	18 (13%)	65 (45%)	17 (12%)	29 (20%)	12 (8%)
	The dentist	18 (13%)	2 (1%)	6 (4%)	10 (7%)	46 (32%)	61 (43%)
	The optician	24 (17%)	3 (2%)	7 (5%)	17 (12%)	45 (32%)	45 (32%)

Q6.2	<b>Are you able to see a pharmacist?</b>	
	<i>Yes</i>	34 (26%)
	<i>No</i>	98 (74%)

Q6.3	<b>What do you think of the quality of the health service from the following people?</b>						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	17 (11%)	16 (11%)	41 (27%)	27 (18%)	24 (16%)	25 (17%)
	The nurse	9 (6%)	22 (15%)	51 (34%)	26 (18%)	27 (18%)	13 (9%)
	The dentist	61 (44%)	13 (9%)	13 (9%)	16 (12%)	11 (8%)	25 (18%)
	The optician	62 (45%)	10 (7%)	17 (12%)	22 (16%)	8 (6%)	18 (13%)

Q6.4	<b>What do you think of the overall quality of the health services here?</b>					
	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	2 (1%)	9 (6%)	37 (26%)	30 (21%)	37 (26%)	30 (21%)

Q6.5	Are you currently taking medication?			
	Yes		100 (65%)	
	No		54 (35%)	
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?			
	<i>Not taking medication</i>		54 (36%)	
	Yes		47 (31%)	
	No		49 (33%)	
Q6.7	Do you feel you have any emotional well-being/mental health issues?			
	Yes		71 (47%)	
	No		81 (53%)	
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)			
	<i>Do not have any issues/not receiving any help</i>		95 (65%)	
	Doctor		22 (15%)	
	Nurse		10 (7%)	
	Psychiatrist		13 (9%)	
	Mental health in-reach team		26 (18%)	
	Counsellor		16 (11%)	
	Other		11 (8%)	
Q6.9	Did you have a problem with either of the following when you came into this prison?			
		Yes	No	
	Drugs	64 (45%)	78 (55%)	
	Alcohol	41 (32%)	86 (68%)	
Q6.10	Have you developed a problem with drugs since you have been in this prison?			
	Yes		8 (5%)	
	No		145 (95%)	
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?			
	Yes		66 (44%)	
	No		9 (6%)	
	<i>Did not/do not have a drug or alcohol problem</i>		75 (50%)	
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc) for your drug/alcohol problem, while in this prison?			
	Yes		65 (43%)	
	No		11 (7%)	
	<i>Did not / do not have a drug or alcohol problem</i>		75 (50%)	
Q6.13	Was the intervention or help you received while in this prison helpful?			
	Yes		49 (35%)	
	No		17 (12%)	
	<i>Did not have a problem/have not received help</i>		75 (53%)	
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?			
		Yes	No	Don't know
	Drugs	11 (8%)	92 (64%)	41 (28%)
	Alcohol	10 (8%)	94 (72%)	27 (21%)

Q6.15	Do you know who in this prison can help you contact external drug or alcohol agencies on release?	
	Yes	42 (28%)
	No	13 (9%)
	N/A	95 (63%)

### Section 7: Purposeful activity

Q7.1	Are you currently involved in any of the following activities? (Please tick all that apply to you.)	
	Prison job	54 (36%)
	Vocational or skills training	20 (13%)
	Education (including basic skills)	94 (62%)
	Offending behaviour programmes	18 (12%)
	<i>Not involved in any of these</i>	23 (15%)
Q7.2	If you have been involved in any of the following, while in this prison, do you think it will help you on release?	
		<i>Not been involved</i> Yes      No      Don't know
	Prison job	35 (30%)      37 (32%)      29 (25%)      15 (13%)
	Vocational or skills training	37 (39%)      27 (28%)      19 (20%)      12 (13%)
	Education (including basic skills)	15 (12%)      67 (54%)      19 (15%)      22 (18%)
	Offending behaviour programmes	36 (39%)      33 (35%)      12 (13%)      12 (13%)
Q7.3	How often do you go to the library?	
	<i>Don't want to go</i>	12 (8%)
	<i>Never</i>	43 (29%)
	<i>Less than once a week</i>	31 (21%)
	<i>About once a week</i>	37 (25%)
	<i>More than once a week</i>	15 (10%)
	<i>Don't know</i>	10 (7%)
Q7.4	On average how many times do you go to the gym each week?	
	<i>Don't want to go</i>	<i>0</i> <i>1</i> <i>2</i> <i>3 to 5</i> <i>More than 5</i> <i>Don't know</i>
	24 (16%)	47 (31%)      18 (12%)      19 (13%)      20 (13%)      16 (11%)      6 (4%)
Q7.5	On average how many times do you go outside for exercise each week?	
	<i>Don't want to go</i>	<i>0</i> <i>1 to 2</i> <i>3 to 5</i> <i>More than 5</i> <i>Don't know</i>
	21 (14%)	20 (13%)      43 (29%)      30 (20%)      30 (20%)      6 (4%)
Q7.6	On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	10 (7%)
	<i>2 to less than 4 hours</i>	31 (21%)
	<i>4 to less than 6 hours</i>	30 (20%)
	<i>6 to less than 8 hours</i>	40 (27%)
	<i>8 to less than 10 hours</i>	14 (9%)
	<i>10 hours or more</i>	12 (8%)
	<i>Don't know</i>	13 (9%)
Q7.7	On average, how many times do you have association each week?	
	<i>Don't want to go</i>	<i>0</i> <i>1 to 2</i> <i>3 to 5</i> <i>More than 5</i> <i>Don't know</i>
	5 (3%)	7 (5%)      11 (7%)      38 (25%)      75 (50%)      15 (10%)



Q7.8	How often do staff normally speak to you during association time?	
	<i>Do not go on association</i>	5 (3%)
	<i>Never</i>	19 (13%)
	<i>Rarely</i>	36 (24%)
	<i>Some of the time</i>	49 (33%)
	<i>Most of the time</i>	27 (18%)
	<i>All of the time</i>	12 (8%)

### Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	59 (39%)
	<i>In the first week</i>	28 (19%)
	<i>More than a week</i>	41 (27%)
	<i>Don't remember</i>	22 (15%)
Q8.2	How helpful do you think your personal officer is?	
	<i>Do not have a personal officer/ still have not met him/her</i>	
	<i>Very helpful</i>	
	<i>Helpful</i>	
	<i>Neither</i>	
	<i>Not very helpful</i>	
	<i>Not at all helpful</i>	
	59 (40%)	33 (22%)
	20 (14%)	15 (10%)
	15 (10%)	5 (3%)
Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	56 (37%)
	<i>Yes</i>	41 (27%)
	<i>No</i>	55 (36%)
Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	111 (74%)
	<i>Very involved</i>	10 (7%)
	<i>Involved</i>	11 (7%)
	<i>Neither</i>	8 (5%)
	<i>Not very involved</i>	5 (3%)
	<i>Not at all involved</i>	4 (3%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/OASys</i>	111 (74%)
	<i>Yes</i>	29 (19%)
	<i>No</i>	10 (7%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/OASys</i>	111 (74%)
	<i>Yes</i>	19 (13%)
	<i>No</i>	20 (13%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?	
	<i>Not sentenced</i>	56 (38%)
	<i>Yes</i>	40 (27%)
	<i>No</i>	51 (35%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	25 (19%)
	<i>No</i>	109 (81%)

Q8.9	Have you had any problems with sending or receiving mail?				
	<i>Yes</i>				62 (41%)
	<i>No</i>				77 (51%)
	<i>Don't know</i>				11 (7%)
Q8.10	Have you had any problems getting access to the telephones?				
	<i>Yes</i>				53 (35%)
	<i>No</i>				95 (63%)
	<i>Don't know</i>				3 (2%)
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>				9 (6%)
	<i>Yes</i>				63 (42%)
	<i>No</i>				71 (47%)
	<i>Don't remember</i>				7 (5%)
Q8.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
	9 (6%)	75 (52%)	53 (37%)	6 (4%)	2 (1%)
Q8.13	How are you and your family/friends usually treated by visits staff?				
	<i>Not had any visits</i>				29 (20%)
	<i>Very well</i>				15 (10%)
	<i>Well</i>				32 (22%)
	<i>Neither</i>				27 (18%)
	<i>Badly</i>				22 (15%)
	<i>Very badly</i>				8 (5%)
	<i>Don't know</i>				13 (9%)
Q8.14	Have you been helped to maintain contact with your family/friends while in this prison?				
	<i>Yes</i>				78 (53%)
	<i>No</i>				68 (47%)
Q8.15	Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)				
	<i>Don't know who to contact</i>	68 (50%)	<i>Help with your finances in preparation for release</i>	22 (16%)	
	<i>Maintaining good relationships</i>	19 (14%)	<i>Claiming benefits on release</i>	49 (36%)	
	<i>Avoiding bad relationships</i>	20 (15%)	<i>Arranging a place at college/continuing education on release</i>	28 (20%)	
	<i>Finding a job on release</i>	32 (23%)	<i>Continuity of health services on release</i>	22 (16%)	
	<i>Finding accommodation on release</i>	41 (30%)	<i>Opening a bank account</i>	12 (9%)	
Q8.16	Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)				
	<i>No problems</i>	43 (31%)	<i>Help with your finances in preparation for release</i>	48 (35%)	
	<i>Maintaining good relationships</i>	25 (18%)	<i>Claiming benefits on release</i>	50 (36%)	
	<i>Avoiding bad relationships</i>	31 (23%)	<i>Arranging a place at college/continuing education on release</i>	36 (26%)	
	<i>Finding a job on release</i>	66 (48%)	<i>Continuity of health services on release</i>	36 (26%)	
	<i>Finding accommodation on release</i>	52 (38%)	<i>Opening a bank account</i>	40 (29%)	

Q8.17	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?	
	<i>Not sentenced</i>	56 (39%)
	<i>Yes</i>	49 (34%)
	<i>No</i>	38 (27%)



## Prisoner survey responses HMP Holloway 2010

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

### Key to tables

		HMP Holloway 2010	Local women's comparator	HMP Holloway 2010	HMP Holloway 2008
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		161	852	161	95
<b>SECTION 1: General information</b>					
2	Are you under 21 years of age?	16%	9%	16%	27%
3a	Are you sentenced?	65%	72%	65%	72%
3b	Are you on recall?	7%	6%	7%	3%
4a	Is your sentence less than 12 months?	26%	24%	26%	35%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	3%	2%	3%	7%
5	Do you have six months or less to serve?	38%	42%	38%	43%
6	Have you been in this prison less than a month?	26%	24%	26%	
7	Are you a foreign national?	24%	10%	24%	22%
8	Is English your first language?	81%	93%	81%	87%
9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	47%	17%	47%	45%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	8%	4%	8%	
11	Are you Muslim?	12%	5%	12%	10%
12	Are you homosexual/gay or bisexual?	22%	31%	22%	21%
13	Do you consider yourself to have a disability?	21%	17%	21%	11%
14	Is this your first time in prison?	49%	44%	49%	59%
15	Have you been in more than 5 prisons this time?	3%	3%	3%	
16	Do you have any children under the age of 18?	51%	55%	51%	52%
<b>SECTION 2: Transfers and escorts</b>					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	42%	51%	42%	51%
1b	Was your personal safety during the journey good/very good?	47%	62%	47%	66%
1c	Was the comfort of the van good/very good?	11%	15%	11%	14%
1d	Was the attention paid to your health needs good/very good?	27%	36%	27%	37%
1e	Was the frequency of toilet breaks good/very good?	11%	14%	11%	11%
2	Did you spend more than four hours in the van?	3%	7%	3%	4%
3	Were you treated well/very well by the escort staff?	63%	75%	63%	66%
4a	Did you know where you were going when you left court or when transferred from another prison?	76%	82%	76%	72%
4b	Before you arrived here did you receive any written information about what would happen to you?	10%	15%	10%	8%
4c	When you first arrived here did your property arrive at the same time as you?	82%	83%	82%	80%

## Key to tables

Key to tables		HMP Holloway 2010	Local women's comparator	HMP Holloway 2010	HMP Holloway 2008
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction</b>					
<b>1</b>	In the first 24 hours, did staff ask you if you needed help/support with the following:				
<b>1b</b>	Problems with loss of property?	9%	13%	9%	
<b>1c</b>	Housing problems?	31%	31%	31%	
<b>1d</b>	Problems contacting employers?	11%	13%	11%	
<b>1e</b>	Problems contacting family?	67%	62%	67%	
<b>1f</b>	Problems ensuring dependants were looked after?	25%	29%	25%	
<b>1g</b>	Money problems?	19%	16%	19%	
<b>1h</b>	Problems of feeling depressed/suicidal?	59%	62%	59%	
<b>1i</b>	Health problems?	60%	63%	60%	
<b>1j</b>	Problems in needing protection from other prisoners?	13%	17%	13%	
<b>1k</b>	Problems accessing phone numbers?	47%	46%	47%	
<b>2</b>	When you first arrived:				
<b>2a</b>	Did you have any problems?	83%	78%	83%	74%
<b>2b</b>	Did you have any problems with loss of property?	16%	12%	16%	8%
<b>2c</b>	Did you have any housing problems?	36%	26%	36%	26%
<b>2d</b>	Did you have any problems contacting employers?	9%	4%	9%	3%
<b>2e</b>	Did you have any problems contacting family?	46%	30%	46%	27%
<b>2f</b>	Did you have any problems ensuring dependants were being looked after?	14%	9%	14%	8%
<b>2g</b>	Did you have any money worries?	33%	21%	33%	25%
<b>2h</b>	Did you have any problems with feeling depressed or suicidal?	44%	37%	44%	43%
<b>2i</b>	Did you have any health problems?	48%	34%	48%	33%
<b>2j</b>	Did you have any problems with needing protection from other prisoners?	13%	6%	13%	8%
<b>2k</b>	Did you have problems accessing phone numbers?	33%	28%	33%	
<b>3a</b>	Were you seen by a member of health services in reception?	85%	86%	85%	72%
<b>3b</b>	When you were searched in reception, was this carried out in a respectful way?	77%	82%	77%	68%
<b>4</b>	Were you treated well/very well in reception?	50%	71%	50%	72%
<b>5</b>	On your day of arrival, were you offered any of the following information:				
<b>5a</b>	Information about what was going to happen to you?	45%	48%	45%	43%
<b>5b</b>	Information about what support was available for people feeling depressed or suicidal?	38%	53%	38%	42%
<b>5c</b>	Information about how to make routine requests?	25%	34%	25%	31%
<b>5d</b>	Information about your entitlement to visits?	32%	40%	32%	39%
<b>5e</b>	Information about health services?	35%	50%	35%	
<b>5f</b>	Information about the chaplaincy?	27%	50%	27%	

## Key to tables

		HMP Holloway 2010	Local women's comparator	HMP Holloway 2010	HMP Holloway 2008
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction continued</b>					
<b>6</b>	On your day of arrival, were you offered any of the following:				
<b>6a</b>	A smokers/non-smokers pack?	82%	86%	82%	77%
<b>6b</b>	The opportunity to have a shower?	43%	45%	43%	35%
<b>6c</b>	The opportunity to make a free telephone call?	80%	76%	80%	80%
<b>6d</b>	Something to eat?	83%	81%	83%	84%
<b>7</b>	Within the first 24 hours did you meet any of the following people:				
<b>7a</b>	The chaplain or a religious leader?	26%	50%	26%	27%
<b>7b</b>	Someone from health services?	74%	76%	74%	58%
<b>7c</b>	A listener/Samaritans?	20%	27%	20%	22%
<b>8</b>	Did you have access to the prison shop/canteen within the first 24 hours?	19%	13%	19%	38%
<b>9</b>	Did you feel safe on your first night here?	61%	69%	61%	65%
<b>10</b>	Have you been on an induction course?	79%	85%	79%	87%
For those who have been on an induction course:					
<b>11</b>	Did the course cover everything you needed to know about the prison?	43%	63%	43%	51%
<b>SECTION 4: Legal rights and respectful custody</b>					
<b>1</b>	In terms of your legal rights, is it easy/very easy to:				
<b>1a</b>	Communicate with your solicitor or legal representative?	33%	41%	33%	46%
<b>1b</b>	Attend legal visits?	50%	62%	50%	63%
<b>1c</b>	Obtain bail information?	12%	28%	12%	27%
<b>2</b>	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	42%	43%	41%
<b>3</b>	For the wing/unit you are currently on:				
<b>3a</b>	Are you normally offered enough clean, suitable clothes for the week?	39%	58%	39%	41%
<b>3b</b>	Are you normally able to have a shower every day?	76%	87%	76%	88%
<b>3c</b>	Do you normally receive clean sheets every week?	67%	81%	67%	70%
<b>3d</b>	Do you normally get cell cleaning materials every week?	70%	82%	70%	57%
<b>3e</b>	Is your cell call bell normally answered within five minutes?	24%	46%	24%	26%
<b>3f</b>	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	57%	61%	57%	51%
<b>3g</b>	Can you normally get your stored property, if you need to?	23%	27%	23%	21%
<b>4</b>	Is the food in this prison good/very good?	16%	30%	16%	25%
<b>5</b>	Does the shop/canteen sell a wide enough range of goods to meet your needs?	38%	47%	38%	42%
<b>6a</b>	Is it easy/very easy to get a complaints form?	71%	82%	71%	73%
<b>6b</b>	Is it easy/very easy to get an application form?	73%	87%	73%	73%
<b>7</b>	Have you made an application?	83%	81%	83%	80%

## Key to tables

Any percent highlighted in green is significantly better		HMP Holloway 2010	Local women's comparator	HMP Holloway 2010	HMP Holloway 2008
Any percent highlighted in blue is significantly worse					
Any percent highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
<b>SECTION 4: Legal rights and respectful custody continued</b>					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	53%	58%	53%	41%
8b	Do you feel applications are dealt with promptly? (Within seven days)	29%	44%	29%	39%
9	Have you made a complaint?	48%	49%	48%	63%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	30%	45%	30%	30%
10b	Do you feel complaints are dealt with promptly? (Within seven days)	34%	45%	34%	28%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	31%	26%	31%	19%
10c	Were you given information about how to make an appeal?	17%	25%	17%	33%
12	Is it easy/very easy to see the Independent Monitoring Board?	33%	32%	33%	32%
13	Are you on the enhanced (top) level of the IEP scheme?	22%	36%	22%	
14	Do you feel you have been treated fairly in your experience if the IEP scheme?	45%	49%	45%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	41%	51%	41%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	2%	5%	
16b	In the last six months have you spent a night in the segregation/ care and separation unit?	7%	8%	7%	
13a	Do you feel your religious beliefs are respected?	61%	57%	61%	61%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	63%	60%	63%	54%
14	Are you able to speak to a Listener at any time if you want to?	51%	67%	51%	67%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	74%	78%	74%	75%
15b	Do most staff, in this prison, treat you with respect?	66%	72%	66%	67%
<b>SECTION 5: Safety</b>					
1	Have you ever felt unsafe in this prison?	57%	42%	57%	58%
2	Do you feel unsafe in this prison at the moment?	22%	15%	22%	26%
4	Have you been victimised by another prisoner?	32%	27%	32%	44%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	20%	16%	20%	30%
5b	Hit, kicked or assaulted you?	11%	6%	11%	12%
5c	Sexually abused you?	4%	1%	4%	3%
5d	Victimised you because of your race or ethnic origin?	6%	3%	6%	11%
5e	Victimised you because of drugs?	7%	3%	7%	5%
5f	Taken your canteen/property?	11%	5%	11%	10%
5g	Victimised you because you were new here?	11%	8%	11%	14%
5h	Victimised you because of your sexuality?	4%	1%	4%	1%
5i	Victimised you because you have a disability?	5%	3%	5%	7%
5j	Victimised you because of your religion/religious beliefs?	3%	2%	3%	5%
5k	Victimised you because of your age?	4%	3%	4%	
5l	Victimised you because you were from a different part of the country?	5%	3%	5%	7%
5m	Victimised you because of your offence/crime?	11%	5%	11%	
5n	Victimised you because of gang related issues?	3%	1%	3%	

## Key to tables

		HMP Holloway 2010	Local women's comparator	HMP Holloway 2010	HMP Holloway 2008
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 5: Safety continued</b>					
6	Have you been victimised by a member of staff?	28%	21%	28%	23%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	12%	10%	12%	12%
7b	Hit, kicked or assaulted you?	4%	2%	4%	6%
7c	Sexually abused you?	1%	1%	1%	3%
7d	Victimised you because of your race or ethnic origin?	4%	1%	4%	3%
7e	Victimised you because of drugs?	3%	4%	3%	1%
7f	Victimised you because you were new here?	6%	4%	6%	5%
7g	Victimised you because of your sexuality?	4%	3%	4%	3%
7h	Victimised you because you have a disability?	4%	2%	4%	3%
7i	Victimised you because of your religion/religious beliefs?	4%	2%	4%	5%
7j	Victimised you because of your age?	4%	2%	4%	
7k	Victimised you because you were from a different part of the country?	2%	2%	2%	3%
7l	Victimised you because of your offence/crime?	7%	3%	7%	
7m	Victimised you because of gang related issues?	1%	0%	1%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	51%	46%	51%	54%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	38%	33%	38%	47%
10	Have you ever felt threatened or intimidated by a member of staff in here?	31%	22%	31%	28%
11	Is it easy/very easy to get illegal drugs in this prison?	27%	25%	27%	29%
<b>SECTION 6: health care</b>					
1a	Is it easy/very easy to see the doctor?	17%	33%	17%	
1b	Is it easy/very easy to see the nurse?	58%	60%	58%	
1c	Is it easy/very easy to see the dentist?	6%	13%	6%	
1d	Is it easy/very easy to see the optician?	7%	14%	7%	
2	Are you able to see a pharmacist?	26%	43%	26%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	43%	51%	43%	38%
3b	The nurse?	53%	62%	53%	52%
3c	The dentist?	33%	38%	33%	38%
3d	The optician?	36%	38%	36%	40%
4	The overall quality of health services?	32%	42%	32%	42%



## Key to tables

Any percent highlighted in green is significantly better		HMP Holloway 2010	Local women's comparator	HMP Holloway 2010	HMP Holloway 2008
Any percent highlighted in blue is significantly worse					
Any percent highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
<b>health care continued</b>					
5	Are you currently taking medication?	65%	73%	65%	63%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	49%	37%	49%	41%
7	Do you feel you have any emotional well being/mental health issues?	47%	49%	47%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	21%	13%	21%	
8b	A doctor?	34%	45%	34%	
8c	A nurse?	15%	31%	15%	
8d	A psychiatrist?	20%	28%	20%	
8e	The Mental Health In-Reach Team?	40%	50%	40%	
8f	A counsellor?	25%	31%	25%	
9a	Did you have a drug problem when you came into this prison?	45%	44%	45%	26%
9b	Did you have an alcohol problem when you came into this prison?	32%	28%	32%	15%
10a	Have you developed a drug problem since you have been in this prison?	5%	13%	5%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	88%	87%	88%	
12	Have you received any help or intervention while in this prison?	86%	84%	86%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	74%	82%	74%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	36%	36%	36%	33%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	28%	27%	28%	21%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	76%	68%	76%	64%

## Key to tables

	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
		HMP Holloway 2010	Local women's comparator	HMP Holloway 2010	HMP Holloway 2008
<b>SECTION 7: Purposeful activity</b>					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	36%	55%	36%	
1b	Vocational or skills training?	13%	12%	13%	
1c	Education (including basic skills)?	62%	40%	62%	
1d	Offending Behaviour Programmes?	12%	17%	12%	
2ai	Have you had a job while in this prison?	70%	79%	70%	
For those who have had a prison job while in this prison:					
2aii	Do you feel the job will help you on release?	46%	64%	46%	
2bi	Have you been involved in vocational or skills training while in this prison?	61%	44%	61%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	47%	78%	47%	
2ci	Have you been involved in education while in this prison?	88%	74%	88%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	62%	90%	62%	
2di	Have you been involved in offending behaviour programmes while in this prison?	61%	49%	61%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	58%	79%	58%	
3	Do you go to the library at least once a week?	35%	43%	35%	28%
4	On average, do you go to the gym at least twice a week?	37%	32%	37%	34%
5	On average, do you go outside for exercise three or more times a week?	40%	41%	40%	35%
6	On average, do you spend ten or more hours out of your cell on a weekday?	8%	21%	8%	18%
7	On average, do you go on association more than five times each week?	50%	53%	50%	38%
8	Do staff normally speak to you most of the time/all of the time during association?	26%	23%	26%	28%
<b>SECTION 8: Resettlement</b>					
1	Do you have a personal officer?	61%	70%	61%	56%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	60%	67%	60%	61%
For those who are sentenced:					
3	Do you have a sentence plan?	43%	51%	43%	48%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	55%	69%	55%	70%
5	Can you achieve some/all of your sentence plan targets in this prison?	75%	84%	75%	69%
6	Are there plans for you to achieve some/all your targets in another prison?	49%	45%	49%	49%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	44%	42%	44%	47%
8	Do you feel that any member of staff has helped you to prepare for release?	19%	24%	19%	25%
9	Have you had any problems with sending or receiving mail?	41%	36%	41%	49%
10	Have you had any problems getting access to the telephones?	35%	23%	35%	42%
11	Did you have a visit in the first week that you were here?	42%	37%	42%	40%
12	Did you receive one or more visits in the last week?	42%	38%	42%	46%

## Key to tables

Key to tables		HMP Holloway 2010	Local women's comparator	HMP Holloway 2010	HMP Holloway 2008
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Resettlement continued</b>					
For those who have had visits:					
13	How are you and your family/friends usually treated by visits staff? (Very well/well)	40%	73%	40%	
14	Have you been helped to maintain contact with family/friends while in this prison?	54%	55%	54%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	14%	21%	14%	
15c	Avoiding bad relationships?	15%	16%	15%	
15d	Finding a job on release?	23%	43%	23%	46%
15e	Finding accommodation on release?	30%	53%	30%	62%
15f	With money/finances on release?	16%	32%	16%	40%
15g	Claiming benefits on release?	36%	52%	36%	51%
15h	Arranging a place at college/continuing education on release?	21%	34%	21%	48%
15i	Accessing health services on release?	16%	34%	16%	43%
15j	Opening a bank account on release?	9%	20%	9%	36%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	18%	19%	18%	
16c	Avoiding bad relationships?	23%	26%	23%	
16d	Finding a job?	48%	56%	48%	65%
16e	Finding accommodation?	38%	46%	38%	49%
16f	Money/finances?	35%	36%	35%	59%
16g	Claiming benefits?	37%	39%	37%	46%
16h	Arranging a place at college/continuing education?	26%	29%	26%	49%
16i	Accessing health services?	26%	29%	26%	22%
16j	Opening a bank account?	29%	37%	29%	49%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	56%	55%	56%	70%



### Key questions (sexual orientation analysis) HMP Holloway 2010

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

#### Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>35</b>	<b>121</b>
1.3	Are you sentenced?	72%	65%
1.7	Are you a foreign national?	12%	27%
1.8	Is English your first language?	95%	78%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	24%	52%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	12%	8%
1.11	Are you Muslim?	3%	13%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	23%	56%
2.1d	Was the attention paid to your health needs good/very good?	32%	26%
2.3	Were you treated well/very well by the escort staff?	71%	62%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	94%	71%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	72%	67%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	57%	59%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	69%	59%
3.2a	Did you have any problems when you first arrived?	88%	82%
3.3a	Were you seen by a member of healthcare staff in reception?	83%	86%
3.3b	When you were searched in reception, was this carried out in a respectful way?	77%	77%
3.4	Were you treated well/very well in reception?	54%	48%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	77%	75%
3.9	Did you feel safe on your first night here?	63%	61%
3.10	Have you been on an induction course?	69%	81%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	35%	33%

## Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	29%	42%
4.3b	Are you normally able to have a shower every day?	75%	75%
4.3e	Is your cell call bell normally answered within five minutes?	17%	26%
4.4	Is the food in this prison good/very good?	13%	17%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	37%
4.6a	Is it easy/very easy to get a complaints form?	79%	69%
4.6b	Is it easy/very easy to get an application form?	84%	70%
4.9	Have you made a complaint?	64%	44%
4.13	Are you on the enhanced (top) level of the IEP scheme?	30%	21%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	47%	45%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	39%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	9%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	13%	5%
4.17a	Do you feel your religious beliefs are respected?	52%	64%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	59%	65%
4.18	Are you able to speak to a Listener at any time if you want to?	67%	48%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	79%	72%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	73%	64%
5.1	Have you ever felt unsafe in this prison?	66%	54%
5.2	Do you feel unsafe in this prison at the moment?	25%	21%
5.4	Have you been victimised by another prisoner?	59%	24%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	6%
5.5h	Victimised you because of your sexuality?	16%	1%
5.5i	Victimised you because you have a disability?	9%	4%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	3%
5.6	Have you been victimised by a member of staff?	26%	28%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	4%
5.7f	Victimised you because of your sexuality?	13%	1%
5.7h	Victimised you because you have a disability?	6%	3%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	3%

**Key to tables**

		Consider themselves to be homosexual, bisexual or other	Consider themselves to be heterosexual
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	50%	35%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	31%	30%
5.11	Is it easy/very easy to get illegal drugs in this prison?	44%	22%
6.1a	Is it easy/very easy to see the doctor?	29%	14%
6.1b	Is it easy/very easy to see the nurse?	67%	56%
6.2	Are you able to see a pharmacist?	40%	22%
6.5	Are you currently taking medication?	82%	61%
6.7	Do you feel you have any emotional well-being/mental health issues?	72%	40%
7.1a	Are you currently working in the prison?	48%	33%
7.1b	Are you currently undertaking vocational or skills training?	13%	14%
7.1c	Are you currently in education (including basic skills)?	52%	64%
7.1d	Are you currently taking part in an offending behaviour programme?	17%	11%
7.3	Do you go to the library at least once a week?	32%	36%
7.4	On average, do you go to the gym at least twice a week?	28%	40%
7.5	On average, do you go outside for exercise three or more times a week?	53%	37%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	9%
7.7	On average, do you go on association more than five times each week?	63%	48%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	28%	26%
8.1	Do you have a personal officer?	68%	59%
8.9	Have you had any problems sending or receiving mail?	56%	38%
8.10	Have you had any problems getting access to the telephones?	34%	35%



**Key question responses (age - under 21) HMP Holloway 2010**

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

**Key to tables**

	Any percent highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		26	133
1.3	Are you sentenced?	69%	64%
1.7	Are you a foreign national?	23%	24%
1.8	Is English your first language?	75%	82%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	48%	45%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	9%
1.11	Are you Muslim?	16%	11%
1.13	Do you consider yourself to have a disability?	11%	21%
1.14	Is this your first time in prison?	65%	46%
2.1d	Was the attention paid to your health needs good/very good?	22%	26%
2.3	Were you treated well/very well by the escort staff?	58%	64%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	73%	77%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	62%	68%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	62%	57%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	62%	61%
3.2a	Did you have any problems when you first arrived?	92%	81%
3.3a	Were you seen by a member of health care staff in reception?	78%	86%
3.3b	When you were searched in reception, was this carried out in a respectful way?	73%	78%

## Key to tables

	Any percent highlighted in green is significantly better	Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	46%	50%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	78%	73%
3.9	Did you feel safe on your first night here?	68%	60%
3.10	Have you been on an induction course?	93%	76%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	21%	35%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	47%	39%
4.3b	Are you normally able to have a shower every day?	73%	76%
4.3e	Is your cell call bell normally answered within five minutes?	7%	26%
4.4	Is the food in this prison good/very good?	4%	18%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	52%	35%
4.6a	Is it easy/very easy to get a complaints form?	77%	70%
4.6b	Is it easy/very easy to get an application form?	73%	72%
4.9	Have you made a complaint?	62%	46%
4.13	Are you on the enhanced (top) level of the IEP scheme?	32%	20%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	43%	46%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	52%	39%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	5%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	8%
4.17a	Do you feel your religious beliefs are respected?	60%	61%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	52%	65%



Key to tables

		Prisoners under the age of 21	Prisoners aged 21 and over
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.18	Are you able to speak to a Listener at any time if you want to?	50%	51%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	81%	71%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	52%	69%
5.1	Have you ever felt unsafe in this prison?	64%	55%
5.2	Do you feel unsafe in this prison at the moment?	21%	23%
5.4	Have you been victimised by another prisoner?	38%	30%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	0%	7%
5.5i	Victimised you because you have a disability?	8%	3%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	0%	3%
5.5k	Have you been victimised because of your age? (By prisoners)	5%	3%
5.6	Have you been victimised by a member of staff?	32%	27%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	5%
5.7h	Victimised you because you have a disability?	4%	2%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	3%
5.7j	Have you been victimised because of your age? (By staff)	4%	3%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	48%	36%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	25%	32%
5.11	Is it easy/very easy to get illegal drugs in this prison?	12%	30%
6.1a	Is it easy/very easy to see the doctor?	25%	16%
6.1b	Is it easy/ very easy to see the nurse?	68%	56%
6.2	Are you able to see a pharmacist?	40%	24%

## Key to tables

	Any percent highlighted in green is significantly better	<b>Prisoners under the age of 21</b>	<b>Prisoners aged 21 and over</b>
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>6.5</b>	Are you currently taking medication?	<b>59%</b>	<b>66%</b>
<b>6.7</b>	Do you feel you have any emotional well-being/mental health issues?	<b>46%</b>	<b>47%</b>
<b>7.1a</b>	Are you currently working in the prison?	<b>50%</b>	<b>33%</b>
<b>7.1b</b>	Are you currently undertaking vocational or skills training?	<b>8%</b>	<b>14%</b>
<b>7.1c</b>	Are you currently in education (including basic skills)?	<b>67%</b>	<b>62%</b>
<b>7.1d</b>	Are you currently taking part in an offending behaviour programme?	<b>25%</b>	<b>10%</b>
<b>7.3</b>	Do you go to the library at least once a week?	<b>55%</b>	<b>31%</b>
<b>7.4</b>	On average, do you go to the gym at least twice a week?	<b>46%</b>	<b>36%</b>
<b>7.5</b>	On average, do you go outside for exercise three or more times a week?	<b>42%</b>	<b>39%</b>
<b>7.6</b>	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	<b>5%</b>	<b>8%</b>
<b>7.7</b>	On average, do you go on association more than five times each week?	<b>48%</b>	<b>49%</b>
<b>7.8</b>	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	<b>32%</b>	<b>26%</b>
<b>8.1</b>	Do you have a personal officer?	<b>79%</b>	<b>57%</b>
<b>8.9</b>	Have you had any problems sending or receiving mail?	<b>40%</b>	<b>42%</b>
<b>8.10</b>	Have you had any problems getting access to the telephones?	<b>48%</b>	<b>33%</b>



### Key questions (disability analysis) HMP Holloway 2010

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

#### Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		33	127
1.3	Are you sentenced?	69%	64%
1.7	Are you a foreign national?	12%	27%
1.8	Is English your first language?	94%	78%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?	38%	49%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	13%	7%
1.11	Are you Muslim?	6%	13%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	40%	52%
2.1d	Was the attention paid to your health needs good/very good?	31%	26%
2.3	Were you treated well/very well by the escort staff?	59%	65%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	72%	77%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	61%	69%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	61%	58%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	55%	62%
3.2a	Did you have any problems when you first arrived?	94%	80%
3.3a	Were you seen by a member of healthcare staff in reception?	74%	88%
3.3b	When you were searched in reception, was this carried out in a respectful way?	78%	77%
3.4	Were you treated well/very well in reception?	48%	50%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	78%	74%
3.9	Did you feel safe on your first night here?	45%	65%
3.10	Have you been on an induction course?	77%	79%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	33%	33%

## Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	43%	39%
4.3b	Are you normally able to have a shower every day?	71%	77%
4.3e	Is your cell call bell normally answered within five minutes?	17%	26%
4.4	Is the food in this prison good/very good?	20%	15%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	39%	38%
4.6a	Is it easy/very easy to get a complaints form?	63%	74%
4.6b	Is it easy/very easy to get an application form?	73%	73%
4.9	Have you made a complaint?	60%	46%
4.13	Are you on the enhanced (top) level of the IEP scheme?	22%	22%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	38%	47%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	20%	47%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	9%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	10%	6%
4.17a	Do you feel your religious beliefs are respected?	50%	65%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	67%	62%
4.18	Are you able to speak to a Listener at any time if you want to?	65%	48%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	68%	75%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	66%	66%
5.1	Have you ever felt unsafe in this prison?	69%	53%
5.2	Do you feel unsafe in this prison at the moment?	41%	17%
5.4	Have you been victimised by another prisoner?	47%	28%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	13%	4%
5.5i	Victimised you because you have a disability?	22%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	2%
5.6	Have you been victimised by a member of staff?	38%	25%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	4%
5.7h	Victimised you because you have a disability?	18%	0%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	6%	3%

## Key to tables

	Any percent highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	43%	37%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	38%	29%
5.11	Is it easy/very easy to get illegal drugs in this prison?	23%	27%
6.1a	Is it easy/very easy to see the doctor?	20%	16%
6.1b	Is it easy/very easy to see the nurse?	66%	57%
6.2	Are you able to see a pharmacist?	34%	24%
6.5	Are you currently taking medication?	94%	57%
6.7	Do you feel you have any emotional well-being/mental health issues?	72%	40%
7.1a	Are you currently working in the prison?	28%	38%
7.1b	Are you currently undertaking vocational or skills training?	9%	15%
7.1c	Are you currently in education (including basic skills)?	59%	63%
7.1d	Are you currently taking part in an offending behaviour programme?	13%	12%
7.3	Do you go to the library at least once a week?	45%	33%
7.4	On average, do you go to the gym at least twice a week?	20%	41%
7.5	On average, do you go outside for exercise three or more times a week?	43%	40%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	13%	7%
7.7	On average, do you go on association more than five times each week?	47%	51%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	25%	27%
8.1	Do you have a personal officer?	71%	59%
8.9	Have you had any problems sending or receiving mail?	53%	38%
8.10	Have you had any problems getting access to the telephones?	50%	31%



## Key question responses (ethnicity, nationality and religion) HMP Holloway 2010

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

## Key to tables

		BME prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
<b>Number of completed questionnaires returned</b>		<b>73</b>	<b>84</b>	<b>38</b>	<b>120</b>	<b>18</b>	<b>138</b>
1.3	Are you sentenced?	59%	69%	53%	69%	55%	65%
1.7	Are you a foreign national?	33%	16%			50%	21%
1.8	Is English your first language?	74%	88%	45%	93%	50%	86%
1.9	Are you from a minority ethnic group (including all those who did not tick White British, White Irish or White other categories)?			65%	41%	83%	42%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	12%	14%	7%	0%	10%
1.11	Are you Muslim?	20%	4%	24%	8%		
1.12	Do you consider yourself to have a disability?	17%	24%	11%	24%	10%	22%
1.13	Is this your first time in prison?	58%	40%	82%	38%	72%	48%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	29%	25%	28%	26%	20%	28%
2.3	Were you treated well/very well by the escort staff?	71%	59%	61%	64%	55%	65%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	70%	79%	54%	83%	70%	76%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	73%	63%	68%	67%	70%	66%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	59%	58%	55%	59%	47%	60%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	62%	61%	61%	61%	65%	60%
3.2a	Did you have any problems when you first arrived?	86%	82%	79%	85%	71%	84%
3.3a	Were you seen by a member of healthcare staff in reception?	85%	84%	89%	84%	100%	84%
3.3b	When you were searched in reception, was this carried out in a respectful way?	74%	82%	74%	79%	75%	78%
3.4	Were you treated well/very well in reception?	54%	46%	50%	50%	54%	50%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	77%	71%	72%	76%	81%	73%
3.9	Did you feel safe on your first night here?	59%	61%	58%	63%	65%	62%
3.10	Have you been on an induction course?	87%	72%	95%	75%	93%	77%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	31%	35%	38%	31%	32%	33%

## Key to tables

		BME prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	38%	39%	52%	36%	53%	37%
4.3b	Are you normally able to have a shower every day?	76%	74%	76%	76%	78%	75%
4.3e	Is your cell call bell normally answered within five minutes?	27%	20%	33%	21%	23%	24%
4.4	Is the food in this prison good/very good?	21%	12%	29%	12%	30%	14%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	38%	39%	38%	39%	37%	37%
4.6a	Is it easy/very easy to get a complaints form?	69%	72%	59%	76%	61%	73%
4.6b	Is it easy/very easy to get an application form?	70%	74%	61%	77%	47%	76%
4.9	Have you made a complaint?	39%	55%	49%	48%	35%	50%
4.13	Are you on the enhanced (top) level of the IEP scheme?	19%	25%	19%	23%	18%	22%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	40%	49%	38%	48%	13%	48%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	37%	46%	33%	44%	17%	42%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	3%	7%	8%	5%	12%	4%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	2%	12%	3%	9%	0%	8%
4.17a	Do you feel your religious beliefs are respected?	74%	52%	78%	56%	77%	58%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	66%	61%	67%	62%	83%	60%
4.18	Are you able to speak to a Listener at any time, if you want to?	47%	57%	50%	51%	41%	52%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	77%	70%	74%	74%	77%	73%
4.19b	Do <b>most</b> staff, in this prison, treat you with respect?	70%	62%	68%	66%	68%	66%
5.1	Have you ever felt unsafe in this prison?	50%	63%	61%	55%	39%	59%
5.2	Do you feel unsafe in this prison at the moment?	25%	20%	16%	23%	22%	23%
5.4	Have you been victimised by another prisoner?	23%	39%	32%	32%	17%	33%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	8%	2%	8%	5%	6%	6%
5.5i	Have you been victimised because you have a disability? (By prisoners)	3%	7%	3%	5%	0%	5%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	3%	2%	5%	3%	6%	3%
5.6	Have you been victimised by a member of staff?	26%	29%	30%	27%	45%	26%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	1%	8%	3%	6%	4%

## Key to tables

	Any percent highlighted in green is significantly better						
	Any percent highlighted in blue is significantly worse						
	Any percent highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
		<b>BME prisoners</b>	<b>White prisoners</b>	<b>Foreign national prisoners</b>	<b>British national prisoners</b>	<b>Muslim prisoners</b>	<b>Non-Muslim prisoners</b>
5.7h	Have you been victimised because you have a disability? (By staff)	3%	2%	3%	4%	6%	3%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	2%	8%	3%	10%	3%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	31%	45%	41%	37%	23%	40%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	28%	33%	36%	29%	47%	30%
5.11	Is it easy/very easy to get illegal drugs in this prison?	17%	33%	12%	29%	12%	27%
6.1a	Is it easy/very easy to see the doctor?	22%	13%	22%	16%	23%	17%
6.1b	Is it easy/very easy to see the nurse?	55%	58%	63%	58%	75%	56%
6.2	Are you able to see a pharmacist?	21%	30%	18%	28%	8%	29%
6.5	Are you currently taking medication?	51%	78%	47%	71%	50%	66%
6.7	Do you feel you have any emotional well-being/mental health issues?	36%	55%	27%	53%	35%	49%
7.1a	Are you currently working in the prison?	33%	36%	41%	34%	23%	37%
7.1b	Are you currently undertaking vocational or skills training?	12%	12%	19%	11%	6%	14%
7.1c	Are you currently in education (including basic skills)?	70%	57%	78%	57%	89%	60%
7.1d	Are you currently taking part in an offending behaviour programme?	8%	16%	5%	15%	6%	13%
7.3	Do you go to the library at least once a week?	35%	36%	50%	31%	41%	35%
7.4	On average, do you go to the gym at least twice a week?	47%	29%	53%	32%	53%	34%
7.5	On average, do you go outside for exercise three or more times a week?	35%	47%	34%	43%	28%	41%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	9%	8%	16%	5%	11%	8%
7.7	On average, do you go on association more than five times each week?	37%	59%	32%	57%	32%	51%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	29%	23%	17%	30%	32%	26%
8.1	Do you have a personal officer?	59%	62%	65%	60%	53%	62%
8.9	Have you had any problems sending or receiving mail?	38%	44%	33%	44%	45%	40%
8.10	Have you had any problems getting access to the telephones?	38%	35%	41%	32%	50%	32%