

Prison Visits – HMP Holloway

Summary of Harris Review Visit

This summary reflects the experience and observation of the members of the Harris Review that visited the establishment on 15th of September 2014. They do not reflect changes that have happened since that date.

Background

Type of prison	HMP Holloway holds all adult and young offenders remanded or sentenced by the courts
Operational Capacity	501
Details of relevant self-inflicted deaths	0 – in scope
Governor	Julia Kellick
Harris Review on Visit	Deborah Coles, Philip Leach, Robyn Malan de Merindol
Date of Visit	8th July 2014

Meeting with visit Lead by Amy Dixon Head of Residence and Safety (met Governor and SMT at an informal lunch)

In discussion with the Head of Residence and Safety at the beginning of the visit the following points were made:

- Safety comes first, prisoners are people and they need to be treated as such, sometimes this means being flexible. Discretion should be used, and where appropriate sensible risks should be taken, families are routinely involved in ACCT and may be telephoned for their views to help inform looking after the prisoner on ACCT.
- Safety, care and decency are at the centre of what they do.
- It was unclear how the changes to the IEP system would assist in managing female offenders. There are other ways to manage behaviour including establishing boundaries, being inclusive and using personalised incentives such as noting a reduction of violent behaviour as an incentive and behaviour management tool. Anti-social behaviour is dealt with immediately, at the time.
- The prison has 40 – 70 ACCTs open at any one time.
- ACCT works, training for all staff is done by the Head of Residence and Safety and all uniformed staff are trained, this is supported by the

Governor and is a matter of leadership and means safety is integrated into all areas of prison life. Mental Health issues are included in managing prisoners on ACCT.

- The colour of the ACCT document is not really an issue, there is some stigma but not much.
- ACCT, there is a clear follow-up process for each incident (the Timeline initiative – which HMIP also mentions (pp 5 & 22)). This is a weekly check (using a checklist) as to whether the prison's follow up has been sufficient or not.
- ACCT. Both the recent IMB (p15) and HMIP (p23) reports praise their use of ACCT [although they do both also say that many in segregation are on ACCT]. This was confirmed by our meetings – thorough training of ALL staff on ACCT and they all take responsibility for the process and get involved in it where relevant. The ACCT process is led well from the top, and there is an ethos/culture that acknowledges the importance of the process (achieved this culture through stamina and hard work).
- They do 3 rounds of ACCT training. Get the families involved in ACCT reviews.
- The prison finds that they do not get enough response from social services when they try and get necessary information about a prisoner's history.
- Learning difficulties and disabilities amongst prisoners is increasing and is causing issues.
- The transition from child to adult services is badly managed.
- Sometimes prisoners are sent to prison 'for their own protection', not appropriate.
- Prisoners need to have a planned release.
- 'General culture of care'. [Amy Dixon emphasised, and confirmed by others:] General ethos of safety, care, respect – treating people as individuals. Plus flexibility and use of discretion, and being sensible about risks. AD also underlined the need to look at the whole person and not just immediate risks of harm.
- It takes one month to get a mental health place.
- Prisoners always see a GP at Reception for assessment.
- Self-harmers have a 'ripple effect'.

Meeting with Listeners and Samaritans

- There are 8 Listeners. This works out at around one Listener per 50 prisoners.
- Listeners meet each week for de-briefing with the Samaritans team.
- Listeners meet together twice a week, every Wednesday and Friday as a group – emphasised they work as a team, so if particular people are vulnerable someone from the Listener group will follow up.
- They work on a 24hour on duty rota, during which they will do the rounds of their area and respond to calls to see them.
- Listeners concentrate on new arrivals and follow them up later on.

- Listener training is carried out twice per year.
- A Listener is always made available when requested.
- When using the Care Suite two Listeners attend.
- Listeners have a 'privilege pass' so that they can move around the prison.
- Listeners provide emotional support and encourage prisoners to move forward 'one step at a time' with their issues.
- Samaritans carry keys.
- Prisoners have too much time to think when they are on 'Basic' IEP, when you are on 'Enhanced' IEP you have three visits per month.
- Where there seems to be lack of contact with family the prison do social isolation checks.
- Where Listeners think that someone has mental health issues or are depressed they encourage the prisoner to ask for help.
- It is important for Listeners to treat everyone the same, they are there to listen.
- Some Listeners help by translating for staff with prisoners.
- Listeners were concerned and thought it was very disturbing for prisoners with mental health issues to be in prison.
- Listeners need to be aware of when a prisoner is immature and may have significant background issues.
- Listeners confirmed how useful the scheme is and very rewarding for them personally.

Lunch with Governor and Senior Management Team for lunch

- The Governor said that the prison not yet benchmarked and expressed some concerns that it could lead to a reduction in uniformed staff numbers and dedicated trained staff, other staff agreed with this.

Focus group with women aged 18 – 24

Quotes from prisoners:

- "You feel locked in." "Too much time spent in your cell." "Too early lock up, worse at the weekends."
- "Should be able to move around the landings." "Should be more activities in the afternoon." "Should be more activities at the weekend." "All there is, is in-cell TV and reading books."
- "There aren't enough spaces in education." [The panel observed that prisoners raced to get to the education class they were booked into as there weren't enough spaces for everyone. If they were lucky they were offered something else, or they had to go back to their cell.]
- "Older prisoners don't understand that we have lost our future." "More opportunities are needed." "Older prisoners treat us as stupid."
- Overall, although there were some criticisms, as above, younger prisoners were in favour of being with older prisoners.
- "Don't get taken seriously enough."

- “IEP is not responsive enough.”
- “Complaints are not dealt with.”
- Prisoners were positive about the peer support scheme, and the mentoring course.
- Prisoners would like to be able to move about more, for there to be more peer support and said that it can take the pressure off staff and they can help each other, for example to fill in forms.
- A consistent point made from the meeting with YP's was being bored, with nothing to do and how they were 'stuck in cell all day' and that there were far too few activities
- 'When the cell door shuts and you have nothing but a wall to stare at and the sense of isolation and being left alone with your thoughts'
- An interesting observation made about prison design and the depressing colour of the walls etc. and the impact that had on general mood.
- What they described as normal adolescent behaviour was treated as discipline problem by staff some of whom tried to 'provoke a response' from YP's
- No confidence in the complaints process in prison, they get thrown away, 'nothing ever changes' [This is significant given the removal of legal aid for prisoners to challenge their treatment so dependent on internal complaints process].
- 'There are not enough prison officers and not enough that care about YP's and the personal officer scheme doesn't work.
- Complaints about the disrespectful way staff talked to families on visits
- Re bullying, approach was to contain rather than solving the problem, PO's turn a blind eye,
- 'The prison environment is one of greys, it is dull, dreary and does nothing for the spirit'.
- 'When locked up in cell be good to have things to break the boredom, paint, paper (or) something to calm you down.'
- The ACCT's shouldn't be carried around, they should write them up in the office as judgements made about those on an ACCT.
- Good feedback on mentors / Peer support programme, emphasised the importance of guidance provided by the 'older and wiser'
- Staff do a 'social isolation' check every 3 months; if there is a lack of contact with families, no phone calls etc. they ask what they can do to help.

Reducing Reoffending, Resettlement and Induction points made by staff:

- Lack of continuity of care from child to adult services
- The YJB transfer of information using E Asset.

- An individual, working with a committed team can make changes but they need to be driven and have stamina, there needs to be a cultural shift so that prisoner's long term future is looked to.
- To solve the problems that a prisoner has and reduce their anxiety you need to look at the whole person.
- There is a good working relationship between teams and with healthcare staff because mental health and substance misuse issues overlap.
- Mental Health training led by NOMS could be better and linked more closely with healthcare staff.
- Need better staff on Mental Health.
- Healthcare have potential resource issues.
- Senior managers support staff to support prisoners and there is a multidisciplinary approach to safer custody.

Drug strategy

- Service Manager is from 'Building Futures' drug and alcohol services. They cover drug and alcohol issues offering group work and 1:1 and work in partnership with the community. For group work they mix age range not just 18 – 24 and don't have more than 2 young people per group.
- There is a residential rehabilitation unit.
- Phoenix Futures, alcohol rehab are contracted by Islington Local Authority to provide services to the prison.
- They find that family support works really well, although there is a recognition that this can be problematic. They bring in a family support worker for a three way meeting with the client.
- Families and prisoners disclose more to them as they are not viewed as 'discipline staff'.
- They engage with ACCT process and attend ACCT review for all their clients and can access mental health records.

Education, Day Centre Offender Supervisors and Offending Behaviour Programme facilitators, Reception staff comments about keeping prisoners safe

- Our work is about relationships not discipline.
- I would expect to contribute to an ACCT and attend a Review meeting.
- ACCT reviews are held in a confidential space.
- We work closely with the clinical team, referring prisoners to group sessions, psychological interventions and therapeutic sessions.
- Drug and Alcohol rehabilitation services on discharge are difficult. On release there are also problems with housing/accommodation, more support is needed to the prison to arrange housing.
- More residential rehab options needed.
- More supported housing options needed.

- Short sentences are not helpful as there is not enough time to do anything to help the person.
- Some people will be better cared for in prison e.g. in approved premises no access to mental health services.
- Continuity of relationships and consistency of professionals is important, Through the Gate services should be joined up to support the prisoners on release effectively.
- There are real advantages in having connected services.
- The staff pointed to an issue whereby the Parole Board won't recognise programmes that a prisoner may have undertaken if it is not an Accredited Programme (APA).
- There is good management from the top down.
- The first night centre has a calm atmosphere and 'Buddies' have time to talk to new prisoners.
- PECS are overstretched and prisoners can spend too long waiting in Court, in transit and in the vans.
- A multi-disciplinary and holistic approach – heard that everyone in the prison is involved in care/support. Holloway seems well-resourced (big multi-disciplinary team – e.g. therapeutic services) and well-supported by external organisations too.
- Need to manage the transition from child to adult care services much better.
- More/better court liaison/diversion [Hammersmith is a good example we might look at].
- Some very traumatised/needy people sent in to Holloway for 'their own protection'

Healthcare staff

- Concerned about impact of funding changes to healthcare staff.
- System1 is used by healthcare staff.
- Three way meetings are held where mental health and physical health needs are discussed with the patient.
- More treatments and support for women is needed.
- It is good to get families involved, where appropriate.
- IT would be good to have a 'young person's worker' who could work with them in prison and follow them into the community.
- There is a Complex Case Forum in Healthcare, this is used to share problems, solve issues and develop care plans for the patients.
- Ideally there many of the prisoners would not be in prison and would have been diverted at Court.
- Prisoners are screened for learning difficulties, Personality Disorder and Mental Health issues and will be referred to the Community Mental Health Team or Learning Team for support.

- There should be more PIPES provision in prisons and the community.
- Cared for Children may be referred to CHAT Adult Services and the Transition Team. They often need advocacy and Resettlement services.

Observations from the consultant psychiatrist

- 'I had more contact with discipline staff in three months than I had in three years in a men's prison'.
- 'correlation between loss and lack of activity and self-harm'
- 'self-harm peaks when women are locked in cells'
- 'Staff sickness levels can be a good indicator to whether it is a healthy prison.'
- 'Really disturbed adolescents have had appalling life stories' - need more proactive rather than reactive response, try and prevent a custodial disposal via court diversion scheme
- Danger of transfers to prisons where same therapeutic programmes etc. not available, need continuity of care.

General Observations

The first night / Early days centre had lots of buddies around identifiable by their pink polo shirts, they seemed to be much in demand and very useful.

HMP Holloway provided the Review with a number of local policy documents, detailed care plans and details of all the Voluntary and Community Stakeholders who work at the prison.