

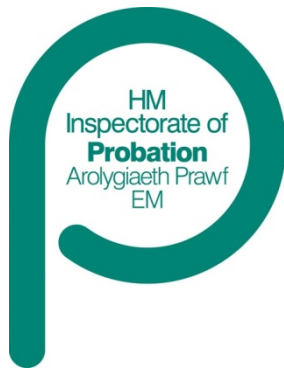
Report on an unannounced inspection of

HMP & YOI Holloway

by HM Chief Inspector of Prisons

5–15 October 2015

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Glossary of terms

We try to make our reports as clear as possible, but if you find terms that you do not know, please see the glossary in our 'Guide for writing inspection reports' on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Introduction

On 25 November 2015, and subsequent to our inspection, the government announced its intention to close HMP and YOI Holloway. As a consequence our inspection findings should be read with the knowledge of this new and emergent reality. A number of recommendations are made as women continue to be held for a period of time until the closure.

HMP Holloway, for the time being, remains the largest women's prison in the UK. It holds a complex mix of prisoners, from those remanded in custody by the courts to women sentenced to life. Its main catchment area is London and its population reflects the complexities and diversity of the capital city, with a large number of foreign national women and those with mental health issues, disabilities and substance misuse problems. After many years of being very critical of the treatment provided to women at Holloway, at our last inspection, in 2013, we reported a much improved picture. Despite the size of the population and the significant difficulties of the physical environment, this inspection found a prison which had continued to improve in all but one of our healthy prison tests.

We found the prison to be generally safe and well controlled, with little serious violence and some excellent processes to anticipate and manage potential problems and identify those who might be vulnerable. Women in the population with complex needs had benefited from this support and the caring approach adopted by staff to ensure their wellbeing. The inpatient landing and day care centre were notable in this regard, although there were women on nearly every unit who needed specific care to ensure they were kept safe. Support on arrival at the prison was generally good, as were arrangements to support adult safeguarding. Women identified as at risk of self-harm generally felt well cared for. Formal disciplinary processes were well managed and used as a last resort and use of force was proportionate, with de-escalation used throughout. The oversight and application of force were among the best we have seen. Aspects of the regime in segregation had been weaker but relationships were good. Substance misuse services had developed since the last inspection and met the needs of the population well.

Holloway remained a challenging physical environment, but it was clean and reasonably well maintained and outside areas were pleasant. Relationships between staff and prisoners were mainly decent and respectful and some staff working with the more challenging and complex women in the prison were exceptional. Support for most of the protected characteristic groups was well developed. Health care generally met needs and mental health support, including the day care facilities, was excellent.

The prison had a clear picture of the resettlement needs of the population and offender management work had improved since the last inspection. Release on temporary licence was being used to support resettlement back into the community and to maintain family ties. In addition to release on temporary licence (ROTL), some excellent provision was offered to assist women with family matters and to maintain relationships outside of the prison. Support for the many women who had been abused was strong. The newly introduced community rehabilitation company (CRC) provision was still being established, but reintegration resettlement work was good, with some appropriate support provided to prepare women for release.

However, there were some areas that could have benefited from improvement. In our survey too many women had reported feeling unsafe on their first night or at some time while at the prison, and the reasons for this needed to be better understood and addressed. Many women lived in cramped dormitories with little privacy, and this was likely to have contributed to some feeling unsafe. Support for the many foreign national women needed improvement, and some detained under immigration powers, following the completion of their custodial sentence, had been held for excessive and unreasonable periods of time. Despite significant efforts by staff there were unacceptable delays in moving women with mental health issues to secure hospital beds. Public protection arrangements

needed urgent attention to ensure they provided full reassurance that anyone who presented this type of risk was identified, and that release planning started as early as possible.

The most disappointing area was purposeful activity, where the prison had failed to address some of the key recommendations made at the last inspection. Despite having a reasonable amount of activity places, and enhancing opportunities in vocational training, allocation to activities was still ineffective and attendance and punctuality were not good enough. As a consequence we found far too many women locked up or not purposefully engaged during the working day, which wasted opportunities to better prepare them for release and to live productive and independent lives.

At the last inspection we highlighted progress in making the prison safer but emphasised the need to ensure the sustainability of this improvement. To their credit managers had achieved this. The environment at Holloway remained a significant challenge, but this was mitigated by managers and most staff placing decency and respect for the individual at the centre of their work. Crucial support around maintaining contact with children and families was much improved and good support was offered to the many women who had been abused. Women had received good resettlement support aided by the sensible use of ROTL. Work and education, however, should not be optional extras.

The welcome fall in the number of women in prison creates the opportunity to reduce the number of prison places available for them. The need to hold women in smaller establishments makes Holloway an obvious candidate for closure. As this inspection shows, Holloway's poor design limits what can be achieved, despite the efforts of staff. That said, the staff and managers at Holloway should be proud of their recent successes, and if this is to be our last report on this iconic institution it is undoubtedly one of the best.

Martin Lomas
HM Deputy Chief Inspector of Prisons

December 2015

Fact page

Task of the establishment

A closed local and resettlement prison for women.

Prison status (public or private, with name of contractor if private)

Public

Region

Greater London

Number held

525

Certified normal accommodation

540

Operational capacity

591

Date of last full inspection

28 May – 7 June 2013

Brief history

Holloway, the largest women's prison in the UK, is in north London. It opened in 1852 as a prison for men and women but became an all-female prison in the early 20th century. Rebuilt during the 1970s and 1980s, it was designed to meet the perceived needs of women prisoners, consisting of single and double rooms as well as multi-occupancy dormitories. Holloway serves the courts in London and Essex; it now also has a resettlement function.

Short description of residential units

A3 – First night centre

A4, A5, B3, B4, B5, C3, C4 and C5 – Ordinary location residential unit

C1 – Mental health assessment unit (including day care) and some women on the enhanced regime

D0 – Enhanced/standard and segregation units

D1 – Stabilisation substance misuse unit

D2 and D4 – Resettlement units for women on the enhanced regime

D3 – Opiate maintenance and recovery unit.

Name of governor/director

Julia Killick

Escort contractor

Serco Wincanton

Health service provider

Central and North West London NHS Foundation Trust

Learning and skills providers

Novus (part of The Manchester College)

Independent Monitoring Board chair

Janet Boston

Community rehabilitation companies (CRCs)

London Women's Consortium and the National Association for the Care and Resettlement of Offenders

About this inspection and report

- A1 Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.
- A2 All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- A3 All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. The tests are:
- | | |
|----------------------------|---|
| Safety | women, particularly the most vulnerable, are held safely |
| Respect | women are treated with respect for their human dignity |
| Purposeful activity | women are able, and expected, to engage in activity that is likely to benefit them |
| Resettlement | women are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending. |
- A4 The 2010 'Bangkok Rules'¹ sets out internationally agreed standards that should govern the treatment of women in prison. These standards are directly applicable to women's prisons in England and Wales. Since September 2014 we have Expectations which specifically address the outcomes we expect for women in prison.
- A5 Under each test, we make an assessment of outcomes for women and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.
- **outcomes for women are good.**
There is no evidence that outcomes for women are being adversely affected in any significant areas.
 - **outcomes for women are reasonably good.**
There is evidence of adverse outcomes for women in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

¹ United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders

- **outcomes for women are not sufficiently good.**
There is evidence that outcomes for women are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of women. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **outcomes for women are poor.**
There is evidence that the outcomes for women are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for women. Immediate remedial action is required.

A6 Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections
- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for women.

A7 Five key sources of evidence are used by inspectors: observation; prisoner surveys; discussions with women; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

A8 Since April 2013, all our inspections have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.

A9 All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

A10 This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follows five sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for women in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Section 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection. Appendix II lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

A11 Details of the inspection team and the prison population profile can be found in Appendices I and III respectively.

A12 Findings from the survey of women and a detailed description of the survey methodology can be found in Appendix IV of this report. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.²

² The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance.

Summary

Safety

S1 *Women sometimes arrived too late in the evening. Reception was welcoming and most support during women's early days in the prison was reasonably good. The number of violent incidents was low and the prison carried out some good proactive work to keep women safe. Despite this, many women still reported feeling unsafe at some time. Support for vulnerable women, including those with very complex needs, was very good. Security arrangements were proportionate. Disciplinary processes were well managed; force was only used as a last resort and was subject to excellent oversight. Segregation was generally well managed although the regime and care planning needed to be developed. Substance misuse support was good and better than at our last inspection.*
Outcomes for women were good against this healthy prison test.

S2 *At the last inspection in 2013 we found that outcomes for women in Holloway were reasonably good against this healthy prison test. We made eight recommendations in the area of safety. At this follow-up inspection we found that three of the recommendations had been achieved, three had been partially achieved and two had not been achieved.*

S3 Women faced long waits in court cells and sometimes arrived at the prison in the late evening. Most journeys to the prison were short but women were still sometimes transported in vehicles shared with male prisoners. We found some vans dirty. The reception was welcoming; processes were organised but women sometimes spent too long there. Survey responses relating to prisoners' early days in custody were poorer than in similar prisons but it was not clear why. Reception interviews were focused and staff had a good awareness of women's vulnerabilities and individual needs. We were not confident that all women could have a shower or make a telephone call on their first night or that a private interview with a member of staff always took place. Peer supporters in first night units helped settle prisoners. Induction for those who received it promptly was comprehensive.

S4 In our survey 52% of women said they had felt unsafe at some time, which was more than at similar establishments; women from a black and minority ethnic background and foreign national prisoners were more likely to report feeling unsafe at the time of the inspection, but the reasons for this were not clear. The safer custody team was knowledgeable, experienced and effective. Most incidents were relatively minor and recorded levels of fights and assaults were relatively low.

S5 Behaviour monitoring, when required, was often intermittent and did not always demonstrate useful interaction with the women. However, some very good proactive work was undertaken to anticipate and identify any possible safety issues. The 'timeline' process (collating a range of information to pre-empt violence and self-harm) which sought to anticipate at an early stage women who might have been vulnerable or a risk to others was still in place. Management of the incentives and earned privileges scheme was generally good; most warnings seemed appropriate and poor behaviour was robustly challenged although it was inappropriate that women on the basic level could not work.

S6 The prison had made good progress in addressing recommendations following death in custody investigations. A variety of data about self-harm was collected and discussed at the well-attended safer custody meeting. Lessons from investigations into the few more serious self-harm incidents were learned. Assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were completed within

the necessary timescales and reviews were multidisciplinary. However, case management lacked continuity. Most women on ACCTs said they felt well looked after. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) felt well supported. The few Listeners meant that a limited service was offered, but new Listeners had been identified.

- S7 The prison had a comprehensive local safeguarding policy and established links with the local adult safeguarding board. Women with complex needs were discussed and managed via weekly multidisciplinary meetings and effective measures were in place to identify and meet their needs.
- S8 Security arrangements were proportionate. A comprehensive intelligence assessment allowed the prison to set and monitor security objectives and information-sharing was good. Substance misuse supply reduction strategies were effective and the mandatory drug testing rate was close to target. The prison was aware of the challenges posed by new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects).
- S9 The number of adjudications had risen slightly since the previous inspection. Records were generally good. Oversight and governance of the use of force were impressive. Use of force had risen since the previous inspection but records and CCTV we reviewed assured us that it was used as a last resort and de-escalation techniques were employed. Segregation was used less frequently compared with the previous inspection and stays were generally short despite some complex and challenging longer-term residents. However, a quarter of residents in the previous six months had been on an open ACCT, which was high. The regime was consistent but fairly basic for most women. Formal care and reintegration planning was underdeveloped. Staff interacted positively with the residents and knew them well.
- S10 A large number of women were in contact with substance misuse workers. Psychosocial services were very impressive. Programmes had been adapted to address the needs of prisoners on very short sentences, which was commendable. Clinical substance misuse treatment had improved; prescribing was consistent and met national guidelines.

Respect

- S11** *Efforts were made to provide decent living conditions, although many women still lived in cramped dormitories. Most interactions we observed were respectful and we saw some work that was exceptional. However, women still complained about a small number of staff who were less involved. Work with women with protected characteristics was generally very good, but the prison required a greater focus on meeting the needs of foreign national women. Some detainees had been held at the prison for too long. Faith provision was good. Complaints were well managed. Legal services support was good. Health care was reasonable overall and mental health provision was very good, but delays for secure beds were unacceptable. Women were negative about the food. A reasonable selection of catalogue shopping was offered. **Outcomes for women were reasonably good against this healthy prison test.***
- S12** *At the last inspection in 2013 we found that outcomes for women in Holloway were reasonably good against this healthy prison test. We made 24 recommendations in the area of respect.³ At this follow-up inspection we found that 14 of the recommendations had been achieved, four had been partially achieved, five had not been achieved and one was no longer relevant.*
- S13** The establishment was generally clean. Outside areas were pleasant. Women had good access to cleaning materials and laundries. Many still lived in cramped dormitories with little privacy and few had access to a lockable cupboard. Women were negative in the survey about both the fairness and promptness of responses to applications. A new applications system had been introduced but it was too early to judge its effectiveness. The Glad Ragz provision (an onsite shop selling donated clothing) met women's needs, and long-term prisoners and pregnant women had higher spending allowances.
- S14** Most interactions we observed between staff and prisoners were good, and some work with women at risk was outstanding. Women told us that most staff were respectful and approachable, but that a small minority were unhelpful. Personal officer work was reasonable and there were some good entries on P-Nomis (the Prison Service IT system), although staff told us fulfilling the role was sometimes a challenge when they were not deployed on their regular unit. Some good prisoner consultation took place and action was taken in response to prisoners' feedback.
- S15** Bimonthly equality action team (EAT) meetings were well attended, including by external agencies. Monitoring across most protected groups was analysed and discussed and progress had been made in developing support for specific groups. Relatively few discrimination incident reporting forms were submitted. Investigations were good and the EAT received external scrutiny and input. There were regular forums for women from most protected groups. Almost 40% of the population was from a black and minority ethnic background. Most women we met during the inspection did not feel there had been any discrimination at the prison.
- S16** There was a lack of support for foreign national prisoners. In our survey, this group reported poorer experiences than others across a range of indicators and those we met echoed these views. Better communication with this group was required so that their concerns could be understood and addressed. Some women detained under immigration powers following completion of their criminal custodial sentence had been held in the prison for excessive and unreasonable periods.

³ This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

- S17 The identification of and support for women with disabilities had improved considerably. Personal emergency and evacuation plan procedures had been developed and good links made with the health care department and Islington council so that disabled prisoners could be assessed and supported. The prison ran quarterly forums for older women.
- S18 The specific needs of young adults were recognised and for some support began before their arrival at Holloway through meetings with the Youth Justice Board. Regular meetings were held with them and age-appropriate activities were offered.
- S19 Forums had been held for lesbian women. Care for pregnant women was safe and decent overall, but there were delays in transferring women to mother and baby unit (MBU) places.
- S20 Faith provision was good. All women could see a chaplain and attend corporate worship and other faith activities. The team was well thought of, provided good pastoral care and was integrated into prison life.
- S21 Most complaints were about property and staff. Complaints about staff were mainly minor and often related to women's perceptions of staff attitudes. These complaints were monitored well, incidents were investigated and appropriate action was taken when needed. Responses were generally legible and respectful but replies were often late. No robust quality assurance procedures were in place. Legal visits rooms were reasonably private but only a single legal services officer helped women access bail.
- S22 A quarterly health partnership board included relevant stakeholders. Health promotion was underdeveloped. There was a lack of nurse-led long-term conditions clinics and care planning was inadequate. Access to sexual health services was reasonable.
- S23 In our survey, women were more negative than at comparator prisons about health services. Initial and follow-on screening was good but the health care appointments system was not sufficiently robust and potentially caused delays. Access to nurses and GPs was generally good and prisoners' urgent needs were prioritised well through nurse triage. Pregnant women received care at least equivalent to what was available in the community.
- S24 Medicines management was generally sound but too many women reported delays in getting prescriptions. Follow up of women who missed doses was not sufficiently robust. Some women with urgent dental problems waited too long to see the dentist.
- S25 A wide range of therapeutic interventions were available for women with mental health issues and the prison was developing ways of identifying and working with women with personality disorders. The assessment unit (CI) dealt with a diverse and complex range of needs and women were complimentary about their care in the Tillson Day Centre, which continued to provide a meaningful and therapeutic sanctuary for women from across the prison. Strenuous efforts were made to obtain urgent secure hospital placements for women with severe mental health conditions but there were regular and unacceptable delays.
- S26 Fewer women said that the food was good or very good than in comparator prisons. Many complained about food being cold and we found this to be the case. There was good consultation around canteen. Women could shop from a good range of catalogues but they found it expensive.

Purposeful activity

S27 *Far too many women were locked up during the working day. Learning and skills provision required improvement overall. While there were sufficient activity places, processes for allocating women to activities were ineffective and attendance was not sufficiently good. Some good planning had taken place to develop the provision and aspects of vocational training had improved. Some education was good, but achievements in English and mathematics at the higher levels needed to be improved. Library and physical education (PE) provision was reasonable overall. **Outcomes for women were not sufficiently good against this healthy prison test.***

S28 *At the last inspection in 2013 we found that outcomes for women in Holloway were not sufficiently good against this healthy prison test. We made 11 recommendations in the area of purposeful activity. At this follow-up inspection we found that four of the recommendations had been achieved, two had been partially achieved and five had not been achieved.*

S29 Time out of cell for fully employed prisoners was good but for unemployed women and those on a variety of restricted regimes it was inadequate. Roll checks during the working day revealed that an average of 40% of women were locked up, which was poor and worse than at the previous inspection. Access to outside exercise was not sufficient.

S30 Partnership work between the Offender Learning and Skills Service provider and the prison had improved. A new teaching strategy was having a positive impact. Action planning to address key areas for improvement, such as attendance, was weak and managers did not challenge women sufficiently. Data analysis was not sufficient to inform managerial decisions or identify differences in achievement between groups of learners.

S31 There were enough activity places to occupy all women on at least a part-time basis and pay was now equitable. The breadth of education courses was appropriate but there were not enough English or mathematics lessons to meet the population's needs. The amount of vocational training had increased but not enough was delivered at a higher level. Induction promoted activities well but the activity allocation process was ineffective.

S32 Women attending English for speakers of other languages lessons enjoyed good teaching. The promotion of English and mathematics in vocational areas and other education courses was poor. Outreach support was good but there was insufficient specialist help for those with learning difficulties.

S33 Most women enjoyed attending activities and interactions were tolerant and respectful. Learners developed their confidence well. Attendance remained too low; punctuality was poor during the inspection week.

S34 Qualifications achievements in vocational areas were generally good. Success rates in English and mathematics had improved in the previous eight months but still required further improvement, particularly in the higher level courses. Learners developed industry-standard skills in some areas.

S35 Staff shortages affected women's access to the library. A broad range of books met the needs of foreign national prisoners and Prison Service orders, easy-read material and immigration reference books were available.

S36 The gym had a wide range of well-maintained high quality facilities and links with the health care department were good. Staff delivered sessions that met the needs of all prisoners, but low staffing levels were affecting participation and the achievement of qualifications.

Resettlement

- S37** *Strategic management of resettlement had improved considerably: the women's resettlement needs were understood and generally well met. Some good release on temporary licence (ROTL) provision had been introduced. Offender management arrangements needed more coordination but were reasonable overall. Public protection arrangements needed urgent attention. Reintegration work was developing and some good support was offered pre-release and 'through the gate'. Support to help women stay in contact with children and families and for those who had experienced abuse was very good. **Outcomes for women were reasonably good against this healthy prison test.***
- S38** *At the last inspection in 2013 we found that outcomes for women in Holloway were reasonably good against this healthy prison test. We made 11 recommendations in the area of resettlement. At this follow-up inspection we found that five of the recommendations had been achieved, two had been partially achieved and four had not been achieved.*
- S39** Strategic management of resettlement had improved considerably; the strategy document was comprehensive and being developed further. ROTL was now being used well to support resettlement planning, including for family contact, and the risk assessment process for this was robust. The resettlement department offered a wide range of services, which met the needs of the population. However, the work of the new community rehabilitation companies (CRCs) was not yet sufficiently well understood.
- S40** In our survey, prisoners' perceptions about offender management had improved, but they were still less positive than in comparator prisons. Contact with prisoners was relatively frequent and meaningful. However, many women still did not feel their offender supervisor supported them or did not have full offender assessment system documents or sentence plans. Offender management arrangements needed more coordination, but were better than previously.
- S41** Risk of harm assessments were not always good enough and some risk management planning needed improvement. There were delays in the home detention curfew process and public protection arrangements were weak. We found deficiencies in multi-agency public protection arrangements (MAPPAs) and unauthorised monitoring. Categorisation and allocation processes were sound. Progressive moves took place as necessary and women could return to Holloway for local discharge. Support for potential or newly convicted indeterminate sentence prisoners needed improvement.
- S42** A resettlement plan was developed for each new arrival. Prior to release women were seen again and the plan was reviewed; further interventions were organised and a release plan finalised. Most women were released locally. The Hub (an external drop-in centre for newly released women) provided women with an excellent opportunity to prepare for their first day in the community.
- S43** Children and families work had improved considerably. The charities PACT (Prison Advice and Care Trust), Phoenix Futures and Spurgeons all employed staff to support prisoners and their families. Their caseload was impressive. The newly refurbished visits room was reasonable, but still rather cramped. The family room had also been refurbished and was excellent. Women could not receive a visit every week, and most visits sessions were short, but they started and finished on time. Women valued the range of additional visits, including evening visits, a homework club, family visits and extended visits.

- S44 A variety of community organisations continued to support victims of domestic violence and sexual abuse. The Eaves' Poppy Project supported women who were identified as potential victims of human trafficking.
- S45 There continued to be very limited access to social housing and many women went to supported accommodation on release; some were released without an address. Despite the difficulties, positive efforts were made to support women. ROTL and an impressive range of partner agencies helped prepare women for further education, training and employment. Health discharge arrangements were sound and women with severe and enduring mental health needs were linked effectively with their local community teams. Women leaving with substance use issues had access to a rich array of through-the-gate opportunities. Women with financial worries benefited from a range of services, including a telephone debt service, one-to-one support and a money management course. A good variety of offending behaviour courses was offered and the domestic violence programme Power to Change was about to start.

Main concerns and recommendations

- S46 Concern: In the previous 12 months, only five of the 37 women transferred to secure mental health units had been moved within two weeks. The longest wait was 16.5 weeks. During our inspection, a further four women were in assessment or waiting for transfer. These waiting times were not acceptable and had the potential to cause women's mental health and well-being to deteriorate further.

Recommendation: Women with the most complex and risky mental health and behavioural needs should not be held at Holloway; they should be transferred to appropriate specialist locations within a maximum of two weeks of the decision being made.

- S47 Concern: We found around 40% of women locked up during the working day. This was higher than at our previous inspection. Women were not sufficiently encouraged to use their time in prison constructively. As a result attendance at and take-up of activities were poor, as was punctuality.

Recommendation: During the time that Holloway remains open there should be an effective system that all staff understand, to improve prisoners' time out of cell and maximise attendance and punctuality at activities and the use of the purposeful activity spaces available.

- S48 Concern: We found errors in the application of public protection and MAPPA processes at the beginning and end of women's sentences. Children visiting women subject to child contact restrictions were not sufficiently well identified. Prisoners' telephone calls and mail were being monitored without up-to-date authority having been obtained.

Recommendation: An immediate review of public protection processes should be carried out across the prison to ensure that procedures for identifying and managing prisoners who pose a risk to the public are effective.

Section 1. Safety

Courts, escorts and transfers

Expected outcomes:

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

I.1 *Women continued to share escort vehicles with men on occasion. Many women spent too long in court cells and late arrivals were frequent. Escort vehicles were often dirty.*

I.2 Although women shared escort vehicles with men less often than previously, it was unacceptable that they continued to do so on occasion as this often resulted in women being subject to verbal abuse by the male prisons on the vehicles. Many women spent too long in court cells after their cases were completed. Although most journeys were short, too many women arrived at Holloway late in the evening: for example 13 vehicles arrived after 7pm in August 2015, the latest at 10.30pm. Reception stayed open to accept late arrivals and essential first night procedures were completed for them. Appropriate transport was arranged for pregnant women and those with disabilities but the escort vehicles we saw were dirty and some cells in cellular vehicles contained substantial amounts of graffiti.

Recommendation

I.3 **Women should be held in court cells for the minimum possible period, should not be transported in vehicles with men and should arrive at the prison before 7pm.**

Early days in custody

Expected outcomes:

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

I.4 *Some women waited too long on vehicles after they arrived at the prison. Reception was welcoming and staff were aware of women's needs, but some prisoners spent too long there. Many women felt unsafe on their first night and dormitories were intimidating. Peer supporters were greatly appreciated. Women could not always have a shower or make a telephone call on their first night. Induction was comprehensive but not all women received it promptly.*

I.5 Some women waited too long on vehicles after they arrived at the prison. Reception had been refurbished and was clean, spacious and welcoming. In our survey women were more negative than the comparator about their early days at the prison, but it was not clear why. Staff interacted well with the women and tried to allay their fears and put them at ease.

Searches were conducted sensitively and strip-searching was carried out infrequently (see paragraph I.47).

- I.6 Staff had a good awareness of women's vulnerabilities and individual needs. All new arrivals saw a health care professional and had a private interview with an officer who had ready access to social services if required. Staff were confident using telephone interpreting services but we saw them use a peer supporter on the first night landing to interpret during initial and cell-sharing risk assessments, which was inappropriate. There were no trained peer supporters in reception. Clothing was provided as necessary.
- I.7 Reception processes were organised and thorough. In our survey 37% of women said they were in reception for less than two hours, lower than the comparator, and women we spoke to during the inspection said there were sometimes delays.
- I.8 Women who screened positive for drugs were located in the substance misuse unit (DI). Even women who had been transferred from other prisons and who were stable and maintained on a prescription went to DI, which was unnecessary. Others generally went to the first night centre. Only 57% of women said they felt safe on their first night, lower than the comparator and compared with the previous inspection. Rooms on both landings were clean but dormitories were intimidating particularly for those who were in prison for the first time.
- I.9 Women were provided with bedding and toiletries and were given telephone credit and a reception pack of grocery items. We were not confident that all women could make a free telephone call or have a shower on their first night, particularly if they arrived late in the evening. We were told an officer saw new arrivals in private on their first night unit but we did not see this happening. Little written information was provided and we saw nothing being issued in languages other than English.
- I.10 Peer supporters were much appreciated by new arrivals during their first night. They saw all prisoners and explained what was going to happen and the sources of help that were available. The team spoke a wide range of different languages and communicated with most women in a language they understood.
- I.11 Induction ran six days a week and consisted of four formal modules: general presentation; secondary health screening; education assessment; and gym induction. Induction generally started the first working day after arrival and should have been completed within seven days. Peer supporters delivered the general presentation, overseen by resettlement staff, in a large comfortable room and women were offered refreshments. The presentation was only in English but it was comprehensive and supported by an induction booklet that was available in 19 languages. The peer supporters were knowledgeable and responded well to questions. If women located on DI were not fit enough to attend induction, the presentation was delivered in the unit when they were better. We found a small number of women who experienced undue delays before they could attend the general presentation and records did not assure us that the gym induction was delivered promptly.

Recommendations

- I.12 **Women should be able to get off escort vehicles promptly after arrival.**
- I.13 **First night arrangements should ensure that new arrivals can make a free telephone call, take a shower and have a private interview with a member of staff in the first night unit.**

Housekeeping point

- I.14 Peer supporters should always be available in reception.

Safe and supportive relationships

Expected outcomes:

Safe and supportive relationships are encouraged. Everyone feels and is safe from victimisation (which includes verbal and racial abuse, theft, violence and assault or threats). Women are protected from victimisation through active and fair systems known to staff, women and visitors, and which inform all aspects of the regime. Any sanctions on behaviour are applied fairly, transparently and consistently.

I.15 The proactive safer custody team was effective and focused well on keeping women safe. However, in our survey more women than in comparator prisons reported feeling unsafe at some time. Most incidents were minor and there was a 'whole prison' approach to violence reduction. Safer custody meetings monitored a range of pertinent data. Recording in behaviour monitoring books needed improvement. The local pay policy did not allow women on the basic level to participate in employment even though this was against the national incentives and earned privileges (IEP) policy.

- I.16 In our survey more women than in comparator prisons said they had felt unsafe at some time (52% compared with 42%) and that other prisoners had victimised them because of their race or ethnic origin, religion or nationality. More women from black and minority ethnic backgrounds and foreign national prisoners than others said they felt unsafe at the time of the inspection. The reasons for this were unclear and did not appear to relate to levels of violence at the prison. The prison's own safety survey in 2014 had found that most women felt safe and recorded little variation in data between diverse groups. Safer custody was not discussed at prisoner council meetings.
- I.17 The proactive safer custody team was knowledgeable, able and effective. A good range of relevant violence reduction and self-harm data was analysed at well-attended safer custody meetings. Women told us that there was little violence and the number of assaults and fights was low. Most incidents were relatively minor. Non-accidental injuries and the few more serious incidents were investigated and managed through adjudication and police referral.
- I.18 There was a whole prison approach to violence reduction. When staff identified any anti-social behaviour, they completed a violence reduction form, which was given a log number. Staff had to record the prisoner involved, describe the circumstances and explain how they had managed the situation. Forms were forwarded to the safer custody team for cross-checking and any further action.
- I.19 Around six women were placed on behaviour monitoring compacts each month. Comments in monitoring booklets were not always made frequently enough and did not always demonstrate that staff had interacted with the women involved.
- I.20 Some very good proactive work took place to anticipate and identify safety issues. Safer custody staff continued to pre-empt violence and self-harm risks using the 'timeline' process, which involved identifying and collating information taken from unit observation books. Staff checked reception documents every day as well as the previous convictions of newly arrived women, and women who did not receive visits, or purchase phone credit were identified and offered support. A weekly complex needs meeting supported women with specific needs and challenging behaviour (see paragraph I.42).

- I.21** Poor behaviour was robustly challenged and the IEP scheme used to support safer custody; 148 women were on the enhanced regime and 41 on the basic level of the IEP scheme. Women had to wait three months before applying for enhancement, which excluded many. In our survey, fewer women than in the comparator said they had been treated fairly in their experience of the scheme (45% against 52%). Women on the basic level received a daily 'domestic' period but had restricted access to association and television. We saw evidence that women received copies of behaviour warnings, most of which seemed appropriate.
- I.22** The national IEP policy stated that women on the basic level should attend work or education; however the local pay policy stated that these women were not eligible for employment and that they would lose their job. They needed to be cleared again once they were no longer on the basic regime.
- I.23** Some women identified as having complex needs or on open assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm were also subject to the basic regime, and we were not confident that restrictions in all cases were beneficial.

Recommendations

- I.24** **Managers should ensure that comments in behaviour monitoring books are made as per the planned frequency and demonstrate interaction with the woman involved.**
- I.25** **Women on the basic regime should not be prevented from working.**

Good practice

- I.26** *The timeline initiative continued to provide useful information to highlight and anticipate vulnerabilities and potential control problems. It was integral to keeping the women safe.*

Self-harm and suicide prevention

Expected outcomes:

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

- I.27** *The safer custody team continued to identify and respond to risks effectively and women received support through a variety of measures. ACCT reviews were multidisciplinary but case management was often inconsistent and observations were recorded as summaries rather than after each individual observation. There were insufficient Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) but additional women had been identified for training.*

- I.28** There had been one self-inflicted death since 2007 (in July 2014) and a further death from natural causes in March 2015. Good progress had been made in addressing death in custody recommendations and the action plan was reviewed quarterly.

- I.29** A total of 358 self-harm incidents, attributed to 88 women, had taken place over the previous six months. Most incidents involved women ligaturing or cutting themselves.
- I.30** The effective safer custody team proactively identified and supported women at risk of self-harm or suicide (see paragraphs I.17 and I.42). A range of pertinent data was discussed and monitored at well-attended safer custody meetings, and closed ACCT documents were checked by the team. Lessons were also learned from investigations into serious self-harm incidents.
- I.31** An average of 56 ACCT documents was opened each month. They were generally completed within necessary timescales and reviews were multidisciplinary; however, case management continued to lack continuity.
- I.32** Documents detailed the number of hourly observations required but instructed staff to record them as summaries rather than after each individual observation. This was against the requirement of the Prison Service instruction and had received criticism from the Prisons and Probation Ombudsman.
- I.33** Care was good and most women said they felt supported. Those with complex needs were managed at specific, weekly meetings (see paragraph I.42). However, some women were held in the segregation unit while on ACCT documents and we were not confident that this was appropriate (see paragraph I.58.)
- I.34** Eleven women had been managed on constant supervision in the year to the inspection – four for one day and three others for two. Strip clothing was rarely used, and only after careful consideration.
- I.35** The small group of four Listeners, two of whom were often released on temporary licence, could not provide a full service: women requesting a Listener after 10pm were offered the Samaritans phone. Listeners felt well supported by the Samaritans and most staff, and contributed to safer custody meetings. Eight new women had been identified for Listener training.

Recommendation

- I.36** **ACCT arrangements should ensure consistent case management and that observations are recorded promptly.**

Safeguarding (protection of adults at risk) and women with complex needs

Expected outcomes:

The prison promotes the welfare of all prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.⁴

I.37 *Adult safeguarding was generally understood and the measures in place effectively identified and supported women's needs. The prison was represented at local authority adult safeguarding meetings, and weekly complex needs meetings effectively developed individual care plans for those with the greatest needs.*

I.38 The local adult safeguarding policy comprehensively described safeguarding of adults at risk, including how to report staff wrongdoing; it needed updating to reflect staff changes, however. A health needs assessment undertaken in March 2015 had identified social care needs.

I.39 Staff had received safeguarding awareness training. The concept was generally understood and measures in place effectively identified women's needs. Health care staff identified women with complex needs at initial health screenings, and safer custody staff were also very aware of the issue.

I.40 The deputy governor represented the prison at local authority adult safeguarding meetings. Good preparations had been made for the introduction of the Care Act⁵ through joint meetings attended by prison and Islington adult social care staff.

I.41 Local multidisciplinary safeguarding meetings were held every other month in the prison; however, local authority adult social care had only been represented at one meeting during the year (in October 2014). Meetings discussed women considered to be at risk for a variety of reasons and the progress of referrals made to the local authority.

I.42 Well-attended, complex needs meetings, chaired by the head of safer custody met every week. A variety of nursing, mental health, psychiatric, substance use, safer custody and wing staff discussed the management and care of women identified as having the greatest needs, many of whom had mental health issues. Individual care plans were developed and agreed.

Good practice

I.43 *Arrangements to safeguard at risk women and those with complex needs were excellent. Staff had a good awareness of these issues and the weekly complex needs meeting focused on those who needed additional support or attention.*

⁴ We define an adult at risk as a person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000)

⁵ The Care Act outlines new obligations on local authorities and looks at the way in which local authorities should carry out carer's assessments and needs assessments; how they determine who is eligible for support; and how they charge for both residential care and community care.

Security

Expected outcomes:

Physical and procedural security measures are specific to the risks in a women's prison. Security and good order are underpinned by effective security intelligence and positive staff-prisoner relationships. Women are safe from exposure to substance misuse while in prison.

- I.44** *Security was managed well. Arrangements were proportionate and did not restrict prisoners' access to the regime unnecessarily. Drug supply reduction measures were effective and the prison was aware of the emerging challenges of new psychoactive substances (NPSs) (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects).*
- I.45** Security arrangements were proportionate and did not restrict prisoners' access to the regime unnecessarily. Women's main movements to activities had been staggered, which worked well and good relationships supported dynamic security. In the previous six months 1643 intelligence reports (IRs) had been submitted, which was relatively low. There were sometimes delays in processing them but required measures, such as suspicion drug tests and target searching, were generally completed within reasonable timeframes.
- I.46** A comprehensive security intelligence assessment allowed the well-attended security committee to set and monitor appropriate security objectives, which helped make the prison safer. Information-sharing with other departments was appropriate.
- I.47** Strip-searching was conducted infrequently – on average three to four times a month – and proper authority was always sought. Closed visits were applied sparingly – only three women had closed visits at the time of the inspection – and generally only for reasons relating directly to the trafficking of items during visits. Despite monthly reviews, prisoners generally remained on closed visits for three months even when there was no further intelligence to support this.
- I.48** The drug supply reduction strategy was effective and included mandatory random, risk and intelligence-led suspicion drug testing. In the six months to the end of September the average mandatory drug test (MDT) positive rate was 4.6%, close to the target of 4%. The target had remained the same and been met in the previous two years. The majority of positive tests were for cannabis. The MDT testing suite was clean and careful attention was paid to reducing cross-contamination.
- I.49** Finds of illicit alcohol or 'hooch' were infrequent. The prison was aware of the challenges presented by NPSs; it carried out intelligence-led searching activities using dogs trained to sniff Spice (which cannot be detected by drug tests). Women had been informed of the health risks associated with Spice.

Disciplinary procedures

Expected outcomes:

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

I.50 *Records of adjudication hearings demonstrated that the charges had been sufficiently explored, and quality assurance was effective. Although use of force was used more frequently, we were confident it was used appropriately. Governance of the use of force was impressive. The segregation unit was generally managed well. The population was both complex and challenging but women were well cared for. Some cells were dirty and the regime for most was too basic.*

Disciplinary procedures

- I.51** There were 496 adjudications between March and August 2015, which was higher than at the previous inspection, but we were confident that charges were generally brought for appropriate reasons. Prisoners were given enough time to prepare their cases and could request legal advice. Records of hearings generally showed the charges were sufficiently explored before a finding of guilt. The prison did not proceed with 17% of cases, which was high; some of them had been brought about as a result of technical errors that could have been avoided. The quality assurance process was generally effective.
- I.52** Data on adjudications were collated well and discussed at the quarterly, well-attended, adjudication standardisation meeting. The meeting had identified that a large number of adjudications did not proceed and was investigating the reasons for this.

The use of force

- I.53** Force had been used 85 times between March and August 2015, almost twice as often as at our previous inspection. Despite this, records of incidents, our observations and the CCTV footage we reviewed assured us that it was used as a last resort and that de-escalation was employed. Seven women accounted for a third of the incidents. In around 20% of the cases, force was used to prevent self-harm or deal with women with significant mental health problems and, although not ideal, we concluded that this was done in as sensitive a way as possible. Over 50% of cases required only minor physical coercion.
- I.54** Oversight and governance of use of force were impressive. The quality of completed documentation was very good. Documentation, recordings and CCTV were reviewed and any concerns and lessons to be learned were addressed promptly.
- I.55** There was no designated special accommodation cell but when bedding, furniture or clothing were removed it was generally properly authorised and appropriate documentation was completed to a good standard.

Good practice

- I.56** *Oversight of the use of force was exceptional. Every video and all documentation was scrutinised by a manager, and appropriate action was taken when concerns or lessons were identified.*

Segregation

- I.57** The communal environment in the segregation unit was reasonable, showers were clean and the exercise yard was pleasant. Some cells were dirty with filthy toilets, some offensive graffiti and damaged furniture.
- I.58** The unit housed some challenging women with complex problems, some of whom moved frequently between the unit and the mental health assessment unit in CI. In the previous six months there had been 99 periods of segregation, fewer than at our previous inspection. The average length of stay was approximately eight days but most were shorter. A few remained there for unacceptably long periods, the longest being for 69 days. As at our previous inspection, around 25% of women held there were on an ACCT and we were not always confident that the circumstances were exceptional enough to justify it (see paragraph I.33).
- I.59** All segregated prisoners had access to a consistent but basic daily regime that included showers, telephone calls and an unacceptably short 30 minutes of exercise, which amounted to about an hour out of their cells per day. Activities were rarely permitted in association with others. Prisoners had access to a small stock of books, could have a radio regardless of their IEP level and activity packs were available. Few prisoners participated in the weekly gym session. Education staff only attended the unit on request and although an exercise bike had been installed shortly before the inspection, it had not been used.
- I.60** Most multidisciplinary reviews took place promptly but authorising documentation was often completed poorly and many targets were perfunctory. Targets for longer-term residents were often inconsistent and did not link in effectively with care or reintegration planning, which was underdeveloped.
- I.61** Prisoners were generally complimentary about segregation staff and we observed some good interactions; staff were caring and patient with some challenging and vulnerable individuals.
- I.62** A range of appropriate segregation data was collated but it was not always presented in full in the segregation, monitoring and review group (SMARG) report. Although we were told that the data were discussed at the safer custody meeting, we found no evidence of this. We were not confident that the data were used well to identify problems or drive improvement.

Recommendations

- I.63** **Cells should be clean, free of graffiti and equipped with furniture that is in good condition.**
- I.64** **Women on ACCTs should only be segregated in exceptional circumstances.**
- I.65** **The regime for women in the segregation unit should include activities in association with others when risk assessments permit it; it should be linked to formal care and reintegration plans for longer-stay residents.**
- I.66** **Segregation data should be discussed regularly and action should be taken to identify and address any concerns raised.**

Substance misuse

Expected outcomes:

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

I.67 *Psychosocial services were impressive. Clinical treatment had improved and prescribing was consistent and conformed to national guidelines.*

I.68 The drug and alcohol strategy had a detailed action plan, which senior staff monitored and continuously developed. They met regularly and responded to emerging challenges such as NPSs.

I.69 Charity Phoenix Futures, known as Building Futures (BF), provided psychosocial interventions. It had 60 new cases per month and was supporting over half the population. In our survey, 88% of women said they had received support for a drug problem; the same percentage said they had obtained help for an alcohol problem; of those who had received support, 84% said it was helpful.

I.70 BF offered over 50 modules of psychological and social support for alcohol and drugs issues, either individually or in groups, some of which were designed for women on remand or very short sentences. The modules educated women about addictions and how changes in their lifestyle and behaviour could help avoid dependence. Peer support workers were caring and empathetic towards women in treatment.

I.71 Central and North West London NHS Trust (CNWL) provided clinical treatment for substance misuse. The service was nurse-led: there were two GPs and two nurses, all of whom were appropriately trained. Prescribing followed national guidance and was now consistent. Of the 73 patients in treatment, 33 were reducing their dosages, a positive shift in the prison's clinical approach. Treatment was underpinned by drug testing to ensure compliance with treatment agreements.

I.72 There were separate opiate maintenance and recovery (D3) and substance misuse (D1) units. Both had 24-hour nursing care and were working to develop psychologically informed and supportive services. We saw staff approach women with challenging behaviour sensitively and with understanding. The prison was considering establishing a drug free area for women wishing to abstain; we felt this would be a helpful addition.

I.73 Communication between BF and CNWL was excellent and there was an integrated clinical record on SystemOne. Joint working with CNWL mental health services on dual diagnosis was very good.

Good practice

I.74 *Multi-agency working between CNWL and BF provided patients with integrated and seamless care. The range of psychosocial modules was impressive and used flexibly so that even women on remand or short sentences could access some relevant support.*

Section 2. Respect

Residential units

Expected outcomes:

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

- 2.1** *Living and communal areas were generally clean. Many women continued to live in cramped dormitories with little privacy, and many shared rooms contained insufficient furniture. Too many women continued to lack access to a lockable cupboard. Not all showers could be used in private and some smelled unpleasant. Access to clothing and laundries was satisfactory.*
- 2.2** Living and communal areas were generally clean and garden areas were pleasant. Although dormitory occupancy had declined, many women continued to live in cramped rooms with little privacy, and not all shared rooms contained sufficient furniture or were ventilated well enough. Too many women still lacked access to a lockable cupboard, which some said led to thefts.
- 2.3** The resettlement units in D2 and D4 provided women with a good standard of accommodation and women were not locked in their rooms at any time. Women had access to a roof garden with some outdoor seating, but the area looked shabby and needed improvement.
- 2.4** Not all officers knocked before entering rooms. In our survey fewer women than the comparator (85% against 90%) said they could shower every day which was likely to relate to the restricted unlocking periods for some women (see paragraph 3.2). Showers and baths were clean but not all showers were sufficiently private. Showers on B3, B4 and C4 smelled unpleasant.
- 2.5** Fewer women than in comparator prisons said applications were managed fairly (53% against 68%) or promptly (28% against 49%). A system of managing applications electronically had been introduced in July but it was too early to judge its effectiveness.
- 2.6** Women had good access to cleaning materials and weekly access to laundries; they were given plastic washing bowls and powder to wash underwear. They received a change of clothing on arrival. Convicted women could receive one parcel of clothing within 56 days of arrival up to their allowance and women on remand could have parcels at anytime. Clothing could also be purchased from catalogues (see paragraph 2.121) and Glad Ragz, an onsite shop selling donated clothing at very low prices alongside new items at cost price. Pregnant women and those serving four years or more were allowed higher spending limits.

Recommendations

- 2.7** **All women should be provided with a lockable cupboard and a table and chair.**
- 2.8** **Women should be able to shower every day in private.** (Repeated recommendation 2.9)

Housekeeping point

- 2.9 Officers should wait for a response before entering rooms.

Staff-prisoner relationships

Expected outcomes:

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

- 2.10 *Staff-prisoner relationships were good overall. The personal officer scheme worked reasonably well and consultation arrangements were generally strong.*

- 2.11 Women in our survey were less positive than in comparator prisons about relationships with staff, but most interactions were good, and some work with women at risk was outstanding. As at our previous inspection, women said most staff were respectful and approachable, but a small minority were unhelpful. Personal officer work was reasonable and we found many meaningful entries on P-Nomis, the Prison Service IT system. Staff told us fulfilling the role effectively was sometimes a challenge when they were not deployed in their regular unit. Some good prisoner consultation took place through the prisoner council and other forums, and there was evidence of action being taken in response to prisoners' feedback.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁶ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), transgender issues, sexual orientation and age.

- 2.12 *Strategic management of equality and diversity was good and included contributions from external agencies. Work with those from protected groups was generally very good, but the prison needed a greater focus on meeting the needs of foreign national women. Some had been held in the prison for excessive and unreasonable periods.*

Strategic management

- 2.13 There was no up-to-date overarching equality and diversity (E&D) policy; the last policy document was dated 2011–2012. However an annual report and action plan for equalities, an impact assessment schedule and regular monitoring of the population helped to maintain a strategic focus on the needs of women.

⁶ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.14** The E&D team was led by a senior manager; it included a custodial manager, a full-time equalities officer and an administrator. Eight prisoner representatives had received basic training. The team's work was promoted across the prison.
- 2.15** Equality action team (EAT) meetings were well attended; they involved representatives from external agencies, such as the Zahid Mubarak Trust and Islington Council, as well as staff from other prison departments and prisoner representatives who met bimonthly to agree issues to be raised at the meeting. Chaired by the governor, the meetings reviewed progress on action taken to improve equality and diversity. Senior managers acted as 'equality champions' for women with protected characteristics.
- 2.16** New prisoners completed an equalities questionnaire so their needs could be identified. Data were reported and used to monitor outcomes across the main protected groups. The analysis of data, using an equalities monitoring tool, was improving and considered outcomes across several prison processes. The prison had identified an over-representation of young adults subject to adjudications, which was being investigated through an equality impact assessment.
- 2.17** Twenty-one discrimination incident reporting forms (DIRFs) had been submitted in the previous six months, which was relatively low. They related mainly to allegations of racist comments between prisoners. Investigations were good and contact made after investigations detailed the outcomes and appeals process. There were no interventions to address discriminatory attitudes. Those found to have perpetrated discriminatory behaviour were dealt with through the incentives and earned privileges scheme. Completed investigations were discussed at the EAT meeting and the Zahid Mubarek Trust provided external scrutiny. The main concerns raised were delays in investigations.
- 2.18** A database recorded prisoners who had committed an offence related to discrimination. The nature of the discrimination and any change in the cell-sharing risk assessment were recorded on P-Nomis (the Prison Service IT system).
- 2.19** New staff received equality training. Equality champions presented informative training at full staff meetings, including sessions on gender reassignment, human trafficking and the Care Act. Since May 2015, 18 staff had attended the women's awareness staff programme to help them understand issues specific to women prisoners.
- 2.20** The staff group was diverse: 40% (115) were from black and minority ethnic backgrounds and 63% (184) were female; 82% of the senior management team were women.
- 2.21** Consultative forums were held for women from most of the protected groups and the prison celebrated cultural events and religious festivals, such as Gypsy, Roma and Traveller week, International Women's Day and Black History Month.

Protected characteristics

- 2.22** Prisoners from black and minority ethnic backgrounds accounted for 39% of the population. In our survey they were more negative than white prisoners in only a few areas and in our groups, there were no reports of discrimination.
- 2.23** Foreign nationals accounted for 28% (149) of the population. There were significant gaps in the support provided for this group. There was no foreign national policy and no regular discussion forum. Since July 2015, Hibiscus, a third sector support group, only provided support to foreign nationals during the last 12 weeks of their sentence as part of the community rehabilitation company process (see paragraph 4.5), which was not sufficient to

meet their needs and more support was required to ensure prisoners had access to independent legal advice where necessary.

- 2.24** In our survey, foreign nationals responded less positively across a range of indicators, and those we met confirmed these negative perceptions. Some prisoners said language barriers caused some staff to become impatient. The equalities administrative officer worked closely with foreign nationals. International telephone credit was available, but women who had social visits were still not allowed a free monthly telephone call. Communication with this group was not sufficient to enable staff to understand or address all the needs presented.
- 2.25** Twenty-one women were detained solely under immigration powers having completed their criminal custodial sentence. Some had been held in the prison for excessive and unreasonable periods without the authority of an immigration judge having been obtained. Immigration officers worked in the prison two days a week and held weekly surgeries, mainly for new receptions. A quarterly surgery was open to all foreign nationals.
- 2.26** A list of staff available to interpret covered 34 different languages, although prisoner peers and formal interpretation services were also used. Some essential information was available in other languages.
- 2.27** The chaplaincy had initiated links with agencies representing the interests of the Gypsy, Romany and Traveller communities. A meeting in September 2015 considered support for the 1.3% (7) women from these communities. The chaplaincy actively promoted religious diversity (see paragraph 2.42).
- 2.28** The identification of women with disabilities had improved considerably: 29% (153) of the population had declared a disability at reception. Support and personal emergency and evacuation plan procedures for disabled women were better than previously. Women with identified needs carried a green card highlighting evacuation procedures and the reasonable adjustments required.
- 2.29** The E&D team had good links with the health care department and Islington council to help assess and support disabled prisoners and provide adaptations. Access around the prison for wheelchair users was reasonable but equality representatives reported at the EAT meeting in May 2015 that a small number of officers refused to push wheelchairs. There was no formal peer support scheme for prisoners with disabilities. Forums for older women had considered some disability issues.
- 2.30** Quarterly forums were held for women aged over 50. Efforts had been made to engage community groups to support older women. Health promotion meetings considered their needs.
- 2.31** Young adults accounted for 5% (27) of the population. They were integrated with other women but did not share cells with adults. Their specific needs were recognised and meetings had taken place with the Youth Justice Board to aid and monitor their transition into the prison. Regular meetings were held with the women and relevant activities offered. Reflex, a Christian-based community organisation, provided the women with a life skills course.
- 2.32** Lesbian women participated in two forums. A policy outlined acceptable conduct in same-sex relationships. Support for transgender prisoners was good.
- 2.33** Although the prison no longer had a mother and baby unit (MBU) or associated social work function, staff ensured that pregnant women were safe and well cared for. A centrally held plan informed all significant decisions, including transfers to prisons with MBUs and each woman was assigned a link officer to ensure her care plan was up to date and meaningful. In

addition, a weekly meeting with local midwives ensured a co-ordinated approach between prison and health professionals.

- 2.34** Transfers to MBUs were frequently delayed beyond the planned 32 weeks of pregnancy, which meant women had to move very near to their due date. In the previous year, two women were transferred after they had given birth, one owing to delays with the local authority assessment and the other because she had arrived at the prison in late pregnancy. The prison had worked hard to prevent this and received good support from Islington local authority when it came to ensuring receiving local councils accepted their responsibility for the women and conducted relevant assessments.
- 2.35** Women who lost or were separated from their babies had good access to a specialist counselling service, Choice for Change. Women described the support as invaluable.

Recommendations

- 2.36** The prison should ensure that the specific support needs of foreign national women are met.
- 2.37** Immigration detainees should only be held in prison in very exceptional circumstances following a risk assessment and once the authority of an immigration judge has been obtained.
- 2.38** Local authority assessments should be completed on time and women should be transferred to MBUs several weeks before their baby is delivered.

Faith and religious activity

Expected outcomes:

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

2.39 *Faith provision was good. Women could meet chaplains of their own faith and attend corporate worship. The chaplaincy provided good pastoral care, was integrated into prison life and was well regarded by the women we met.*

- 2.40** Faith provision was good. The chaplaincy included chaplains from the main faiths represented in the prison and were supported by sessional chaplains and volunteers. The team met monthly and worked collaboratively. In our survey, perceptions about access to chaplains following reception were poor. We were assured that chaplains saw new prisoners the day after their arrival and were offered a leaflet outlining the provision.
- 2.41** Facilities were good. A large chapel could be reconfigured to provide suitable space for Friday prayers. A smaller multi-faith room was used by some faiths with fewer followers.
- 2.42** All women could see a chaplain of their faith and attend corporate worship. Visiting chaplains held services in Romanian and Spanish. Major religious festivals were celebrated, often supported by the catering department. A forum to discuss women's faith needs had been held in June 2015. Women we met thought highly of the team.

- 2.43** There was a range of groups to nurture and support faith interests including Bible study, fellowship groups, an Islamic class and a popular Pentecostal group. The Sycamore Tree restorative justice programme and an Alpha course exploring Christianity were run.
- 2.44** Chaplains provided good pastoral care. They visited women in the segregation unit and health department every day. Nineteen women received prison visitors managed by the chaplaincy. Chaplains supported women who had been bereaved.
- 2.45** The team was integrated into prison life and attended some assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm; two chaplains were ACCT assessors. They also attended meetings covering the main policy areas, including safer custody and the EAT.

Complaints

Expected outcomes:

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

2.46 *Complaints were generally well managed although many prisoners waited too long for replies. Most complaints were about property and staff. Complaints about staff were monitored well.*

- 2.47** Complaint forms were readily available and procedures were generally well managed. The senior management team monitored and analysed trends. Problems with property and staff behaviour were common complaints. Complaints about staff accounted for 11% (47) in the previous six months and focused mainly on poor attitudes. Managers of an appropriate seniority investigated and closely monitored these complaints. There was no robust procedure to follow up the few cases where prisoners had withdrawn their complaint.
- 2.48** In our survey only 27% said complaints were dealt with fairly and 21% said they were dealt with promptly, less than in comparator prisons. The prison recorded that responses to complaints had been delayed in 27% of cases over the previous five months, which line managers were addressing. Responses were legible, answered the complaint and were respectful, but no robust quality assurance procedures were in place.

Recommendation

- 2.49** **Robust quality assurance procedures should be introduced to monitor and improve the quality and promptness of replies to complaints and determine why some were withdrawn.**

Legal rights

Expected outcomes:

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

2.50 *Legal visits arrangements were reasonable, but access to bail information and legal telephone calls was not sufficient.*

2.51 The nine small legal visits booths were reasonably private, but lacked ventilation. Legal visitors had their visits limited to one hour, which was not always sufficient. In our survey women were more negative than the comparator about access to bail information and communicating with their legal representatives. A single legal services officer processed bail applications and supervised legal telephone calls, but as at our two previous inspections, there was no cover for absences. Staff who processed prisoners' mail understood which letters were legally privileged, but prisoners did not receive a letter of apology if a letter was opened in error.

Recommendation

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

Housekeeping point

2.53 Prisoners should receive a letter of apology when legal letters are opened in error.

Health services

Expected outcomes:

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

2.54 *Governance was reasonable but staffing shortages had adversely affected a number of areas. The range of primary care services was good and access to nurses and GPs was reasonable. Social care was developing and there were effective links with the local authority. Sexual and women's health services were good. External hospital appointments were rarely cancelled. Care for pregnant women was equivalent to what was available in the community. Medicines management was sound overall but too many women experienced delays in getting medicines. The dental waiting list was too long and women with urgent or acute needs were not sufficiently prioritised. Mental health services were excellent and some exemplary care for very troubled women was provided. The Tillson Day Centre provided a calm therapeutic sanctuary and women valued it.*

2.55 *The inspection of health services was jointly undertaken by the Care Quality Commission (CQC)⁷ and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.*

Governance arrangements

- 2.56** The CQC found there were no breaches of the relevant regulations.
- 2.57** A quarterly partnership board included relevant stakeholders; the impact of the board was compromised by a focus on reporting rather than on service development.
- 2.58** A new health and social care needs assessment had been completed in March 2015 and included service user feedback; it lacked critical analysis and failed to identify clearly how the service needed to change. An NHS England quality assurance self-assessment and associated action plan had been completed in August 2015.
- 2.59** There was a clear governance structure and reporting took place through clinical quality committees for primary care, mental health and substance misuse and at wider Central and North West London NHS Foundation Trust (CNWL) meetings. Health care staff attended some, but not all relevant wider prison meetings.
- 2.60** Staffing and recruitment was a major challenge and some senior and operational nursing posts had remained vacant for several months. Management and clinical supervision had not always taken place regularly.
- 2.61** Only women who had not been at Holloway recently were given information about health services and there was no information available in other languages. Some women did not know they could make a specific health care complaint. Some responses to complaints took too long but they were good and included evidence that issues had been discussed with the women. Clinical incidents were reported regularly and trends were analysed, areas of concern escalated and lessons learned.
- 2.62** Health promotion was provided on an individual basis. There was also a schedule for promoting national health campaigns; health promotion literature was limited. The smoking cessation programme included a referral pathway for women with long-term conditions supported by some good joint work with the gym.
- 2.63** The range of primary care clinics included physiotherapy and a pain clinic. There was no specific care for older women. Commissioners were addressing deficits in breast screening arrangements. The lack of designated nurse-led clinics affected women's ability to manage their own conditions.
- 2.64** Women could access a daily sexual health and reproductive clinic, including cervical smear tests and contraceptive advice. Women with abnormal results were referred promptly. Women were not always appropriately followed up to ensure they completed routine immunisation programmes.

⁷ CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

- 2.65** A senior health care manager worked with the prison on safeguarding arrangements and all nursing staff had completed safeguarding training. Access to social care assessments through the local authority was good and women could self-refer. Four women were receiving support under the scheme (see section on safeguarding).
- 2.66** Clinical record keeping was reasonable; however some consultations and treatment decisions were not always shared with the patient. Care plans did not always adequately reflect women's changed needs and lacked the consistent involvement of the women. Health staff had access to clinical and governance policies on the trust intranet.
- 2.67** Information-sharing consent forms did not include all service providers. Women using the Tillson Day Centre (a therapeutic day centre for women with mental health issues and a range of other vulnerabilities) had access to a patient forum and the prisoner council included health care representatives.
- 2.68** Nursing cover was provided 24 hours a day and two GPs provided out of hours cover. Emergency arrangements were reasonable: emergency equipment was strategically located across the prison and automated defibrillators were kept in unit offices. Approximately one third of prison officers were trained in emergency first aid and a small number were familiar with the automated defibrillator. Very few external hospital appointments were cancelled and pregnancy scans and urgent needs were prioritised.
- 2.69** Health care clinical areas were clean. Treatment rooms in residential units had been refurbished; there was a system for cleaning and stock monitoring but they did not always take place. An infection protection and control audit had been conducted in May 2015 and an action plan was being monitored.

Recommendation

- 2.70** **Sufficient and suitably skilled staff should be available to provide safe and responsive services for women arriving at Holloway and to enable women to learn to manage their own long-term conditions. Staff should have regular managerial and clinical supervision.**

Housekeeping points

- 2.71** Women should be informed of the benefits of immunisation and staff should follow up women to ensure they complete their immunisation programmes.
- 2.72** Clinical records should reflect the patient consultation fully in line with professional guidance and care plans should be meaningful and reflect changes in individual care or needs.

Delivery of care (physical health)

- 2.73** In our survey, fewer women (34%) than at comparator prisons (41%) said that the overall quality of services was good. Fewer than the comparator and compared with the previous inspection said they found it easy to see a nurse and that the quality of the service nurses provided was good. Women were also less satisfied with their access to a doctor than at similar prisons.
- 2.74** The initial reception screening included testing for pregnancy and illicit drugs with appropriate consent. Women were seen by the GP, urgent medicines prescribed and

referrals to mental health and substance misuse services were made. A fuller new patient screening (secondary health assessment) was completed within two days of their arrival.

- 2.75** Too many women experienced problems submitting applications for an appointment and getting internal appointments confirmed. Some women waited too long in the holding rooms in the health centre before returning to their units. The rooms were too small, were neglected and had no reading material.
- 2.76** Nurse triage was lengthy but effective and we observed some really good care and a sensitive approach from nursing staff. GP consultations were clinically thorough and GPs were professional and attentive. Some women complained about the attitude of some GPs; our observations and the clinical records showed clinically appropriate care and good follow through of diagnostic tests and external referrals. There was a lack of GP cover for some Friday evening and Saturday morning sessions.
- 2.77** Pregnant women could obtain advice and care from a midwife three days a week in the health centre. A visiting consultant obstetrician provided specialist medical care.

Recommendations

- 2.78** **Women should have confirmation of their primary care appointments or place on a waiting list as soon as practicable to ensure they are confident about their care.**
- 2.79** **Women should not be confined to small holding rooms for long periods of time.**

Pharmacy

- 2.80** Pharmacy services were supplied by an in-house pharmacy. Administration times were suitably spaced during the day, and night time doses could be administered at 10pm. Nurses administered supervised and in-possession medicines from wing treatment rooms, but discipline staff did not always supervise adequately queues at the medicine hatches.
- 2.81** SystmOne electronic clinical records were used for all prescribing and administration, pharmacy oversight of dispensing was good and regular prescriptions were reviewed every three months. Too many women told us they experienced delays in getting their prescriptions after their arrival as well as obtaining repeat prescriptions. Women who had missed medicines did not receive sufficient follow up.
- 2.82** Risk assessments for in-possession medicines were completed shortly after women arrived and reviewed annually or following any change. Risk assessments were visible on SystmOne. Approximately 21% of women received their medicines in possession, but too few had lockable storage in their rooms (see paragraph 2.2, recommendation 2.7).
- 2.83** Methadone was administered safely following recognised guidelines. The location of two adjacent administration hatches in D3 compromised privacy and confidentiality.
- 2.84** There was a bimonthly medicines management meeting and the formulary (medications used to inform prescribing) was embedded within SystmOne. Nurses could administer some medicines using patient group directions (which enable nurses to supply and administer prescription-only medicine) or the special sick policy (which provides immediate health treatment without an appointment). Arrangements for continuing the medicine supply at weekends and out of hours were effective.

- 2.85** Some medicines were supplied in packaging and/or with labelling that did not meet national guidance. We noted an unlabelled administration container of miscellaneous capsules or tablets in the trolley on the mental health assessment unit. Stock medicines were used for most supervised medicines and stock management was reasonable but there was no facility for reconciling balances against use.
- 2.86** Fridge and room temperatures were recorded daily; some unit treatment rooms were regularly too hot. Controlled drugs (CDs) were stored reasonably well and transported across the prison in locked containers; CD cabinets were not fixed using approved rag-bolts.
- 2.87** Medicines in the out of hours cupboard were not labelled in accordance with the required licence. Patients could attend a pharmacy-led clinic.

Recommendations

- 2.88** **Women should receive their medicines when they are due and repeat prescriptions should not be delayed.**
- 2.89** **Patient confidentiality during medicines administration should be maintained.**
(Repeated recommendation 2.95)
- 2.90** **Over-labelled items for out of hours supply should be purchased from a supplier with an appropriate licence.**

Housekeeping points

- 2.91** All medicines should be supplied in appropriate dispensing containers and not decanted into another container except when administering medication to the patient.
- 2.92** Named patient medicines should be used wherever possible to offset the risk of incorrect administration.
- 2.93** Room temperatures where medicines are stored should be maintained within recommended limits.
- 2.94** CD cabinets should be fixed with rag-bolts in line with national guidance.

Dentistry

- 2.95** The dentist attended the prison two days a week providing four clinical sessions. Primary care staff managed an initial referral list and dental staff managed the treatment list. There were 98 patients on the initial referral list with waits of up to six weeks. While this was in line with similar waits in the community for routine care, the lack of sufficient emergency slots and formal triage meant that women with acute problems could wait too long.
- 2.96** An appropriate range of treatments was available, including prescription of simple pain relief and antibiotics. Women held on remand or serving shorter sentences could not always access the full range of treatment.
- 2.97** The dental suite had been refurbished since our previous visit and complied with national guidance but disabled access remained a problem. A cupboard in the decontamination room was being used to store staff's food; this was addressed during our visit. Both the surgery

and decontamination room appeared clean; however, there were no records of cleaning rotas or checklists. Dental staff were responsible for cleaning clinical surfaces and equipment and contract cleaners were responsible for the floor.

- 2.98** The dentist made notes on SystmOne and retained clinical dentition charts and detailed records on a separate system.

Recommendation

- 2.99** **Dental triage should ensure that women with urgent and acute problems are prioritised.**

Delivery of care (mental health)

- 2.100** Mental health services were wide ranging and very good. The team included psychiatrists, mental health nurses, social workers, a psychologist and psychotherapists.
- 2.101** Many of the women had experienced serious trauma and a high proportion had complex needs. They received extremely good care as a result of the intelligent multi-professional approach and excellent working between prison staff and clinicians.
- 2.102** Alerts from court liaison and diversion services and local community mental health teams led to referrals for women due to arrive at the prison. Where appropriate, reception and new patient screening involved using recognised tools to identify anxiety and depression, women at risk of mental illness, personality disorders and self-harm and those with learning disabilities.
- 2.103** All health and prison staff could make referrals, which were considered at a regular meeting that diverted women to the appropriate practitioner or service. The mental health service received on average 15 to 20 referrals per week and there was a caseload of between 80 and 90 women with 30% subject to the care programme approach (mental health services for individuals diagnosed with a mental illness). In addition, the psychotherapy team also saw some women.
- 2.104** Non-urgent referrals were assessed within five days; women with acute or urgent needs were seen by a duty worker within 24 hours and had their cases discussed at the next referral meeting.
- 2.105** Women with primary mental health needs, such as low level anxiety and depression, received care from a GP who worked with the mental health team to ensure they received group work and interventions such as cognitive behavioural therapy. A primary care nurse held a sleep clinic to support women having difficulties sleeping. An impressive range of interventions was also available to support women, including the Options programme for women identified as having personality disorder traits.
- 2.106** The mental health assessment unit in C1 held 15 of the most troubled women with complex and challenging needs. Several were at different stages of the assessment or transfer process to secure hospitals. Care was sensitive, calm and dignified despite some women's difficult behaviour. The regime for several women was compromised by the problems posed by their risks and controlled unlocking. Mental health unit staff had a good working relationship with the segregation unit to support women who had to move between the two units.

- 2.107** The Tillson Day Centre continued to provide a therapeutic sanctuary for the most unwell women with some of those at high risk of serious self-harm. The unit was calm and well organised and provided an imaginative range of activities to help distract and relax women. Women from both the mental health assessment unit and the wider prison were able to attend. Women praised the support they received at the day centre.
- 2.108** There were regular and lengthy delays in getting women assessed and transferred to secure mental health beds, despite persistent efforts by the clinical team. During the previous 12 months, 37 women had been transferred to secure mental health units and only five of those transfers had been achieved within two weeks. The longest transfer time was 16.5 weeks to a medium secure unit. At the time of our visit a further four women were at various stages of assessment or waiting for transfer.
- 2.109** There were effective joint meetings to ensure a joined up approach, including in prescribing, between clinical staff. Prison discipline staff were an integral part of key meetings. Clinical staff had robust mechanisms for clinical supervision including reflective practice group work and an active clinical and professional development forum. Approximately a quarter of prison staff had received mental health awareness training, which was relatively high, but the population's needs made this imperative for all staff. However, some primary care nurses had not had mental health awareness training.

Recommendation

- 2.110 Women with the most complex and high risk mental health and behavioural needs should not be held at Holloway and efforts should be made to ensure they are properly identified before arrival or as soon as practicable and transferred promptly to a more appropriate safe environment.**

Good practice

- 2.111** *The use of recognised health screening tools in the first days of custody led to some good identification of needs and referrals to appropriate supportive interventions.*
- 2.112** *The Tillson Day Centre continued to provide a therapeutic environment for the most vulnerable women in the population. The unit was calm and offered women a well-organised enhanced and imaginative range of activities to help distract and relax them.*

Catering

Expected outcomes:

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

- 2.113** *Fewer women than in comparator prisons said that the food was good or very good. Many complained about food being cold and we found this to be the case.*

- 2.114** In our survey fewer women than in comparator prisons said that the food was good or very good but perceptions had improved since our previous inspection. However, 26% said the food was bad, while 34% said it was very bad. Two prison surveys of catering provision were

conducted annually. In the last survey in July 2015, 47% of respondents said the food was poor or very poor. Catering was discussed regularly at the prisoner council, but books recording prisoners' comments were not routinely available. Some changes had been made to the menu in response to prisoners' views.

- 2.115** Meals were served at reasonable times. Reception had a stock of microwave meals for women arriving late. There was a four-week menu cycle. Women made their choice a day in advance. Daily options included a hot meal and cold sandwich or salad lunch. Menu sheets indicated that halal and healthy options were available and calorie counts were outlined. The catering manager attended health promotion meetings. The menu included meals to celebrate religious festivals and food was stored and prepared in line with religious and cultural requirements.
- 2.116** Many complained about food being cold and servery records showed that food was often served below target temperatures. There were some gaps in this data and unit managers did not routinely perform servery checks. We saw officers supervising serveries, but there had been regular complaints about poor portion control. Servery workers wore required protective clothing and serveries were clean. Workers in the main kitchen were from a range of ethnic and cultural backgrounds and had opportunities to gain accredited qualifications.

Recommendation

- 2.117 Supervision and oversight of serveries should be improved to monitor food temperatures and reduce complaints about poor portion control. Management checks should be completed.**

Purchases

Expected outcomes:

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

2.118 *Women could buy items from the weekly canteen and through catalogue shopping. The product list had been extended but in our survey women from minority backgrounds remained dissatisfied.*

- 2.119** The canteen provision was supplied through the national contract. All women were offered an initial reception pack of grocery items on arrival. Women who had personal cash could buy additional packs. Women could order canteen items once a week. The order form included pictures of items and was available in six languages.
- 2.120** A quarterly canteen consultative meeting was held to discuss changes to the canteen list and included women from a range of ethnic backgrounds. Provision was also regularly discussed at prisoner council meetings. However in our survey women from black and minority ethnic backgrounds and, foreign national and Muslim prisoners were less satisfied with the choice available than others. The prison had not conducted a survey of the provision. The product list had been extended since our previous inspection and included a range of fresh items.
- 2.121** Catalogue shopping was available to all women but it was expensive. Women from black and minority ethnic backgrounds and Muslim women could buy products from catalogues for

their specific needs. Women were charged an administration fee of 50p for each order. Magazines and newspapers could also be ordered.

Section 3. Purposeful activity

Time out of cell

Expected outcomes:

All women are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁸

3.1 *Fully employed women had good time out of their cells but fewer opportunities were available for unemployed women and those on a variety of restricted regimes. On average, 40% of women were locked up during roll checks, which was poor. Exercise periods were generally too short and were cancelled too often without good reason.*

3.2 Fully employed women had an average of nine hours out of their cells on weekdays. Women in the enhanced units were not locked up over lunchtime. Unemployed women were unlocked for around 3.5 hours per day and unemployed women on the basic regime about 2.5 hours per day. Some women on restricted regimes in the mental health assessment unit and DI received even less than this. During our roll checks we found an average of 40% of women locked in their cells, which was too high and worse than at our previous inspection. Evening association was only available on Mondays, Tuesdays and Thursdays.

3.3 Outside exercise areas were generally pleasant. Women could usually only have 30 minutes of outside exercise on weekdays which was not sufficient. More time was available at weekends. It was unacceptable that exercise was often cancelled when it was raining. Staff told us this was because women did not have outdoor coats.

Recommendation

3.4 **Exercise periods should last for one hour and should only be cancelled in exceptional circumstances. Outdoor coats should be provided as necessary.**

⁸ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Learning and skills and work activities

Expected outcomes:

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

3.5 *Learning and skills and work required improvement. The prison had introduced some changes since the previous inspection, but had been too slow to address issues relating to allocations to activities and raising attendance levels. The quality of teaching, learning and assessment had begun to improve in education but it was not yet good. Most activities enabled women to develop their personal and employability skills further but the number of women who benefited from the activities was limited as a result of a poor allocation system that led to low attendance. Achievements were good in vocational training but success rates for learners at a higher level of English and mathematics needed to improve. The library provision was adequate but underused.*

3.6 *Ofsted⁹ made the following assessments about the learning and skills and work provision:*

Overall effectiveness of learning and skills and work:	<i>Requires improvement</i>
<i>Achievements of women engaged in learning and skills and work:</i>	<i>Requires improvement</i>
<i>Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:</i>	<i>Requires improvement</i>
<i>Personal development and behaviour:</i>	<i>Requires improvement</i>
<i>Leadership and management of learning and skills and work:</i>	<i>Requires improvement</i>

Management of learning and skills and work

3.7 The leadership and management of learning and skills and work required improvement. Some changes had been made but some of the key areas identified at the previous inspection had not yet been fully addressed.

3.8 Partnership work between the Offender Learning and Skills Service (OLASS) provider Novus (part of The Manchester College) and the prison had improved. The renewed focus on raising learners' achievements had led to significantly better success rates in education. A well-informed curriculum review was well underway, which ensured that only courses with a clear employability outcome were offered to prisoners, but it was too early to assess its full impact.

3.9 Novus had made a considerable investment to enhance the quality of the education provision delivered in the few months since the contract began. Clear areas for improvement had been identified in the quality of teaching, learning and assessment and the college had implemented a comprehensive teaching development programme that was already leading to

⁹ Ofsted is the Office for Standards in Education, Children's Services and Skills. It reports directly to the UK Parliament and is independent and impartial. It (inter alia) inspects and regulates services that provide education and skills for all ages, including those in custody. For information on Ofsted's inspection framework, please visit: <http://www.ofsted.gov.uk>.

improvements in classroom behaviour. Prison managers had undergone training and they were now planning to observe and monitor teaching in vocational areas.

- 3.10** Since the previous inspection, the vocational provision had been increased. Prison managers ensured all staff involved in work activities received the staff development they needed to enable them to teach and assess accredited qualifications. They had also secured a contract that allowed prisoners to work on high quality textiles across a range of well-known fashion companies.
- 3.11** Self-assessment was accurate and quality improvement planning focused on the key priorities for improving purposeful activity, but progress had been slow. For example, managers had not set challenging targets in their action plans or placed enough demands on their teams to improve the process for allocating prisoners to activities and monitoring attendance.
- 3.12** Managers did not use data sufficiently well to inform their decisions or identify differences in the progress and achievement of different groups of prisoners, such as young offenders.

Recommendation

- 3.13 Prisoners' progress and performance should be rigorously assessed to monitor trends and achievement gaps.** (Repeated recommendation 3.14)

Provision of activities

- 3.14** There were sufficient activity spaces to occupy all women on at least a part-time basis, and they could attend both education and work sessions during the week. Pay was now equitable and no longer discouraged women from attending education.
- 3.15** The breadth of education provision offered by Novus was good, but only English and mathematics were delivered at level 2; however, there was not enough English and mathematics provision to support prisoners with lower skills levels in these subjects. No GCSE provision was available to meet the needs of young offenders.
- 3.16** Prisoners could attend classes in art, information and communications technology (ICT), business administration, media, music and pottery. A small number of learners were undertaking distance learning courses.
- 3.17** Women could participate in vocational training and work provision delivered in partnership with external providers, such as the fashion workshop, horticulture, hair and beauty and industrial cleaning. However, not enough vocational training and work activities led to accredited qualifications at an appropriate level. The hospitality and catering kitchen was in a state of disrepair and key ingredients for cooking were unavailable.
- 3.18** The prison placed a good emphasis on ensuring prisoners had achieved, or were working towards achieving, level 1 in English and mathematics before being allowed to participate in other activities. Prisoners' induction to activities promoted the importance of English, mathematics and employability skills. This was further reinforced by an accurate assessment of all prisoners' skills. Individual skills action plans, produced by National Careers Service (NCS) and college staff during induction, were good.
- 3.19** Allocations to activities were not organised in a way that best met the women's resettlement and employability needs. This undermined good attendance.

- 3.20** The virtual campus (internet access for prisoners to community education, training and employment opportunities) was not used in classrooms, in the library or during induction, because of a technical issue.

Recommendations

- 3.21** **Activities should be offered at a level that meets the skills and employability needs of all prisoners.**
- 3.22** **The hospitality and catering kitchen should be repaired and cooking ingredients should be available.**

Quality of provision

- 3.23** Overall, the quality of teaching, learning and assessment required improvement. Many tutors used a wide range of teaching methods that motivated learners but some other lessons were not as engaging. Tutors provided prisoners with constructive verbal feedback but written feedback was less effective. The majority of learning resources in vocational areas and in English and mathematics was good.
- 3.24** In English for speakers of other languages (ESOL), learning activities were well structured and purposeful. However, the pace of learning in business administration and ICT lessons was often too slow. In many subject areas tutors and trainers did not set challenging or detailed targets and prisoners were not always clear about their strengths or the progress they were making.
- 3.25** The development of learners' reading and writing skills in mathematics was effective but the promotion of literacy and numeracy skills outside English and mathematics classes was weak.
- 3.26** Most prisoners received good levels of support, but some classroom helpers had not received training for their role and their interventions were not always effective. Outreach tutors worked particularly well with wing officers to ensure learners at risk continued their education when they were unable to attend lessons. There was too little specialist additional learning support.
- 3.27** Equality of opportunity was mostly promoted well in activities. Tutors skilfully provided speakers of other languages with the same opportunity to participate in lessons as English speakers; however, some tutors and trainers failed to make the most of women's different cultures to celebrate diversity.
- 3.28** In vocational training and work prisoners benefited from good coaching and support from trainers and managers and rapidly developed their skills (for example in sewing) often to high industry standards. In industrial cleaning prisoners gained valuable training and assessment qualifications. Some women became trainers and assessors and trained other prisoners, under the careful supervision of the tutor. Beauty therapy tutors provided clear explanations and demonstrations of techniques, such as facial massage and nail care. They checked learners' understanding and progress in mastering new skills carefully through questioning as they monitored practice.

Recommendations

- 3.29** Learners should have a clear understanding of what they need to do to improve and should have challenging individual learning targets.
- 3.30** The development of English and mathematics should be promoted across all activities.
- 3.31** Specialist learning help should be available to all who need it and peer mentors should be trained.

Personal development and behaviour

- 3.32** Most learners enjoyed attending activities across all areas. Relationships between teachers and prisoners were mutually respectful. The behaviour of all women in education and vocational training sessions was good.
- 3.33** The good care and support learners received from their tutors helped them develop self-confidence. Vocational training, education and work enabled prisoners to improve their employability by developing skills such as team work. They took part in activities that enhanced their personal skills, for example, raising money for a national charity by baking cakes and making a positive contribution to the local community. In media classes, teachers promoted positive body images sensitively through discussions.
- 3.34** Learners rapidly acquired skills in tiling, wallpapering and painting and received a basic introduction to basic plumbing and carpentry, increasing their chances of independent living on release. Health and safety working practices were appropriate across all areas and learners felt safe when undertaking activities.
- 3.35** The NCS and college staff provided women with good quality, timely advice and guidance on the opportunities available in learning and skills to meet their plans and aspirations.
- 3.36** Attendance at education, although much better, was not yet good and required improvement. Attendance at other activities had only slightly improved since the previous inspection and remained low. Punctuality was also poor during the inspection week (see main recommendation S47).

Education and vocational achievements

- 3.37** Overall achievements required improvement although they were good in vocational courses. Success rates in education were much better over the previous eight months since the new OLASS contract started, but they required further improvement. Learners had achieved well in ICT, media, ESOL, foundation English and mathematics. However, 2014–2015 achievement rates were low for a minority of learners in art and in English and mathematics at levels 1 and 2.
- 3.38** Current learners made good progress in lessons and over time in ESOL, English and mathematics. They achieved good standards of practical work in pottery and art; a large number of prisoners had won awards from the Koestler Trust in recognition of the high quality of their art work.
- 3.39** Business administration learners gained a good understanding of employers' expectations after participating in a number of workshops and guest speaker events with employers.

However, they made slow progress with their qualifications in business administration. Learners' written and typed work in this area did not meet commercial standards.

- 3.40** Achievement of qualifications in vocational training courses was high across most courses. Women made good progress in developing industry standard skills in sewing, beauty therapy and industrial cleaning.
- 3.41** Variations in progress and achievement across different groups of learners had been correctly identified by the education provider and achievements for some groups in the current year had improved. However, this analysis had not been carried out for the vocational provision offered by the prison and other external contractors.

Recommendation

- 3.42 All learners should develop good industry-standard skills, make good progress, and achieve qualifications within the allocated time.**

Library

- 3.43** The library was good, but underused. In our survey, fewer prisoners than in comparator prisons said they used the library at least once a week. The library was closed for one day a week because of a staff shortage. The data collected on library use and book loss was unreliable and therefore not useful.
- 3.44** Education classes used the library to support learning. A wide range of books and DVDs was available and the reading needs of foreign nationals were met well. A full range of Prison Service orders and legal texts were stocked.
- 3.45** The Turning the Page provision helped improve prisoners' reading and women had access to a good selection of easy-read material. Good partnerships had been forged with charities to enhance women's literacy levels and prisoners produced a prison magazine that was to be distributed in all women's prisons.

Recommendation

- 3.46 Women should be able to attend the library at least once a week.**

Physical education and healthy living

Expected outcomes:

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

- 3.47** *Physical education (PE) was well managed and a good range of facilities and recreational activities was available. Although improvement plans were in place, the range of accredited programmes remained poor. The links between PE and health care staff were good.*

- 3.48** Prisoners benefited from a wide range of well-maintained high quality facilities, which included a large multi-purpose gym and a fitness room with a good variety of cardiovascular

equipment. There were appropriate, clean, changing facilities. The showers in the gym had improved since the previous inspection and now had privacy curtains.

- 3.49** Four qualified staff, supported by 10 orderlies, supervised PE sessions. Prisoners received a thorough induction to PE and healthy living, including an introduction to the facilities and activities, and training in the safe and appropriate use of exercise equipment.
- 3.50** A comprehensive weekly programme of physical training sessions and activities met the needs of all prisoners. They included step aerobics, dance-based exercise and fitness sessions. Women who were sensitive about their fitness or weight received support through appropriate advice and individual exercise programmes. Good links with health care staff ensured that prisoners' individual medical conditions and rehabilitation needs were reflected in the physical training they undertook. Healthy living continued to be well promoted and prisoners had taken part in fitness initiatives such as Walk to Health and Race for Life as well as smoking cessation programmes.
- 3.51** Although staff were trained to deliver accredited qualifications in first aid and manual handling, they were currently unavailable because of staff shortages. However, through a partnership with Chelsea Football Club, prisoners could gain an award in football coaching.
- 3.52** Participation levels were reasonable but low staffing levels meant they had declined. Approximately 15% of available sessions during the month before the inspection had been cancelled due to lack of staff. Two more PE staff had, however, been recruited.

Recommendation

- 3.53** **Prisoners should be able to complete accredited qualifications in PE and healthy living.**

Section 4. Resettlement

Strategic management of resettlement

Expected outcomes:

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

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

Good planning ensures a seamless transition into the community.

- 4.1** *The strategic approach to resettlement had improved. Release on temporary licence (ROTL) was now being used regularly and well. Many agencies were still involved in resettlement provision, but staff and prisoners across the prison did not yet understand the work of the new community rehabilitation companies (CRCs).*
- 4.2** Strategic management of resettlement had improved considerably, and staff understood women's needs well. The comprehensive strategy written after our previous inspection was now being reviewed and an up-to-date needs assessment survey was imminent. There were regular well-attended strategic meetings and designated managers for each pathway.
- 4.3** Holloway was now a resettlement prison and routinely held women serving less than 12 months. Those who were suitable for open conditions could have a relatively relaxed regime in D2 and D4 units. An impressive number of women were regularly released on temporary licence (ROTL) for work or training and to maintain family ties – in the previous six months 27 women had received ROTL on 1502 occasions. The ROTL risk assessments we reviewed were robust. Women in the last three months of longer sentences could move back to Holloway for release preparation.
- 4.4** The new CRC provision was becoming established: the National Association for the Care and Resettlement of Offenders (NACRO) and the London Women's Consortium (LWC) provided services for women from Essex and London respectively. Staff and prisoners had a limited understanding of the CRCs' function and a clear explanation of what they offered was required. There was not enough joint working to ensure that the work of the CRCs, the offender management unit (OMU) and the resettlement team was effectively coordinated.
- 4.5** The resettlement department continued to offer a wide range of services that met women's needs. It was appropriate that new CRC staff were based in the department, but there was not enough space and more interview rooms were required. The impact of the CRCs' work on the existing resettlement activity in the prison was still evolving. Services for foreign national prisoners had declined significantly as a result of the new arrangements (see paragraph 2.23). In the other pathways, pre-existing services were still in place, but there were concerns that funding sources might not be maintained, a particular worry in the victimisation, abuse and vulnerability pathway (see paragraphs 4.36 to 4.39).

Recommendation

- 4.6** **The work of the CRCs should be fully integrated into the prison. All staff and prisoners should understand how the new CRC model works, how it relates to the OMU and other resettlement provision and what services prisoners can expect at each stage from which agency.**

Offender management and planning

Expected outcomes:

All women have a sentence based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody.

Women, together with all relevant staff, are involved in drawing up and reviewing plans.

4.7 *The OMU had improved, but was still not sufficiently well coordinated. Offender supervisors provided some good support, but prisoners' perceptions were still comparatively weak. Many lower risk women did not have sentence plans or full offender assessment system (OASys) documents. We found significant failings in the identification and management of risk of harm. Public protection work needed urgent improvement. Allocation processes were adequate. Support for women on indeterminate sentences was weak.*

4.8 Overall, the OMU was better than at our previous inspection. In our survey, prisoners' perceptions had improved: more prisoners than at the previous inspection said their offender supervisor and staff from other departments were helping them work towards their targets. However, perceptions were still less positive than in comparator prisons. In our sample of cases, contact between offender supervisors and prisoners (particularly for those on ROTL) was meaningful. However, many prisoners still told us that they had rarely or never seen their offender supervisor and did not feel that the OMU was supportive. P-Nomis (the Prison Service IT system) was now being used well by most offender supervisors.

4.9 Although staff were well motivated, felt part of a team, and some said they had received good training, they did not feel that their work was either understood or well respected by other departments in the prison. In addition, staff shortages were affecting delivery. Three of the 11 administrative posts were vacant, and not all staff were confident performing the complete range of tasks; some carried out the same tasks differently from others, resulting in inconsistencies. Shortages of prison officer offender supervisors had been compounded by redeployment and up to 30% of hours were lost in the previous three months.

4.10 We were not assured that management arrangements were sufficiently coordinated. We had difficulties obtaining and verifying most data, which were often kept by one individual and not widely shared or understood. A range of management data was reported to bimonthly OMU meetings, but it was not interrogated sufficiently well to establish if there were any problems with processes. For example, the number of home detention curfew decisions made was reported, but there was no analysis of whether the board reached a decision before the women's eligibility date; staff were therefore unaware that many decisions were delayed.

4.11 Many women serving over 12 months did not have a full assessment through the OASys process and did not have a sentence plan because the prison was following the National Offender Management Service interim OASys prioritisation policy. This allowed the prison to complete a less rigorous assessment, which did not include a sentence plan, in cases where there was a low risk of reoffending and low risk of serious harm. Where we found sentence plans, it was clear that women had been involved in their development. Offender supervisors were beginning to use the resettlement plans developed by the CRCs but this did not happen routinely. Some sentence plans included objectives relating to education or work and contact with family and friends.

4.12 However, some risk of serious harm assessments and risk management plans were inadequate. In our sample of eight medium or high risk of harm cases, only three had a sufficient analysis of the risk of serious harm. Some risk management plans failed to address key areas of risk. Community offender managers had completed some of this work but there

was no system for identifying or correcting this poor practice. The prison's quality assurance process for assessments completed in the prison was not driving improvement effectively. Probation officer offender supervisors received some formal supervision, but it did not take place regularly and failed to include routine management oversight of assessment and sentence planning in high risk of harm cases. As at our previous inspection, prison officer offender supervisors had no formal supervision outside ordinary line management processes.

Recommendation

- 4.13** **OMU managers should work collaboratively to drive continuous improvement so that key processes operate effectively; this should include providing formal supervision for offender supervisors.**

Public protection

- 4.14** We were not confident that the initial screening to identify public protection cases on reception was adequate. In our sample, we found one case where an offence eligible for multi-agency public protection arrangements (MAPPA) had been missed; in another the MAPPA level had not been confirmed six months before the prisoner's release and the case had not been referred to the inter-departmental risk management team (IDRMT). A dedicated public protection administrative post had been cut earlier in 2015 and the staff now doing the work lacked confidence and expertise. There was scope to use the risk management skills of the probation team to support this area of work.
- 4.15** The IDRMT met every month, but there was no administrative support and the minutes often did not record sufficiently meaningful discussions. Residential managers were rarely represented, which compromised information-sharing.
- 4.16** Where a risk to the public was identified, telephone and mail monitoring were authorised, but reviews had not taken place for some months, and unauthorised monitoring was taking place in 14 cases.
- 4.17** Case administrators informed women of child contact restrictions and helped them make child contact applications. However, staff identifying visitors were not aware of the requirement to use photographs to positively identify children visiting women subject to these restrictions (see main recommendation S48.)

Allocation

- 4.18** A dedicated administrator now completed initial categorisation and allocation processes, while offender supervisors carried out reviews. Women did not routinely receive written notification of the decisions, but were informed verbally if an application for open conditions was successful. Progressive moves took place when necessary and women could return to Holloway for local discharge. In the previous seven weeks, 25 women had been moved to Holloway on overcrowding drafts from HMPs Peterborough, Bronzefield and Styal.

Indeterminate sentence women

- 4.19** Fifteen women were serving indeterminate sentences, seven of whom had life sentences. There was no evidence that potential lifers were identified on remand or received help to cope with their possible sentence. We met a young adult who had not yet been seen by an

offender supervisor, despite having received an indeterminate sentence 10 days previously. There was no longer a lifer wing, and there were no other services specifically targeted at this group apart from one lifer surgery in August 2015; it was too soon to know whether this would be an effective initiative for meeting these women's needs.

Recommendation

- 4.20 Women on remand for serious offences who are likely to receive indeterminate sentences should receive help to cope with the implications of such sentences.**

Reintegration planning

Expected outcomes:

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

4.21 *All prisoners had a resettlement plan, which was reviewed pre-release, but in our survey many prisoners said that they didn't know where to find help with various issues on release. The Hub was an excellent innovation. Children and families work was now impressive. Services to support women who had been abused were good and developing further. Accommodation issues were promptly identified and addressed but data collation and analysis needed improvement. Support in education, training and employment and finance, benefit and debt was good. Health discharge arrangements were sound and women with substance misuse issues received valuable support 'through the gate'. There was a good range of offending behaviour courses.*

4.22 An offender supervisor screened all women on arrival using the basic custody screening tool. Within five days, CRC staff used this information to create a resettlement plan, which was shared electronically with the OMU; however, few prisoners received a copy. Twelve weeks prior to release, CRC through-the-gate workers saw prisoners again to establish their progress and plan for release.

4.23 Despite this, in our survey, many women said they did not know who could help them with a variety of resettlement issues on release. This might have been partly because the CRC provision was new, but more needed to be done to ensure women knew what they should expect from the prison before release.

4.24 The Hub, based outside the prison, was an excellent and innovative new facility that provided women with a safe place immediately after release. The centre was run by volunteers and staff from the major resettlement agencies working in the prison. Women could charge their telephones, use the internet, make calls and meet up with through-the-gate workers. There was a shower and a large stock of donated clothing. Around half of released women used the facility and feedback was very positive.

Housekeeping point

- 4.25** Prisoners should receive a copy of their resettlement plan to remind them of their targets.

Children, families and contact with the outside world

- 4.26** Children and families work was now much more focused. PACT (Prison Advice and Care Trust), Spurgeons and Phoenix Futures, the main agencies involved, worked cooperatively, holding weekly meetings.
- 4.27** All those who disclosed that they had children were seen by a PACT family engagement worker within two or five days of their arrival. The workers provided useful literature on keeping in touch, practical resources, such as a child friendly explanation of search processes, and information about available services. Where necessary, they completed further casework over the following weeks, and the caseload was growing rapidly.
- 4.28** Spurgeons ran the visitors' centre, which was clean and welcoming. Refreshments and a wide range of information about services in the prison and support for visitors were available. Spurgeons ran monthly extended children's visits, during which mothers enjoyed activities with their children in the gym, and quarterly children and families visits, which involved the whole family. They also delivered a toddler group and a homework club every week. None of these additional visits required a visiting order and women appreciated them.
- 4.29** A Phoenix Futures family support worker, based in the visitors' centre, promoted the substance misuse services and encouraged families to continue supporting their imprisoned relative. They ran a monthly Families Anonymous group on how substance misuse affects family members, and a bimonthly Families in Recovery group for prisoners and their family. The All About Mum project enabled prisoners to identify what was important to them and to communicate this to their children.
- 4.30** The newly refurbished visits room was reasonable, but still rather cramped, which compromised privacy. There was a play facility, but it was not open every session. The family room had been redecorated and continued to provide an excellent facility for visiting children. The room offered privacy for sensitive occasions, such as final contact visits. Visits staff were caring, professional and well briefed.
- 4.31** Most women could only receive two visits a month, which was not sufficient, especially as visits only lasted one hour. This was somewhat offset by the fact that most children's visits did not require a visiting order and by a monthly opportunity for a two-hour visit. In addition, at Christmas those with family living over four hours away could have a five-hour visit. The visits booking staff were based in the visitors' centre; the service was efficient and visitors could book in person.
- 4.32** Women told us that visits were sometimes delayed, but we saw them start promptly and neither visitors' centre staff nor the visitors we spoke to reported any significant problems. Commendably, we saw some late arrivals being permitted entry. Visitors did not get any written information in advance of their visit, but could obtain an explanatory leaflet on arrival in the visitors' centre. We observed sensitive searching – a private room was used for Muslim women so they could remove headscarves.
- 4.33** Most prisoner telephones were not sufficiently private. In our survey, more prisoners than in comparator prisons said they had problems getting access to the telephones; foreign national women were particularly negative (see paragraph 2.24).

Recommendations

- 4.34 All women should be able to have one visit a week.** (Repeated recommendation 4.56)

- 4.35 Women should be able to make telephone calls in private.** (Repeated recommendation 2.10)

Victimisation, abuse and vulnerability

- 4.36** Women who had been victims of abuse, rape and domestic violence could be referred to a specialist worker from Women in Prison, which provided one-to-one and group support sessions. Those who wanted to move to a new area on release particularly appreciated the help they were given. Women requiring counselling and a more in-depth intervention could join the Thyme Project, run jointly by Women in Prison and Phoenix Futures. Young women could participate in a six-week Safer Choices course designed to help this age group explore healthy relationships.
- 4.37** Women were encouraged to disclose their involvement in prostitution. There were several routine opportunities in the first days of custody and ongoing support from the 63 staff who had been trained to support sex workers. Women could receive individual advice and advocacy support from agencies Open Doors and New Horizons. Various organisations linked to the chaplaincy also offered support.
- 4.38** Staff from the Eaves' Poppy Project visited the prison fortnightly to offer support and advice to women who were potential victims of human trafficking. In September 2015, 10 staff and a number of peer workers had been trained to recognise common indicators of human trafficking and a wider training programme was scheduled to start in October 2015. Since September 2015, six women had been identified as possibly having been trafficked.
- 4.39** The CRCs were contracted to provide support in these areas in the last 12 weeks of imprisonment, but it was not yet well developed. The LWC had piloted a new trauma programme in September 2015 and it was hoped that this would continue. It had also just appointed a specialist support worker. NACRO had developed a one-to-one pre-release programme to support women but had not yet delivered it. The support provided met the needs of the population well (see paragraph 4.50).

Accommodation

- 4.40** Accommodation issues were identified promptly on arrival. Under the new CRC provision, two St Mungo's housing workers provided housing assistance to all women apart from those returning to Essex, who were managed by NACRO (see paragraph 4.4). Existing tenancies were protected or surrendered promptly and there were good links with a range of providers. Building Futures (BF) workers also worked hard to secure housing for their clients (see paragraph 4.47).
- 4.41** Workers strove to find accommodation, although due to lack of affordable social housing particularly for the majority of women being released in London much accommodation continued to be in hostels. Different local authority practices also affected the support available, for example, one authority considered women prisoners to be 'intentionally homeless', limiting further the availability of already scarce resources.
- 4.42** Excluding those returning to Essex, 242 women had been released from June to August 2015 of whom 20 (8%) had no address. The number of women returning to Essex over this period without an address was estimated at five or six, but the data available were inconclusive.

Recommendation

4.43 Accurate accommodation data should be maintained and monitored.

Education, training and employment

4.44 The quality of the National Careers Service provided by Prospect was good. Experienced careers advisors built a strong rapport with women during induction and together they developed useful action plans that improved prisoners' employability chances on release. Very good links with employers, voluntary organisations and education and training providers enabled a significant number of women to carry out high quality work and to meet their career and education aspirations through ROTL. A considerable number of women had obtained work or accessed training and further education on release in the previous six months.

Health care

4.45 Women were given a seven-day supply of prescribed medicines and were seen by a nurse before release. GPs were notified of high risk women who needed continuing treatment. Women received a discharge summary the night before they left.

4.46 The prison had effective links with community mental health teams which supported women subject to the care programme approach (mental health services for individuals diagnosed with a severe or enduring mental illness) on release and efforts were made to secure assistance for women being released to no fixed address. There were also good links with several third sector organisations to enhance support for women with continuing mental health problems.

Drugs and alcohol

4.47 Pre-discharge planning and harm reduction advice was effective. Community links were excellent, supported by well-attended monthly practice improvement meetings. Several community agencies provided weekly individual and group resettlement sessions in the prison. Two BF peer supporters had relevant community work experience and provided support to newly released prisoners. There was a busy programme of visiting community supporters from Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous and Families Anonymous.

Good practice

4.48 *The BF community peer supporters offered ex-substance users good support. They also had employment opportunities through BF, enabling them to get established after release.*

Finance, benefit and debt

4.49 More women than in comparator prisons said they arrived with money worries (31% compared with 22%) but fewer knew where to find help (33% against 43%). CRC staff responded to the immediate needs identified in women's resettlement plans. Money management courses were run and women were also seen individually. They could access a telephone debt service and received help to open bank accounts. Jobcentre Plus staff

continued to support women with benefits advice, which included making new claims pre-release.

Attitudes, thinking and behaviour

4.50 Women had many opportunities to develop their cognitive and social skills. The Thinking Skills Programme was still in place and the domestic violence programme Power to Change was due to begin imminently. The Sycamore Tree victim awareness programme was still running. Some offender supervisors were trained to deliver the Healthy Identity intervention. Offender supervisors said they had good access to specialist programmes for women sex offenders and those with personality disorders.

Section 5. Summary of recommendations and housekeeping points

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

Main recommendations

To the governor

- 5.1** Women with the most complex and risky mental health and behavioural needs should not be held at Holloway; they should be transferred to appropriate specialist locations within a maximum of two weeks of the decision being made. (S46)
- 5.2** During the time Holloway remains open there should be an effective system that all staff understand, to improve prisoners' time out of cell and maximise attendance and punctuality at activities and the use of the purposeful activity spaces available. (S47)
- 5.3** An immediate review of public protection processes should be carried out across the prison to ensure that procedures for identifying and managing prisoners who pose a risk to the public are effective. (S48)

Recommendation

To the Prison Escort and Custody Service

Courts, escort and transfers

- 5.4** Women should be held in court cells for the minimum possible period, should not be transported in vehicles with men and should arrive at the prison before 7pm. (I.3)

Recommendations

Early days in custody

- 5.5** Women should be able to get off escort vehicles promptly after arrival. (I.12)
- 5.6** First night arrangements should ensure that new arrivals can make a free telephone call, take a shower and have a private interview with a member of staff in the first night unit. (I.13)

Safe and supportive relationships

- 5.7** Managers should ensure that comments in behaviour monitoring books are made as per the planned frequency and demonstrate interaction with the woman involved. (I.24)
- 5.8** Women on the basic regime should not be prevented from working. (I.25)

Self-harm and suicide prevention

- 5.9** ACCT arrangements should ensure consistent case management and that observations are recorded promptly. (1.36)

Disciplinary procedures

- 5.10** Cells should be clean, free of graffiti and equipped with furniture that is in good condition. (1.63)
- 5.11** Women on ACCTs should only be segregated in exceptional circumstances. (1.64)
- 5.12** The regime for women in the segregation unit should include activities in association with others when risk assessments permit it; it should be linked to formal care and reintegration plans for longer-stay residents. (1.65)
- 5.13** Segregation data should be discussed regularly and action should be taken to identify and address any concerns raised. (1.66)

Residential units

- 5.14** All women should be provided with a lockable cupboard and a table and chair. (2.7)
- 5.15** Women should be able to shower every day in private. (2.8, repeated recommendation 2.9)

Equality and diversity

- 5.16** The prison should ensure that the specific support needs of foreign national women are met. (2.36)
- 5.17** Immigration detainees should only be held in prison in very exceptional circumstances following a risk assessment and once the authority of an immigration judge has been obtained. (2.37)
- 5.18** Local authority assessments should be completed on time and women should be transferred to MBUs several weeks before their baby is delivered. (2.38)

Complaints

- 5.19** Robust quality assurance procedures should be introduced to monitor and improve the quality and promptness of replies to complaints and determine why some were withdrawn. (2.49)

Legal rights

- 5.20** Sufficient trained staff should be available to provide effective bail information and support. (2.52, repeated recommendation 2.60)

Health services

- 5.21** Sufficient and suitably skilled staff should be available to provide safe and responsive services for women arriving at Holloway and to enable women to learn to manage their own long-term conditions. Staff should have regular managerial and clinical supervision. (2.70)

- 5.22** Women should have confirmation of their primary care appointments or place on a waiting list as soon as practicable to ensure they are confident about their care. (2.78)
- 5.23** Women should not be confined to small holding rooms for long periods of time. (2.79)
- 5.24** Women should receive their medicines when they are due and repeat prescriptions should not be delayed. (2.88)
- 5.25** Patient confidentiality during medicines administration should be maintained. (2.89, repeated recommendation 2.95)
- 5.26** Over-labelled items for out of hours supply should be purchased from a supplier with an appropriate licence. (2.90)
- 5.27** Dental triage should ensure that women with urgent and acute problems are prioritised. (2.99)
- 5.28** Women with the most complex and high risk mental health and behavioural needs should not be held at Holloway and efforts should be made to ensure they are properly identified before arrival or as soon as practicable and transferred promptly to a more appropriate safe environment. (2.110)

Catering

- 5.29** Supervision and oversight of serveries should be improved to monitor food temperatures and reduce complaints about poor portion control. Management checks should be completed. (2.117)

Time out of cell

- 5.30** Exercise periods should last for one hour and should only be cancelled in exceptional circumstances. Outdoor coats should be provided as necessary. (3.4)

Learning and skills and work activities

- 5.31** Prisoners' progress and performance should be rigorously assessed to monitor trends and achievement gaps. (3.13, repeated recommendation 3.14)
- 5.32** Activities should be offered at a level that meets the skills and employability needs of all prisoners. (3.21)
- 5.33** The hospitality and catering kitchen should be repaired and cooking ingredients should be available. (3.22)
- 5.34** Learners should have a clear understanding of what they need to do to improve and should have challenging individual learning targets. (3.29)
- 5.35** The development of English and mathematics should be promoted across all activities. (3.30)
- 5.36** Specialist learning help should be available to all who need it and peer mentors should be trained. (3.31)
- 5.37** All learners should develop good industry-standard skills, make good progress, and achieve qualifications within the allocated time. (3.42)

5.38 Women should be able to attend the library at least once a week. (3.46)

Physical education and healthy living

5.39 Prisoners should be able to complete accredited qualifications in PE and healthy living. (3.53)

Strategic management of resettlement

5.40 The work of the CRCs should be fully integrated into the prison. All staff and prisoners should understand how the new CRC model works, how it relates to the OMU and other resettlement provision and what services prisoners can expect at each stage from which agency. (4.6)

Offender management and planning

5.41 OMU managers should work collaboratively to drive continuous improvement so that key processes operate effectively; this should include providing formal supervision for offender supervisors. (4.13)

5.42 Women on remand for serious offences who are likely to receive indeterminate sentences should receive help to cope with the implications of such sentences. (4.20)

Reintegration planning

5.43 All women should be able to have one visit a week. (4.34, repeated recommendation 4.56)

5.44 Women should be able to make telephone calls in private. (4.35, repeated recommendation 2.10)

5.45 Accurate accommodation data should be maintained and monitored. (4.43)

Housekeeping points

Early days in custody

5.46 Peer supporters should always be available in reception. (1.14)

Residential units

5.47 Officers should wait for a response before entering rooms. (2.9)

Legal rights

5.48 Prisoners should receive a letter of apology when legal letters are opened in error. (2.53)

Health services

5.49 Women should be informed of the benefits of immunisation and staff should follow up women to ensure they complete their immunisation programmes. (2.71)

- 5.50** Clinical records should reflect the patient consultation fully in line with professional guidance and care plans should be meaningful and reflect changes in individual care or needs. (2.72)
- 5.51** All medicines should be supplied in appropriate dispensing containers and not decanted into another container except when administering medication to the patient. (2.91)
- 5.52** Named patient medicines should be used wherever possible to offset the risk of incorrect administration. (2.92)
- 5.53** Room temperatures where medicines are stored should be maintained within recommended limits. (2.93)
- 5.54** CD cabinets should be fixed with rag-bolts in line with national guidance. (2.94)

Reintegration planning

- 5.55** Prisoners should receive a copy of their resettlement plan to remind them of their targets. (4.25)

Examples of good practice

- 5.56** The timeline initiative continued to provide useful information to highlight and anticipate vulnerabilities and potential control problems. It was integral to keeping the women safe. (1.26)
- 5.57** Arrangements to safeguard at risk women and those with complex needs were excellent. Staff had a good awareness of these issues and the weekly complex needs meeting focused on those who needed additional support or attention. (1.43)
- 5.58** Oversight of the use of force was exceptional. Every video and all documentation was scrutinised by a manager, and appropriate action was taken when concerns or lessons were identified. (1.56)
- 5.59** Multi-agency working between CNWL and BF provided patients with integrated and seamless care. The range of psychosocial modules was impressive and used flexibly so that even women on remand or short sentences could access some relevant support. (1.74)
- 5.60** The use of recognised health screening tools in the first days of custody led to some good identification of needs and referrals to appropriate supportive interventions. (2.111)
- 5.61** The Tillson Day Centre continued to provide a therapeutic environment for the most vulnerable women in the population. The unit was calm and offered women a well-organised enhanced and imaginative range of activities to help distract and relax them. (2.112)
- 5.62** The BF community peer supporters offered ex-substance users good support. They also had employment opportunities through BF, enabling them to get established after release. (4.48)

Section 6. Appendices

Appendix I: Inspection team

Sean Sullivan	Team leader
Joss Crosbie	Inspector
Paul Fenning	Inspector
Jeanette Hall	Inspector
Kellie Reeve	Inspector
Tim McSweeney	Researcher
Alissa Redmond	Researcher
Heidi Webb	Researcher
Paul Tarbuck	Substance misuse inspector
Nicola Rabjohns	Health services inspector
Nicola Carlisle	Pharmacist
Andrea Crosby-Josephs	Care Quality Commission inspector
Maria Navarro	Ofsted inspector
Denise Olander	Ofsted inspector
Mark Shackleton	Ofsted inspector
Vivienne Clarke	Offender management inspector
Joy Neary	Offender management inspector
Tessa Webb	Offender management inspector

Appendix II: Progress on recommendations from the last report

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2013, women faced long delays at court and some arrived at the prison very late. Reception and first night arrangements were good although induction needed to be reinforced for some women. The prison had a very good focus on keeping women safe, and relatively few incidents took place. Despite this, in our survey more women than in comparator prisons reported feeling unsafe and victimised. Support for vulnerable women was good and safeguarding arrangements were appropriate and developing. Security was proportionate and the incentives and earned privileges (IEP) scheme was used proactively to manage poor behaviour. Use of force was low and segregation well managed. Substance misuse support was good. Outcomes for women were reasonably good against this healthy prison test.

Main recommendations

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

Not achieved

Prison managers should explore general perceptions of safety and victimisation (particularly among minority groups) and should develop a strategy to address the issues identified. (S46)

Achieved

Recommendations

More support should be provided for foreign national prisoners during induction. (I.17)

Partially achieved

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

Partially achieved

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

Partially achieved

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

Achieved

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

Not achieved

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

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2013, the prison was clean, but the layout presented challenges. The mother and baby unit was reasonable, although more needed to be done to support women who were pregnant. Staff-prisoner relationships were mostly positive, and women said they had someone they could approach for help. Personal officer work had improved but still did not support resettlement. Work with some minority groups was good, but disabled and older prisoners needed to be better supported. Faith provision was good. Complaints were well managed and legal services reasonable. Health services were reasonable. The prison provided those with mental health problems with some good care, but waits for hospital beds were often too long. Prisoners disliked the food and catalogue orders were not available to all. Outcomes for women were reasonably good against this healthy prison test.

Main recommendations

Women with disabilities should be clearly identified on arrival, an assessment of their specific needs carried out and any adjustments made to support them, including having an appropriate range of adapted accommodation available. (S47)

Achieved

Recommendations

All prisoners should be provided with a lockable cupboard. (2.8)

Not achieved

All prisoners should be able to shower every day. (2.9)

Partially achieved (recommendation repeated, 2.8)

Telephones should be housed in booths so that calls can be made in private. (2.10)

Not achieved (recommendation repeated, 4.35)

Doors should be fitted to screen toilets in rooms. (2.20)

No longer relevant

There should be a formal care planning process for pregnant women, in which residential officers are involved. (2.21)

Achieved

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

Partially achieved

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

Achieved

Foreign national women with families abroad should be offered a free telephone call to their home country each month irrespective of whether or not they have had a visit. (2.43)

Achieved

Personal evacuation plans should be routinely reviewed and updated and all staff should be aware of women who would require assistance in an emergency. The documents should be dated and review dates recorded. (2.44)

Achieved

There should be regular forums or one-to-one support for all the protected groups. (2.45)

Achieved

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

Partially achieved

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

Not achieved (recommendation repeated, 2.52)

Wing treatment rooms should be refurbished and modernised in line with infection control requirements. (2.70)

Achieved

Relevant prison staff should be trained in basic life support techniques including defibrillator use. (2.71)

Achieved

Women being tested for drugs and pregnancy should be given a clear explanation about the tests and the process for seeking and recording informed consent should be clear. (2.82)

Achieved

Movements should be arranged to ensure women prisoners can keep health service appointments. (2.83)

Achieved

Prison managers need to ensure that women attending antenatal appointments should not be handcuffed while in the clinic. (2.84)

Achieved

Arrangements for in-possession medicines should ensure that regular reviews of risks are undertaken and that women can safely store and reorder their own medicines. (2.93)

Partially achieved

Women should have access to pharmacy-led clinics. (2.94)

Achieved

Patient confidentiality during medicines administration should be maintained. (2.95)

Not achieved (recommendation repeated, 2.89)

Women should be able to obtain over the counter medicines such as simple pain relief without the need for a prescription. (2.96)

Achieved

More prison officers should have the appropriate training to recognise and take appropriate action when a woman prisoner may have mental health problems. (2.110)

Achieved

All women requiring assessment by specialist mental health services should be seen within seven days and transferred promptly if clinically indicated, and should not be delayed by requests for information unrelated to treatment decision. (2.111)

Not achieved

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

Not achieved

Purposeful activity

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

At the last inspection, in 2013, time out of cell was reasonable for those undertaking activities. However, up to a third of women were locked up during the working day. Leadership and management of learning and skills and data analysis needed to improve. There were enough activity places for the population but too few of them were being used. The range of vocational training opportunities was limited and the quality of teaching mainly adequate. Punctuality and attendance were poor and achievements mixed. Library services were good. The gym provided a reasonable range of activities. Outcomes for women were not sufficiently good against this healthy prison test.

Main recommendations

There should be an effective system, understood by all staff, to improve prisoner attendance and punctuality at activities and to maximise the use of the purposeful activity places available. (S48)

Not achieved

Recommendations

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

Not achieved

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

Not achieved

The published regime should be adhered to consistently. (3.7)

Achieved

Prisoners' progress and performance should be rigorously assessed to identify trends and achievement gaps. (3.14)

Not achieved (recommendation repeated, 3.13)

Teaching and learning observations should include different assessment methods and verbal and written feedback from tutors to their learners. (3.15)

Achieved

The agreed fairer pay for women in education should be introduced immediately. (3.16)

Achieved

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

Partially achieved

The quality of teaching, learning and assessment should be improved to inspire and further improve outcomes for learners. (3.26)

Partially achieved

The contractor should develop a system to encourage learners to take more responsibility for their individual learning programme aims. (3.27)

Not achieved

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

Achieved

Resettlement

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

At the last inspection, in 2013, strategic management of resettlement needed improvement. Some offender management structures were new. The relatively small number of women subject to offender management arrangements were well supported, although there were backlogs in some assessments. All prisoners had their needs assessed on arrival, and again pre-release. A variety of community agencies offered good reducing reoffending pathways provision. Work in the children and families pathway was reasonable but unimaginative. Outcomes for women were reasonably good against this healthy prison test.

Main recommendations

The needs of all women at Holloway and their families should be assessed and a whole-prison strategy developed and implemented to support the relationship between them. (S49)

Achieved

Recommendations

An up-to-date resettlement strategy should be produced based on a needs analysis of women at Holloway with a clear strategic vision and action plans for future development of services. (4.8)

Achieved

Resettlement outcomes for prisoners following release should be effectively monitored and used to inform the ongoing development of the resettlement strategy. (4.9)

Not achieved

All prison staff should use the P-Nomis system to record work undertaken with prisoners. (4.20)

Partially achieved

All offender supervisors should receive formal professional supervision. (4.21)

Not achieved

Managers should ensure that the necessary agencies receive notification concerning women subject to public protection measures. (4.28)

Achieved

All wing staff should be aware of women on their unit subject to public protection measures and know where to report concerns. (4.29)

Partially achieved

All prisoners should be able to have at least one visit a week. (4.56).

Not achieved (recommendation repeated, 4.34)

Visits should start at the advertised time. (4.57)

Achieved

Family days should be open to all women. (4.58)

Achieved

Appendix III: Prison population profile

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

Population breakdown by:

Status	18–20 yr olds	21 and over	%
Sentenced	22	365	73.7
Recall	0	15	2.9
Convicted unsentenced	2	18	3.8
Remand	2	87	17
Civil prisoners	0	1	0.2
Detainees	0	7	1.3
Other	1	5	1.1
Total	27	498	100

Sentence	18–20 yr olds	21 and over	%
Unsentenced	5	123	24.4
Less than 6 months	1	45	8.8
6 months to less than 12 months	0	21	4
12 months to less than 2 years	2	60	11.8
2 years to less than 4 years	10	93	19.6
4 years to less than 10 years	8	125	25.3
10 years and over (not life)	0	17	3.2
ISPP (indeterminate sentence for public protection)	0	9	1.7
Life	1	5	1.1
Total	27	498	100

Age	Number of prisoners	%
Please state minimum age here: 18		
Under 21 years	27	5.1
21 years to 29 years	162	30.9
30 years to 39 years	175	33.3
40 years to 49 years	120	22.9
50 years to 59 years	28	5.3
60 years to 69 years	12	2.3
70 plus years	1	0.2
Please state maximum age here: 73		
Total	525	100

Nationality	18–20 yr olds	21 and over	%
British	22	354	71.6
Foreign nationals	5	144	28.4
Total	27	498	100

Security category	18–20 yr olds	21 and over	%
Closed	5	336	65
Open	0	31	5.9
Unclassified ¹⁰	1	5	1.1
Unsentenced	3	123	24
YOI closed	17	2	3.6
YOI open	1	0	0.2
Total	27	498	100

Ethnicity	18–20 yr olds	21 and over	%
White	14	308	61.3
British	7	212	41.7
Irish	0	9	1.7
Gypsy/Irish Traveller	1	6	1.3
Other white	6	81	16.6
Mixed	1	33	6.5
White and black Caribbean	0	16	3.0
White and black African	0	8	1.5
White and Asian	0	2	0.4
Other mixed	1	7	1.5
Asian or Asian British	1	25	5
Indian	0	7	1.3
Pakistani	0	4	0.8
Bangladeshi	1	6	1.3
Chinese	0	1	0.2
Other Asian	0	7	1.3
Black or black British	11	116	24.2
Caribbean	5	54	11.2
African	3	41	8.4
Other black	3	21	4.6
Other ethnic group	0	14	2.7
Arab	0	0	0
Other ethnic group	0	14	2.7
Not stated	0	2	0.4
Total	27	498	100

¹⁰ Women who had arrived over the weekend and whose detailed information was not yet available

Religion	18–20 yr olds	21 and over	%
Baptist	0	0	0
Church of England	1	97	18.7
Roman Catholic	2	120	23.2
Other Christian denominations	7	119	24
Muslim	9	55	12.2
Sikh	0	2	0.4
Hindu	0	1	0.2
Buddhist	0	7	1.3
Jewish	0	1	0.2
Other	1	9	1.9
No religion	7	87	17.9
Total	27	498	100

Other demographics	18–20 yr olds	21 and over	%
Veteran (ex-armed services)			
Total			

Sentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	2	0.4	50	9.5
1 month to 3 months	1	0.2	88	16.8
3 months to 6 months	6	1.1	70	13.3
6 months to 1 year	7	1.3	78	14.9
1 year to 2 years	6	1.1	61	11.6
2 years to 4 years	0	0	27	5.1
4 years or more	0	0	1	0.2
Total	22	4.2	375	71.4

Sentenced prisoners only

	18–20 yr olds	21 and over	%
Foreign nationals detained post sentence expiry	0	5	1
Public protection cases (this does not refer to public protection sentence categories but cases requiring monitoring/restrictions).	Data not available	46 on child contact restrictions (including young adults)	9
Total			

Unsentenced prisoners only

Length of stay	18–20 yr olds		21 and over	
	Number	%	Number	%
Less than 1 month	4	0.8	51	9.7
1 month to 3 months	0	0	39	7.4
3 months to 6 months	0	0	24	4.6
6 months to 1 year	1	0.2	7	1.3
1 year to 2 years	0	0	1	0.2
2 years to 4 years	0	0	1	0.2
4 years or more	0	0	0	0
Total	5	1%	123	23.4%

Appendix IV: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

The prisoner survey was conducted on a representative sample of the prison population. Using a robust statistical formula provided by a government department statistician we calculated the sample size required to ensure that our survey findings reflected the experiences of the entire population of the establishment¹¹. Respondents were then randomly selected from a P-Nomis prisoner population printout using a systematic sampling method.

Distributing and collecting questionnaires

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

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

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

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

Survey response

At the time of the survey on 28 September 2015 the prisoner population at HMP Holloway was 525. Using the method described above, questionnaires were distributed to all 210 women.

We received a total of 174 completed questionnaires, a response rate of 83%. This included two questionnaires completed via interview. Eight respondents refused to complete a questionnaire, 20 questionnaires were not returned and eight were returned blank.

¹¹ 95% confidence interval with a sampling error of 3%. The formula assumes a 75% response rate (65% in open establishments) and we routinely 'oversample' to ensure we achieve the minimum number of responses required.

Wing/unit	Number of completed survey returns
A3	11
A4	14
A5	9
B3	13
B4	13
B5	16
C1	4
C3	14
C4	15
C5	13
D0	14
D1	13
D2	5
D3	14
D4	3
Segregation unit	3

Presentation of survey results and analyses

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

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

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences¹² are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in women's background details.

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

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

¹² A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

The following comparative analyses are presented:

- The current survey responses from HMP Holloway in 2015 compared with responses from women surveyed in all other women's local prisons. This comparator is based on all responses from prisoner surveys carried out in seven local women's prisons since April 2013.
- The current survey responses from HMP Holloway in 2015 compared with the responses of women surveyed at HMP Holloway in 2013.
- A comparison within the 2015 survey between the responses of white women and those from a black and minority ethnic group.
- A comparison within the 2015 survey between women who are British and those who are foreign nationals.
- A comparison within the 2015 survey between the responses of Muslim women and non-Muslim women.
- A comparison within the 2015 survey between the responses of women who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2015 survey between responses of women who consider themselves to be homosexual, bisexual or other and those who consider themselves to be heterosexual.

Survey summary

Section I: About You

Q1.1	What wing or houseblock are you currently living on? See shortened methodology	
Q1.2	How old are you?	
	Under 21	16 (9%)
	21 - 29.....	45 (26%)
	30 - 39.....	61 (35%)
	40 - 49.....	38 (22%)
	50 - 59.....	8 (5%)
	60 - 69.....	4 (2%)
	70 and over	1 (1%)
Q1.3	Are you sentenced?	
	Yes	128 (76%)
	Yes - on recall.....	7 (4%)
	No - awaiting trial.....	16 (9%)
	No - awaiting sentence	16 (9%)
	No - awaiting deportation.....	2 (1%)
Q1.4	How long is your sentence?	
	Not sentenced	34 (20%)
	Less than 6 months	20 (12%)
	6 months to less than 1 year	13 (8%)
	1 year to less than 2 years	18 (11%)
	2 years to less than 4 years	33 (20%)
	4 years to less than 10 years	37 (22%)
	10 years or more	7 (4%)
	IPP (indeterminate sentence for public protection)	2 (1%)
	Life.....	4 (2%)
Q1.5	Are you a foreign national (i.e. do not have UK citizenship)?	
	Yes	40 (24%)
	No.....	130 (76%)
Q1.6	Do you understand spoken English?	
	Yes	166 (97%)
	No.....	6 (3%)
Q1.7	Do you understand written English?	
	Yes	163 (95%)
	No.....	9 (5%)

Q1.8	What is your ethnic origin?		
	White - British (English/ Welsh/ Scottish/ Northern Irish).....	69 (42%)	Asian or Asian British - Chinese 0 (0%)
	White - Irish	7 (4%)	Asian or Asian British - other..... 1 (1%)
	White - other.....	23 (14%)	Mixed race - white and black Caribbean
	Black or black British - Caribbean.....	12 (7%)	Mixed race - white and black African ... 6 (4%)
	Black or black British - African	15 (9%)	Mixed race - white and Asian
	Black or black British - other	3 (2%)	Mixed race - other..... 3 (2%)
	Asian or Asian British - Indian	2 (1%)	Arab..... 4 (2%)
	Asian or Asian British - Pakistani.....	1 (1%)	Other ethnic group
	Asian or Asian British - Bangladeshi.....	3 (2%)	7 (4%)
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes		11 (7%)
	No.....		153 (93%)
Q1.10	What is your religion?		
	None.....	32 (19%)	Hindu
	Church of England	36 (22%)	Jewish
	Catholic	33 (20%)	Muslim
	Protestant.....	4 (2%)	Sikh
	Other Christian denomination	26 (16%)	Other.....
	Buddhist	2 (1%)	4 (2%)
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/ Straight		124 (74%)
	Homosexual/Gay.....		12 (7%)
	Bisexual.....		31 (19%)
Q1.12	Do you consider yourself to have a disability (i.e. do you need help with any long-term physical, mental or learning needs)?		
	Yes		42 (25%)
	No.....		124 (75%)
Q1.13	Are you a veteran (ex-armed services)?		
	Yes		2 (1%)
	No.....		164 (99%)
Q1.14	Is this your first time in prison?		
	Yes		106 (62%)
	No.....		64 (38%)
Q1.15	Do you have children under the age of 18?		
	Yes		91 (54%)
	No.....		79 (46%)

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?		
	Less than 2 hours		102 (61%)
	2 hours or longer		56 (33%)
	Don't remember		10 (6%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	102 (60%)
	Yes	30 (18%)
	No.....	33 (20%)
	<i>Don't remember</i>	4 (2%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	102 (60%)
	Yes	8 (5%)
	No.....	57 (34%)
	<i>Don't remember</i>	2 (1%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	82 (48%)
	No.....	70 (41%)
	<i>Don't remember</i>	18 (11%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	114 (67%)
	No.....	50 (29%)
	<i>Don't remember</i>	6 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	45 (26%)
	<i>Well</i>	80 (47%)
	<i>Neither</i>	29 (17%)
	<i>Badly</i>	11 (6%)
	<i>Very badly</i>	1 (1%)
	<i>Don't remember</i>	4 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	<i>Yes, someone told me</i>	105 (62%)
	<i>Yes, I received written information</i>	12 (7%)
	<i>No, I was not told anything</i>	46 (27%)
	<i>Don't remember</i>	10 (6%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	128 (76%)
	No.....	38 (22%)
	<i>Don't remember</i>	3 (2%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	62 (37%)
	<i>2 hours or longer</i>	96 (57%)
	<i>Don't remember</i>	11 (7%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	142 (85%)
	No	14 (8%)
	<i>Don't remember</i>	11 (7%)

Q3.3	Overall, how were you treated in reception?	
	Very well.....	34 (20%)
	Well.....	85 (50%)
	Neither.....	31 (18%)
	Badly.....	13 (8%)
	Very badly.....	3 (2%)
	Don't remember	4 (2%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)	
	Loss of property	20 (12%)
	Housing problems.....	34 (20%)
	Contacting employers.....	5 (3%)
	Physical health	35 (21%)
	Mental health.....	46 (28%)
	Needing protection from other prisoners	16 (10%)
	Contacting family.....	57 (34%)
	Childcare.....	11 (7%)
	Money worries.....	52 (31%)
	Feeling depressed or suicidal.....	61 (37%)
	Getting phone numbers.....	52 (31%)
	Other.....	5 (3%)
	Did not have any problems	39 (23%)
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?	
	Yes.....	56 (34%)
	No.....	70 (42%)
	Did not have any problems	39 (24%)
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)	
	Tobacco.....	120 (70%)
	A shower	76 (44%)
	A free telephone call.....	99 (58%)
	Something to eat.....	148 (87%)
	PIN phone credit.....	125 (73%)
	Toiletries/ basic items	115 (67%)
	Did not receive anything	2 (1%)
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)	
	Chaplain	59 (36%)
	Someone from health services.....	102 (62%)
	A Listener/Samaritans	42 (25%)
	Prison shop/ canteen	45 (27%)
	Did not have access to any of these.....	35 (21%)
Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)	
	What was going to happen to you	57 (35%)
	What support was available for people feeling depressed or suicidal.....	49 (30%)
	How to make routine requests (applications)	50 (31%)
	Your entitlement to visits.....	59 (36%)
	Health services	61 (38%)
	Chaplaincy.....	47 (29%)
	Not offered any information.....	61 (38%)
Q3.9	Did you feel safe on your first night here?	
	Yes.....	98 (57%)
	No.....	65 (38%)
	Don't remember	8 (5%)

Q3.10	How soon after you arrived here did you go on an induction course?	
	<i>Have not been on an induction course</i>	23 (14%)
	<i>Within the first week</i>	74 (44%)
	<i>More than a week</i>	61 (36%)
	<i>Don't remember</i>	10 (6%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	<i>Have not been on an induction course</i>	23 (14%)
	<i>Yes</i>	77 (47%)
	<i>No</i>	47 (28%)
	<i>Don't remember</i>	18 (11%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	<i>Did not receive an assessment</i>	31 (19%)
	<i>Within the first week</i>	36 (22%)
	<i>More than a week</i>	77 (47%)
	<i>Don't remember</i>	19 (12%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to...						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	<i>Communicate with your solicitor or legal representative?</i>	15 (9%)	42 (25%)	26 (16%)	43 (26%)	23 (14%)	17 (10%)
	<i>Attend legal visits?</i>	22 (15%)	67 (45%)	15 (10%)	14 (9%)	10 (7%)	20 (14%)
	<i>Get bail information?</i>	4 (3%)	15 (11%)	19 (13%)	34 (24%)	20 (14%)	49 (35%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>						23 (14%)
	<i>Yes</i>						62 (37%)
	<i>No</i>						84 (50%)
Q4.3	Can you get legal books in the library?						
	<i>Yes</i>						61 (37%)
	<i>No</i>						10 (6%)
	<i>Don't know</i>						93 (57%)
Q4.4	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>			
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	116 (70%)	48 (29%)	1 (1%)			
	<i>Are you normally able to have a shower every day?</i>	143 (85%)	25 (15%)	1 (1%)			
	<i>Do you normally receive clean sheets every week?</i>	147 (90%)	16 (10%)	1 (1%)			
	<i>Do you normally get cell cleaning materials every week?</i>	137 (83%)	27 (16%)	2 (1%)			
	<i>Is your cell call bell normally answered within five minutes?</i>	72 (44%)	76 (46%)	17 (10%)			
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	97 (60%)	64 (39%)	2 (1%)			
	<i>If you need to, can you normally get your stored property?</i>	44 (26%)	83 (50%)	40 (24%)			
Q4.5	What is the food like here?						
	<i>Very good</i>						3 (2%)
	<i>Good</i>						30 (18%)
	<i>Neither</i>						34 (20%)
	<i>Bad</i>						44 (26%)
	<i>Very bad</i>						57 (34%)

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	
	<i>Have not bought anything yet/ don't know</i>	11 (7%)
	Yes	78 (46%)
	No.....	80 (47%)
Q4.7	Can you speak to a Listener at any time, if you want to?	
	Yes	113 (66%)
	No.....	17 (10%)
	<i>Don't know</i>	42 (24%)
Q4.8	Are your religious beliefs respected?	
	Yes	103 (60%)
	No.....	20 (12%)
	<i>Don't know/ N/A</i>	48 (28%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?	
	Yes	101 (59%)
	No.....	14 (8%)
	<i>Don't know/ N/A</i>	55 (32%)
Q4.10	How easy or difficult is it for you to attend religious services?	
	<i>I don't want to attend</i>	34 (20%)
	<i>Very easy</i>	52 (31%)
	<i>Easy</i>	40 (24%)
	<i>Neither</i>	9 (5%)
	<i>Difficult</i>	17 (10%)
	<i>Very difficult</i>	6 (4%)
	<i>Don't know</i>	12 (7%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes	135 (79%)		
	No	24 (14%)		
	<i>Don't know</i>	11 (6%)		
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)			
		Not made one		
		Yes		
		No		
	Are <i>applications</i> dealt with fairly?	14 (9%)	74 (48%)	66 (43%)
	Are <i>applications</i> dealt with quickly (within seven days)?	14 (9%)	37 (25%)	97 (66%)
Q5.3	Is it easy to make a complaint?			
	Yes	91 (58%)		
	No	33 (21%)		
	<i>Don't know</i>	34 (22%)		
Q5.4	Please answer the following questions about complaints. (If you have not made a complaint please tick the 'not made one' option.)			
		Not made one		
		Yes		
		No		
	Are <i>complaints</i> dealt with fairly?	61 (38%)	26 (16%)	72 (45%)
	Are <i>complaints</i> dealt with quickly (within seven days)?	61 (40%)	19 (13%)	71 (47%)

Q5.5	Have you ever been prevented from making a complaint when you wanted to?	
	Yes	31 (21%)
	No.....	119 (79%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?	
	<i>Don't know who they are</i>	64 (41%)
	Very easy.....	11 (7%)
	Easy	30 (19%)
	Neither	19 (12%)
	Difficult.....	27 (17%)
	Very difficult.....	6 (4%)

Section 6: Incentive and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the incentive and earned privileges (IEP) scheme? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	16 (10%)
	Yes	74 (45%)
	No	51 (31%)
	<i>Don't know</i>	22 (13%)
Q6.2	Do the different levels of the IEP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)	
	<i>Don't know what the IEP scheme is</i>	16 (10%)
	Yes	79 (50%)
	No.....	44 (28%)
	<i>Don't know</i>	20 (13%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?	
	Yes	9 (5%)
	No.....	155 (95%)
Q6.4	If you have spent a night in the segregation/care and separation unit in the last six months, how were you treated by staff?	
	<i>I have not been to segregation in the last 6 months</i>	132 (83%)
	Very well.....	4 (3%)
	Well.....	9 (6%)
	Neither	7 (4%)
	Badly.....	4 (3%)
	Very badly	3 (2%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	112 (69%)
	No.....	50 (31%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	124 (77%)
	No.....	37 (23%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	55 (33%)
	No.....	111 (67%)

Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	14 (8%)
	<i>Never</i>	24 (15%)
	<i>Rarely</i>	55 (33%)
	<i>Some of the time</i>	42 (25%)
	<i>Most of the time</i>	22 (13%)
	<i>All of the time</i>	8 (5%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	80 (49%)
	<i>In the first week</i>	27 (16%)
	<i>More than a week</i>	32 (20%)
	<i>Don't remember</i>	25 (15%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	80 (50%)
	<i>Very helpful</i>	27 (17%)
	<i>Helpful</i>	24 (15%)
	<i>Neither</i>	11 (7%)
	<i>Not very helpful</i>	9 (6%)
	<i>Not at all helpful</i>	8 (5%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	<i>Yes</i>	86 (52%)		
	<i>No</i>	80 (48%)		
Q8.2	Do you feel unsafe now?			
	<i>Yes</i>	28 (18%)		
	<i>No</i>	128 (82%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	80 (51%)	<i>At meal times</i>	13 (8%)
	<i>Everywhere</i>	15 (9%)	<i>At health services</i>	13 (8%)
	<i>Segregation unit</i>	3 (2%)	<i>Visits area</i>	4 (3%)
	<i>Association areas</i>	10 (6%)	<i>In wing showers</i>	16 (10%)
	<i>Reception area</i>	11 (7%)	<i>In gym showers</i>	4 (3%)
	<i>At the gym</i>	4 (3%)	<i>In corridors/stairwells</i>	22 (14%)
	<i>In an exercise yard</i>	33 (21%)	<i>On your landing/wing</i>	26 (16%)
	<i>At work</i>	5 (3%)	<i>In your cell</i>	13 (8%)
	<i>During movement</i>	36 (23%)	<i>At religious services</i>	5 (3%)
	<i>At education</i>	18 (11%)		
Q8.4	Have you been victimised by other prisoners here?			
	<i>Yes</i>	62 (38%)		
	<i>No</i>	102 (62%)		

Q8.5	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>	38 (23%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	18 (11%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	40 (24%)
	<i>Having your canteen/property taken</i>	11 (7%)
	<i>Medication</i>	5 (3%)
	<i>Debt</i>	1 (1%)
	<i>Drugs</i>	5 (3%)
	<i>Your race or ethnic origin</i>	12 (7%)
	<i>Your religion/religious beliefs</i>	9 (5%)
	<i>Your nationality</i>	11 (7%)
	<i>You are from a different part of the country than others</i>	7 (4%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	3 (2%)
	<i>Your age</i>	5 (3%)
	<i>You have a disability</i>	5 (3%)
	<i>You were new here</i>	15 (9%)
	<i>Your offence/ crime</i>	16 (10%)
	<i>Gang related issues</i>	4 (2%)
Q8.6	Have you been victimised by staff here?	
	Yes	47 (29%)
	No	117 (71%)
Q8.7	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>	15 (9%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	5 (3%)
	<i>Sexual abuse</i>	2 (1%)
	<i>Feeling threatened or intimidated</i>	21 (13%)
	<i>Medication</i>	6 (4%)
	<i>Debt</i>	0 (0%)
	<i>Drugs</i>	2 (1%)
	<i>Your race or ethnic origin</i>	4 (2%)
	<i>Your religion/religious beliefs</i>	3 (2%)
	<i>Your nationality</i>	4 (2%)
	<i>You are from a different part of the country than others</i>	1 (1%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	4 (2%)
	<i>Your age</i>	4 (2%)
	<i>You have a disability</i>	3 (2%)
	<i>You were new here</i>	7 (4%)
	<i>Your offence/ crime</i>	8 (5%)
	<i>Gang related issues</i>	1 (1%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	Not been victimised	84 (57%)
	Yes	37 (25%)
	No	26 (18%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	8 (5%)	3 (2%)	31 (19%)	24 (15%)	62 (38%)	35 (21%)
	The nurse	10 (6%)	13 (8%)	54 (35%)	21 (14%)	35 (23%)	21 (14%)
	The dentist	18 (12%)	2 (1%)	7 (5%)	7 (5%)	43 (28%)	75 (49%)
Q9.2	What do you think of the quality of the health service from the following people?						
		<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%)	11 (7%)	54 (34%)	31 (19%)	23 (14%)	25 (16%)
	The nurse	12 (8%)	14 (9%)	53 (35%)	30 (20%)	21 (14%)	22 (14%)
	The dentist	53 (35%)	7 (5%)	23 (15%)	23 (15%)	13 (9%)	32 (21%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						7 (4%)
	<i>Very good</i>						13 (8%)
	<i>Good</i>						39 (24%)
	<i>Neither</i>						34 (21%)
	<i>Bad</i>						35 (22%)
	<i>Very bad</i>						32 (20%)
Q9.4	Are you currently taking medication?						
	Yes						106 (64%)
	No.....						59 (36%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	Not taking medication						59 (36%)
	<i>Yes, all my meds</i>						22 (14%)
	<i>Yes, some of my meds</i>						21 (13%)
	No.....						60 (37%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes						76 (47%)
	No.....						87 (53%)
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?						
	<i>Do not have any emotional or mental health problems</i>						87 (55%)
	Yes						47 (30%)
	No.....						24 (15%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	62 (37%)
	No.....	105 (63%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	34 (21%)
	No.....	131 (79%)

Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	16 (10%)
	Easy.....	21 (13%)
	Neither.....	8 (5%)
	Difficult.....	9 (6%)
	Very difficult.....	13 (8%)
	Don't know.....	96 (59%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	2 (1%)
	Easy.....	9 (5%)
	Neither.....	6 (4%)
	Difficult.....	6 (4%)
	Very difficult.....	29 (18%)
	Don't know.....	112 (68%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	5 (3%)
	No.....	160 (97%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	12 (7%)
	No.....	153 (93%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem.....	99 (62%)
	Yes.....	53 (33%)
	No.....	7 (4%)
Q10.8	Have you received any support or help (for example substance misuse teams) for your alcohol problem, whilst in this prison?	
	Did not / do not have an alcohol problem.....	131 (79%)
	Yes.....	30 (18%)
	No.....	4 (2%)
Q10.9	Was the support or help you received, whilst in this prison, helpful?	
	Did not have a problem/ did not receive help.....	96 (60%)
	Yes.....	53 (33%)
	No.....	10 (6%)

Section II: Activities

Q11.1	How easy or difficult is it to get into the following activities, in this prison?						
		<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	Prison job	23 (14%)	11 (7%)	36 (22%)	23 (14%)	44 (27%)	25 (15%)
	Vocational or skills training	30 (19%)	8 (5%)	42 (27%)	29 (18%)	27 (17%)	21 (13%)
	Education (including basic skills)	16 (10%)	17 (11%)	52 (33%)	27 (17%)	29 (19%)	15 (10%)
	Offending behaviour programmes	52 (34%)	8 (5%)	21 (14%)	21 (14%)	32 (21%)	21 (14%)
Q11.2	Are you currently involved in the following? (Please tick all that apply to you.)						
	Not involved in any of these.....					32 (20%)	
	Prison job.....					92 (58%)	
	Vocational or skills training.....					28 (18%)	
	Education (including basic skills).....					62 (39%)	
	Offending behaviour programmes.....					20 (13%)	

Q11.3	If you have been involved in any of the following, while in this prison, do you think they will help you on release?				
		<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
	Prison job	29 (22%)	52 (39%)	40 (30%)	13 (10%)
	Vocational or skills training	38 (35%)	41 (38%)	17 (16%)	13 (12%)
	Education (including basic skills)	29 (23%)	59 (47%)	22 (18%)	15 (12%)
	Offending behaviour programmes	40 (38%)	39 (37%)	12 (11%)	14 (13%)
Q11.4	How often do you usually go to the library?				
	<i>Don't want to go</i>				16 (10%)
	<i>Never</i>				36 (22%)
	<i>Less than once a week</i>				53 (33%)
	<i>About once a week</i>				49 (30%)
	<i>More than once a week</i>				8 (5%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?				
	<i>Don't use it</i>				36 (23%)
	<i>Yes</i>				77 (49%)
	<i>No</i>				43 (28%)
Q11.6	How many times do you usually go to the gym each week?				
	<i>Don't want to go</i>				28 (18%)
	<i>0</i>				51 (32%)
	<i>1 to 2</i>				52 (33%)
	<i>3 to 5</i>				20 (13%)
	<i>More than 5</i>				8 (5%)
Q11.7	How many times do you usually go outside for exercise each week?				
	<i>Don't want to go</i>				32 (20%)
	<i>0</i>				20 (12%)
	<i>1 to 2</i>				43 (27%)
	<i>3 to 5</i>				31 (19%)
	<i>More than 5</i>				36 (22%)
Q11.8	How many times do you usually have association each week?				
	<i>Don't want to go</i>				8 (5%)
	<i>0</i>				10 (6%)
	<i>1 to 2</i>				19 (12%)
	<i>3 to 5</i>				61 (39%)
	<i>More than 5</i>				59 (38%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)				
	<i>Less than 2 hours</i>				24 (15%)
	<i>2 to less than 4 hours</i>				37 (23%)
	<i>4 to less than 6 hours</i>				24 (15%)
	<i>6 to less than 8 hours</i>				25 (16%)
	<i>8 to less than 10 hours</i>				17 (11%)
	<i>10 hours or more</i>				20 (13%)
	<i>Don't know</i>				12 (8%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	76 (48%)
	No.....	82 (52%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	71 (44%)
	No.....	91 (56%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	43 (27%)
	No.....	115 (73%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	25 (15%)
	<i>Very easy</i>	20 (12%)
	<i>Easy</i>	43 (27%)
	<i>Neither</i>	13 (8%)
	<i>Difficult</i>	24 (15%)
	<i>Very difficult</i>	27 (17%)
	<i>Don't know</i>	10 (6%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	34 (21%)
	Yes	79 (49%)
	No.....	49 (30%)
Q13.2	What type of contact have you had with your offender manager since being in prison? (Please tick all that apply to you.)	
	<i>Not sentenced/ NA</i>	83 (52%)
	<i>No contact</i>	32 (20%)
	<i>Letter</i>	11 (7%)
	<i>Phone</i>	10 (6%)
	<i>Visit</i>	38 (24%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	61 (40%)
	No.....	90 (60%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	34 (21%)
	Yes	56 (35%)
	No.....	71 (44%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/ not sentenced</i>	105 (64%)
	<i>Very involved</i>	18 (11%)
	<i>Involved</i>	18 (11%)
	<i>Neither</i>	8 (5%)
	<i>Not very involved</i>	8 (5%)
	<i>Not at all involved</i>	7 (4%)

Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)			
	<i>Do not have a sentence plan/ not sentenced</i>	105	(66%)	
	<i>Nobody</i>	25	(16%)	
	<i>Offender supervisor</i>	20	(13%)	
	<i>Offender manager</i>	10	(6%)	
	<i>Named/ personal officer</i>	4	(3%)	
	<i>Staff from other departments</i>	14	(9%)	
Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	105	(65%)	
	<i>Yes</i>	32	(20%)	
	<i>No</i>	9	(6%)	
	<i>Don't know</i>	16	(10%)	
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	<i>Do not have a sentence plan/ not sentenced</i>	105	(64%)	
	<i>Yes</i>	10	(6%)	
	<i>No</i>	32	(20%)	
	<i>Don't know</i>	16	(10%)	
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	<i>Do not have a sentence plan/ not sentenced</i>	105	(65%)	
	<i>Yes</i>	17	(10%)	
	<i>No</i>	16	(10%)	
	<i>Don't know</i>	24	(15%)	
Q13.10	Do you have a needs-based custody plan?			
	<i>Yes</i>	4	(3%)	
	<i>No</i>	59	(40%)	
	<i>Don't know</i>	86	(58%)	
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	<i>Yes</i>	31	(21%)	
	<i>No</i>	120	(79%)	
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you.)			
		<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
	Employment	24 (17%)	59 (41%)	62 (43%)
	Accommodation	26 (18%)	52 (37%)	63 (45%)
	Benefits	21 (14%)	60 (41%)	64 (44%)
	Finances	24 (18%)	36 (27%)	73 (55%)
	Education	28 (21%)	41 (31%)	64 (48%)
	Drugs and alcohol	37 (28%)	57 (43%)	39 (29%)
Q13.13	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?			
	<i>Not sentenced</i>	34	(22%)	
	<i>Yes</i>	71	(45%)	
	<i>No</i>	52	(33%)	

Main comparator and comparator to last time



Prisoner survey responses HMP Holloway 2015

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

Key to tables

		HMP Holloway 2015	Womens local prisons comparator	HMP Holloway 2015	HMP Holloway 2013
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		174	1,070	174	149
SECTION 1: General information					
1.2	Are you under 21 years of age?	9%	5%	9%	8%
1.3	Are you sentenced?	80%	79%	80%	74%
1.3	Are you on recall?	4%	6%	4%	6%
1.4	Is your sentence less than 12 months?	20%	26%	20%	22%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	1%	3%	1%	1%
1.5	Are you a foreign national?	24%	10%	24%	24%
1.6	Do you understand spoken English?	97%	98%	97%	95%
1.7	Do you understand written English?	95%	98%	95%	90%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	40%	15%	40%	45%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	7%	6%	7%	11%
1.1	Are you Muslim?	17%	5%	17%	12%
1.11	Are you homosexual/gay or bisexual?	26%	27%	26%	19%
1.12	Do you consider yourself to have a disability?	25%	34%	25%	23%
1.13	Are you a veteran (ex-armed services)?	1%	1%	1%	1%
1.14	Is this your first time in prison?	62%	50%	62%	53%
1.15	Do you have any children under the age of 18?	54%	55%	54%	53%
SECTION 2: Transfers and escorts					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	33%	40%	33%	30%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	45%	46%	45%	38%
2.3	Were you offered a toilet break?	12%	13%	12%	11%
2.4	Was the van clean?	48%	63%	48%	48%
2.5	Did you feel safe?	67%	80%	67%	71%
2.6	Were you treated well/very well by the escort staff?	74%	80%	74%	66%
2.7	Before you arrived here were you told that you were coming here?	62%	76%	62%	70%
2.7	Before you arrived here did you receive any written information about coming here?	7%	3%	7%	8%
2.8	When you first arrived here did your property arrive at the same time as you?	76%	82%	76%	81%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
3.1	Were you in reception for less than 2 hours?	37%	60%	37%	44%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	90%	85%	88%
3.3	Were you treated well/very well in reception?	70%	80%	70%	74%
	When you first arrived:				
3.4	Did you have any problems?	77%	76%	77%	81%
3.4	Did you have any problems with loss of property?	12%	11%	12%	18%
3.4	Did you have any housing problems?	21%	25%	21%	34%
3.4	Did you have any problems contacting employers?	3%	2%	3%	4%
3.4	Did you have any problems contacting family?	34%	26%	34%	34%
3.4	Did you have any problems ensuring dependants were being looked after?	7%	4%	7%	7%
3.4	Did you have any money worries?	31%	22%	31%	32%
3.4	Did you have any problems with feeling depressed or suicidal?	37%	37%	37%	37%
3.4	Did you have any physical health problems?	21%	25%	21%	20%
3.4	Did you have any mental health problems?	28%	35%	28%	29%
3.4	Did you have any problems with needing protection from other prisoners?	10%	4%	10%	6%
3.4	Did you have problems accessing phone numbers?	31%	24%	31%	38%
	For those with problems:				
3.5	Did you receive any help/ support from staff in dealing with these problems?	45%	53%	45%	42%
	When you first arrived here, were you offered any of the following:				
3.6	Tobacco?	70%	82%	70%	73%
3.6	A shower?	45%	45%	45%	44%
3.6	A free telephone call?	58%	78%	58%	66%
3.6	Something to eat?	87%	81%	87%	82%
3.6	PIN phone credit?	73%	55%	73%	80%
3.6	Toiletries/ basic items?	67%	75%	67%	71%
	When you first arrived here did you have access to the following people:				
3.7	The chaplain or a religious leader?	36%	55%	36%	33%
3.7	Someone from health services?	62%	74%	62%	61%
3.7	A Listener/Samaritans?	26%	44%	26%	36%
3.7	Prison shop/ canteen?	27%	30%	27%	24%

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	When you first arrived here were you offered information about any of the following:				
3.8	What was going to happen to you?	35%	56%	35%	35%
3.8	Support was available for people feeling depressed or suicidal?	30%	53%	30%	36%
3.8	How to make routine requests?	31%	43%	31%	27%
3.8	Your entitlement to visits?	36%	41%	36%	30%
3.8	Health services?	38%	53%	38%	37%
3.8	The chaplaincy?	29%	50%	29%	31%
3.9	Did you feel safe on your first night here?	57%	76%	57%	70%
3.10	Have you been on an induction course?	86%	89%	86%	82%
	For those who have been on an induction course:				
3.11	Did the course cover everything you needed to know about the prison?	54%	60%	54%	53%
3.12	Did you receive an education (skills for life) assessment?	81%	82%	81%	74%
SECTION 4: Legal rights and respectful custody					
	In terms of your legal rights, is it easy/very easy to:				
4.1	Communicate with your solicitor or legal representative?	34%	42%	34%	39%
4.1	Attend legal visits?	60%	56%	60%	61%
4.1	Get bail information?	13%	20%	13%	20%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	37%	40%	37%	40%
4.3	Can you get legal books in the library?	37%	43%	37%	57%
	For the wing/unit you are currently on:				
4.4	Are you normally offered enough clean, suitable clothes for the week?	70%	73%	70%	76%
4.4	Are you normally able to have a shower every day?	85%	90%	85%	82%
4.4	Do you normally receive clean sheets every week?	90%	90%	90%	89%
4.4	Do you normally get cell cleaning materials every week?	83%	83%	83%	87%
4.4	Is your cell call bell normally answered within five minutes?	44%	45%	44%	38%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	60%	69%	60%	61%
4.4	Can you normally get your stored property, if you need to?	26%	29%	26%	23%
4.5	Is the food in this prison good/very good?	20%	29%	20%	13%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	46%	49%	46%	47%
4.7	Are you able to speak to a Listener at any time, if you want to?	66%	64%	66%	70%
4.8	Are your religious beliefs are respected?	60%	58%	60%	59%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	67%	60%	57%
4.10	Is it easy/very easy to attend religious services?	54%	52%	54%	53%

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SECTION 5: Applications and complaints					
5.1	Is it easy to make an application?	79%	86%	79%	70%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	53%	68%	53%	50%
5.2	Do you feel applications are dealt with quickly (within seven days)?	28%	49%	28%	34%
5.3	Is it easy to make a complaint?	58%	62%	58%	66%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	27%	45%	27%	43%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	21%	40%	21%	28%
5.5	Have you ever been prevented from making a complaint when you wanted to?	21%	17%	21%	20%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	26%	39%	26%	28%
SECTION 6: Incentives and earned privileges scheme					
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	45%	52%	45%	41%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	51%	50%	47%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	6%	6%	6%	3%
6.4	In the last six months, if you have spent a night in the segregation/ care and separation unit, were you treated very well/ well by staff?	48%	49%	48%	61%
SECTION 7: Relationships with staff					
7.1	Do most staff, in this prison, treat you with respect?	69%	83%	69%	78%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	77%	81%	77%	81%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	33%	42%	33%	42%
7.4	Do staff normally speak to you most of the time/all of the time during association?	18%	27%	18%	15%
7.5	Do you have a personal officer?	51%	56%	51%	57%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	64%	70%	64%	71%
SECTION 8: Safety					
8.1	Have you ever felt unsafe here?	52%	42%	52%	48%
8.2	Do you feel unsafe now?	18%	15%	18%	19%
8.4	Have you been victimised by other prisoners here?	38%	37%	38%	42%
	Since you have been here, have other prisoners:				
8.5	Made insulting remarks about you, your family or friends?	23%	19%	23%	19%
8.5	Hit, kicked or assaulted you?	11%	8%	11%	9%
8.5	Sexually abused you?	1%	2%	1%	2%

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8.5	Threatened or intimidated you?	24%	25%	24%	26%
8.5	Taken your canteen/property?	7%	8%	7%	8%
8.5	Victimised you because of medication?	3%	7%	3%	5%
8.5	Victimised you because of debt?	1%	2%	1%	1%
8.5	Victimised you because of drugs?	3%	4%	3%	0%
8.5	Victimised you because of your race or ethnic origin?	7%	3%	7%	9%
8.5	Victimised you because of your religion/religious beliefs?	6%	2%	6%	4%
8.5	Victimised you because of your nationality?	7%	3%	7%	5%
8.5	Victimised you because you were from a different part of the country?	4%	4%	4%	3%
8.5	Victimised you because you are from a Traveller community?	1%	1%	1%	2%
8.5	Victimised you because of your sexual orientation?	2%	2%	2%	3%
8.5	Victimised you because of your age?	3%	4%	3%	2%
8.5	Victimised you because you have a disability?	3%	5%	3%	3%
8.5	Victimised you because you were new here?	9%	10%	9%	12%
8.5	Victimised you because of your offence/crime?	10%	8%	10%	11%
8.5	Victimised you because of gang related issues?	2%	3%	2%	4%
8.6	Have you been victimised by staff here?	29%	29%	29%	37%
	Since you have been here, have staff:				
8.7	Made insulting remarks about you, your family or friends?	9%	12%	9%	14%
8.7	Hit, kicked or assaulted you?	3%	2%	3%	5%
8.7	Sexually abused you?	1%	1%	1%	2%
8.7	Threatened or intimidated you?	13%	12%	13%	15%
8.7	Victimised you because of medication?	4%	6%	4%	7%
8.7	Victimised you because of debt?	0%	1%	0%	2%
8.7	Victimised you because of drugs?	1%	4%	1%	4%
8.7	Victimised you because of your race or ethnic origin?	2%	2%	2%	5%
8.7	Victimised you because of your religion/religious beliefs?	2%	2%	2%	4%
8.7	Victimised you because of your nationality?	2%	2%	2%	2%
8.7	Victimised you because you were from a different part of the country?	1%	3%	1%	3%
8.7	Victimised you because you are from a Traveller community?	1%	1%	1%	2%
8.7	Victimised you because of your sexual orientation?	2%	3%	2%	2%
8.7	Victimised you because of your age?	2%	2%	2%	3%

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8.7	Victimised you because you have a disability?	2%	4%	2%	5%
8.7	Victimised you because you were new here?	4%	4%	4%	5%
8.7	Victimised you because of your offence/crime?	5%	4%	5%	8%
8.7	Victimised you because of gang related issues?	1%	2%	1%	3%
	For those who have been victimised by staff or other prisoners:				
8.8	Did you report any victimisation that you have experienced?	59%	49%	59%	53%
SECTION 9: Health services					
9.1	Is it easy/very easy to see the doctor?	21%	29%	21%	21%
9.1	Is it easy/very easy to see the nurse?	43%	52%	43%	53%
9.1	Is it easy/very easy to see the dentist?	6%	18%	6%	9%
	For those who have been to the following services, do you think the quality of the health service from the following is good/very good:				
9.2	The doctor?	45%	47%	45%	55%
9.2	The nurse?	48%	59%	48%	64%
9.2	The dentist?	31%	46%	31%	30%
9.3	The overall quality of health services?	34%	41%	34%	40%
9.4	Are you currently taking medication?	64%	77%	64%	65%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	42%	47%	42%	34%
9.6	Do you have any emotional well being or mental health problems?	47%	61%	47%	50%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	66%	57%	66%	57%
SECTION 10: Drugs and alcohol					
10.1	Did you have a problem with drugs when you came into this prison?	37%	42%	37%	36%
10.2	Did you have a problem with alcohol when you came into this prison?	21%	31%	21%	23%
10.3	Is it easy/very easy to get illegal drugs in this prison?	23%	31%	23%	24%
10.4	Is it easy/very easy to get alcohol in this prison?	7%	2%	7%	7%
10.5	Have you developed a problem with drugs since you have been in this prison?	3%	5%	3%	4%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	7%	8%	7%	6%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	88%	84%	88%	87%
10.8	Have you received any support or help with your alcohol problem while in this prison?	88%	81%	88%	87%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	84%	82%	84%	85%

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SECTION 11: Activities					
Is it very easy/ easy to get into the following activities:					
11.1	A prison job?	29%	56%	29%	24%
11.1	Vocational or skills training?	32%	47%	32%	28%
11.1	Education (including basic skills)?	44%	61%	44%	42%
11.1	Offending behaviour programmes?	19%	33%	19%	24%
Are you currently involved in any of the following activities:					
11.2	A prison job?	58%	62%	58%	39%
11.2	Vocational or skills training?	18%	14%	18%	12%
11.2	Education (including basic skills)?	39%	34%	39%	43%
11.2	Offending behaviour programmes?	13%	17%	13%	18%
11.3	Have you had a job while in this prison?	78%	82%	78%	67%
For those who have had a prison job while in this prison:					
11.3	Do you feel the job will help you on release?	50%	57%	50%	54%
11.3	Have you been involved in vocational or skills training while in this prison?	65%	70%	65%	62%
For those who have had vocational or skills training while in this prison:					
11.3	Do you feel the vocational or skills training will help you on release?	58%	58%	58%	62%
11.3	Have you been involved in education while in this prison?	77%	79%	77%	73%
For those who have been involved in education while in this prison:					
11.3	Do you feel the education will help you on release?	61%	66%	61%	76%
11.3	Have you been involved in offending behaviour programmes while in this prison?	62%	67%	62%	59%
For those who have been involved in offending behaviour programmes while in this prison:					
11.3	Do you feel the offending behaviour programme(s) will help you on release?	60%	59%	60%	77%
11.4	Do you go to the library at least once a week?	35%	48%	35%	37%
11.5	Does the library have a wide enough range of materials to meet your needs?	49%	53%	49%	43%
11.6	Do you go to the gym three or more times a week?	18%	22%	18%	22%
11.7	Do you go outside for exercise three or more times a week?	41%	34%	41%	48%
11.8	Do you go on association more than five times each week?	38%	51%	38%	28%
11.9	Do you spend ten or more hours out of your cell on a weekday?	13%	17%	13%	14%
SECTION 12: Friends and family					
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	48%	52%	48%	50%
12.2	Have you had any problems with sending or receiving mail?	44%	39%	44%	47%
12.3	Have you had any problems getting access to the telephones?	27%	21%	27%	26%
12.4	Is it easy/ very easy for your friends and family to get here?	39%	33%	39%	30%

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SECTION 13: Preparation for release					
For those who are sentenced:					
13.1	Do you have a named offender manager (home probation officer) in the probation service?	62%	67%	62%	48%
For those who are sentenced what type of contact have you had with your offender manager:					
13.2	No contact?	41%	38%	41%	44%
13.2	Contact by letter?	14%	31%	14%	36%
13.2	Contact by phone?	13%	11%	13%	22%
13.2	Contact by visit?	49%	40%	49%	22%
13.3	Do you have a named offender supervisor in this prison?	40%	52%	40%	20%
For those who are sentenced:					
13.4	Do you have a sentence plan?	44%	53%	44%	32%
For those with a sentence plan:					
13.5	Were you involved/very involved in the development of your plan?	61%	61%	61%	61%
Who is working with you to achieve your sentence plan targets:					
13.6	Nobody?	46%	32%	46%	39%
13.6	Offender supervisor?	36%	39%	36%	23%
13.6	Offender manager?	18%	30%	18%	16%
13.6	Named/ personal officer?	7%	19%	7%	33%
13.6	Staff from other departments?	25%	29%	25%	13%
For those with a sentence plan:					
13.7	Can you achieve any of your sentence plan targets in this prison?	56%	73%	56%	53%
13.8	Are there plans for you to achieve any of your targets in another prison?	17%	19%	17%	17%
13.9	Are there plans for you to achieve any of your targets in the community?	30%	32%	30%	30%
13.10	Do you have a needs based custody plan?	3%	8%	3%	6%
13.11	Do you feel that any member of staff has helped you to prepare for release?	21%	23%	21%	12%
For those that need help do you know of anyone in this prison who can help you on release with the following:					
13.12	Employment?	49%	51%	49%	32%
13.12	Accommodation?	45%	62%	45%	47%
13.12	Benefits?	48%	63%	48%	53%
13.12	Finances?	33%	43%	33%	27%
13.12	Education?	39%	52%	39%	35%
13.12	Drugs and alcohol?	59%	71%	59%	54%
For those who are sentenced:					
13.13	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	58%	58%	58%	58%

Diversity analysis



Key question responses (ethnicity, foreign national and religion) HMP Holloway 2015

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

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
Number of completed questionnaires returned		67	99	40	130	28	139
1.3	Are you sentenced?	88%	74%	74%	82%	81%	79%
1.5	Are you a foreign national?	32%	17%			30%	21%
1.6	Do you understand spoken English?	96%	98%	87%	99%	100%	97%
1.7	Do you understand written English?	96%	95%	87%	97%	100%	95%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)			57%	36%	74%	33%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	9%	6%	7%	0%	8%
1.1	Are you Muslim?	31%	7%	21%	15%		
1.12	Do you consider yourself to have a disability?	21%	28%	19%	26%	26%	25%
1.13	Are you a veteran (ex-armed services)?	2%	1%	0%	2%	0%	2%
1.14	Is this your first time in prison?	68%	59%	79%	57%	68%	61%
2.6	Were you treated well/very well by the escort staff?	73%	74%	72%	75%	79%	72%
2.7	Before you arrived here were you told that you were coming here?	64%	62%	55%	65%	67%	62%
3.2	When you were searched in reception, was this carried out in a respectful way?	85%	86%	73%	88%	78%	87%
3.3	Were you treated well/very well in reception?	66%	75%	54%	76%	71%	71%
3.4	Did you have any problems when you first arrived?	74%	79%	87%	73%	67%	78%
3.7	Did you have access to someone from health care when you first arrived here?	69%	57%	70%	59%	67%	61%
3.9	Did you feel safe on your first night here?	57%	58%	49%	61%	50%	59%
3.10	Have you been on an induction course?	86%	89%	90%	87%	85%	86%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	37%	34%	34%	34%	33%	36%
4.4	Are you normally offered enough clean, suitable clothes for the week?	71%	71%	81%	67%	59%	73%
4.4	Are you normally able to have a shower every day?	94%	81%	87%	84%	97%	82%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners			Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in green is significantly better									
Any percentage highlighted in blue is significantly worse									
Any percentage highlighted in orange shows a significant difference in prisoners' background details									
Percentages which are not highlighted show there is no significant difference									
4.4	Is your cell call bell normally answered within five minutes?	41%	47%			53%	42%	29%	47%
4.5	Is the food in this prison good/very good?	19%	21%			8%	24%	19%	21%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	32%	57%			35%	49%	29%	49%
4.7	Are you able to speak to a Listener at any time, if you want to?	60%	73%			55%	69%	57%	68%
4.8	Do you feel your religious beliefs are respected?	76%	49%			79%	54%	82%	57%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	73%	50%			66%	59%	65%	58%
5.1	Is it easy to make an application?	79%	81%			72%	81%	79%	80%
5.3	Is it easy to make a complaint?	57%	59%			49%	60%	60%	57%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	42%	48%			32%	48%	42%	48%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	52%	49%			31%	56%	54%	51%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	5%	6%			8%	5%	0%	6%
7.1	Do most staff, in this prison, treat you with respect?	68%	70%			55%	73%	64%	70%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	82%	75%			89%	74%	71%	78%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	11%	23%			21%	17%	24%	17%
7.4	Do you have a personal officer?	54%	48%			46%	53%	42%	53%
8.1	Have you ever felt unsafe here?	48%	55%			53%	52%	36%	54%
8.2	Do you feel unsafe now?	22%	13%			27%	15%	16%	18%
8.3	Have you been victimised by other prisoners?	35%	39%			45%	36%	25%	40%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	24%	23%			24%	25%	21%	25%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	10%	5%			16%	4%	4%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	2%			13%	3%	17%	3%
8.5	Have you been victimised because of your nationality? (By prisoners)	6%	6%			24%	1%	8%	6%
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	4%			5%	2%	4%	3%

Diversity analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in green is significantly better							
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
	Percentages which are not highlighted show there is no significant difference						
8.6	Have you been victimised by a member of staff?	22%	33%	31%	28%	24%	28%
8.7	Have you ever felt threatened or intimidated by staff here?	14%	13%	16%	11%	12%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	3%	3%	2%	0%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	2%	2%	5%	1%	4%	2%
8.7	Have you been victimised because of your nationality? (By staff)	2%	3%	8%	1%	4%	2%
8.7	Have you been victimised because you have a disability? (By staff)	2%	2%	3%	2%	0%	2%
9.1	Is it easy/very easy to see the doctor?	23%	19%	10%	25%	24%	21%
9.1	Is it easy/ very easy to see the nurse?	43%	45%	31%	48%	35%	44%
9.4	Are you currently taking medication?	54%	73%	61%	65%	48%	68%
9.6	Do you feel you have any emotional well being/mental health issues?	40%	51%	34%	49%	46%	47%
10.3	Is it easy/very easy to get illegal drugs in this prison?	19%	24%	10%	27%	16%	24%
11.2	Are you currently working in the prison?	58%	59%	41%	64%	52%	59%
11.2	Are you currently undertaking vocational or skills training?	23%	14%	19%	18%	17%	18%
11.2	Are you currently in education (including basic skills)?	44%	38%	57%	35%	48%	38%
11.2	Are you currently taking part in an offending behaviour programme?	10%	14%	5%	15%	13%	12%
11.4	Do you go to the library at least once a week?	35%	35%	41%	34%	57%	31%
11.6	Do you go to the gym three or more times a week?	25%	13%	21%	16%	13%	18%
11.7	Do you go outside for exercise three or more times a week?	43%	42%	42%	41%	46%	39%
11.8	On average, do you go on association more than five times each week?	35%	40%	37%	37%	33%	39%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	5%	18%	11%	13%	4%	15%
12.2	Have you had any problems sending or receiving mail?	41%	45%	56%	40%	39%	43%
12.3	Have you had any problems getting access to the telephones?	32%	24%	40%	23%	22%	28%

Diversity Analysis



Key question responses (disability) HMP Holloway 2015

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 percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		42	124
1.3	Are you sentenced?	80%	81%
1.5	Are you a foreign national?	18%	25%
1.6	Do you understand spoken English?	100%	96%
1.7	Do you understand written English?	98%	94%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	34%	43%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	10%	5%
1.1	Are you Muslim?	17%	16%
1.12	Do you consider yourself to have a disability?	-	-
1.13	Are you a veteran (ex-armed services)?	3%	1%
1.14	Is this your first time in prison?	45%	68%
2.6	Were you treated well/very well by the escort staff?	76%	73%
2.7	Before you arrived here were you told that you were coming here?	74%	59%
3.2	When you were searched in reception, was this carried out in a respectful way?	83%	85%
3.3	Were you treated well/very well in reception?	73%	72%
3.4	Did you have any problems when you first arrived?	95%	71%
3.7	Did you have access to someone from health care when you first arrived here?	69%	59%
3.9	Did you feel safe on your first night here?	59%	57%
3.10	Have you been on an induction course?	80%	88%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	37%	33%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	72%	70%
4.4	Are you normally able to have a shower every day?	81%	87%
4.4	Is your cell call bell normally answered within five minutes?	39%	45%
4.5	Is the food in this prison good/very good?	21%	19%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	51%	44%
4.7	Are you able to speak to a Listener at any time, if you want to?	74%	64%
4.8	Do you feel your religious beliefs are respected?	55%	63%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	60%	60%
5.1	Is it easy to make an application?	71%	82%
5.3	Is it easy to make a complaint?	61%	54%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	39%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	53%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	10%	4%
7.1	Do most staff, in this prison, treat you with respect?	65%	70%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	83%	75%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	22%	16%
7.4	Do you have a personal officer?	42%	54%
8.1	Have you ever felt unsafe here?	58%	49%
8.2	Do you feel unsafe now?	19%	16%
8.3	Have you been victimised by other prisoners?	50%	33%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	27%	22%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	7%	4%
8.5	Have you been victimised because of your nationality? (By prisoners)	7%	6%
8.5	Have you been victimised because of your age? (By prisoners)	5%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	12%	0%

Diversity Analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	37%	25%
8.7	Have you ever felt threatened or intimidated by staff here?	20%	10%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	3%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	3%	2%
8.7	Have you been victimised because of your nationality? (By staff)	3%	3%
8.7	Have you been victimised because of your age? (By staff)	0%	3%
8.7	Have you been victimised because you have a disability? (By staff)	5%	1%
9.1	Is it easy/very easy to see the doctor?	8%	25%
9.1	Is it easy/ very easy to see the nurse?	40%	43%
9.4	Are you currently taking medication?	85%	57%
9.6	Do you feel you have any emotional well being/mental health issues?	85%	33%
10.3	Is it easy/very easy to get illegal drugs in this prison?	27%	21%
11.2	Are you currently working in the prison?	56%	60%
11.2	Are you currently undertaking vocational or skills training?	10%	21%
11.2	Are you currently in education (including basic skills)?	33%	42%
11.2	Are you currently taking part in an offending behaviour programme?	15%	12%
11.4	Do you go to the library at least once a week?	30%	37%
11.6	Do you go to the gym three or more times a week?	24%	15%
11.7	Do you go outside for exercise three or more times a week?	36%	42%
11.8	On average, do you go on association more than five times each week?	46%	36%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	10%	14%
12.2	Have you had any problems sending or receiving mail?	50%	42%
12.3	Have you had any problems getting access to the telephones?	32%	25%

Diversity analysis



Key question responses (sexual orientation) HMP Holloway 2015

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 percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		43	124
1.3	Are you sentenced?	91%	76%
1.5	Are you a foreign national?	24%	21%
1.6	Do you understand spoken English?	98%	97%
1.7	Do you understand written English?	98%	94%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	32%	43%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	12%	5%
1.1	Are you Muslim?	12%	18%
1.12	Do you consider yourself to have a disability?	24%	26%
1.13	Are you a veteran (ex-armed services)?	0%	2%
1.14	Is this your first time in prison?	42%	69%
2.6	Were you treated well/very well by the escort staff?	79%	72%
2.7	Before you arrived here were you told that you were coming here?	62%	63%
3.2	When you were searched in reception, was this carried out in a respectful way?	88%	84%
3.3	Were you treated well/very well in reception?	79%	68%
3.4	Did you have any problems when you first arrived?	76%	77%
3.7	Did you have access to someone from health care when you first arrived here?	69%	59%
3.9	Did you feel safe on your first night here?	65%	54%
3.10	Have you been on an induction course?	91%	87%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	36%	33%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.4	Are you normally offered enough clean, suitable clothes for the week?	66%	72%
4.4	Are you normally able to have a shower every day?	81%	87%
4.4	Is your cell call bell normally answered within five minutes?	39%	45%
4.5	Is the food in this prison good/very good?	21%	20%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	49%	46%
4.7	Are you able to speak to a Listener at any time, if you want to?	70%	66%
4.8	Do you feel your religious beliefs are respected?	61%	60%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	59%	61%
5.1	Is it easy to make an application?	81%	79%
5.3	Is it easy to make a complaint?	66%	55%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	36%	50%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	56%	50%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	7%	4%
7.1	Do most staff, in this prison, treat you with respect?	53%	74%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	83%	75%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	17%	19%
7.4	Do you have a personal officer?	53%	50%
8.1	Have you ever felt unsafe here?	49%	52%
8.2	Do you feel unsafe now?	19%	15%
8.3	Have you been victimised by other prisoners?	32%	39%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	24%	24%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	5%	8%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	5%	5%
8.5	Have you been victimised because of your sexual orientation? (By prisoners)	5%	1%
8.5	Have you been victimised because of your age? (By prisoners)	0%	4%
8.5	Have you been victimised because you have a disability? (By prisoners)	2%	3%

Diversity analysis

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to be homosexual or bisexual	Consider themselves to be heterosexual
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
8.6	Have you been victimised by a member of staff?	34%	26%
8.7	Have you ever felt threatened or intimidated by staff here?	15%	13%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	2%	3%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	3%
8.7	Have you been victimised because of your sexual orientation? (By staff)	7%	1%
8.7	Have you been victimised because of your age? (By staff)	5%	2%
8.7	Have you been victimised because you have a disability? (By staff)	0%	2%
9.1	Is it easy/very easy to see the doctor?	15%	23%
9.1	Is it easy/ very easy to see the nurse?	50%	43%
9.4	Are you currently taking medication?	76%	61%
9.6	Do you feel you have any emotional well being/mental health issues?	65%	40%
10.3	Is it easy/very easy to get illegal drugs in this prison?	34%	19%
11.2	Are you currently working in the prison?	56%	61%
11.2	Are you currently undertaking vocational or skills training?	8%	21%
11.2	Are you currently in education (including basic skills)?	28%	43%
11.2	Are you currently taking part in an offending behaviour programme?	15%	12%
11.4	Do you go to the library at least once a week?	34%	36%
11.6	do you go to the gym three or more times a week?	19%	17%
11.7	Do you go outside for exercise three or more times a week?	54%	37%
11.8	On average, do you go on association more than five times each week?	50%	34%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	12%	12%
12.2	Have you had any problems sending or receiving mail?	55%	40%
12.3	Have you had any problems getting access to the telephones?	28%	27%