



ANNUAL REPORT

HMP/YOI HOLLOWAY

2011

STATUTORY ROLE OF THE IMB

The Prisons Act 1952 and the Immigration and Asylum Act 1999 require every prison and IRC to be monitored by an Independent Board appointed by the Home Secretary from members of the community in which the prison or centre is situated.

The Board is specifically charged to:

(1) satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release.

2) inform promptly the Secretary of State, or any official to whom s/he has delegated authority as it judges appropriate, any concern it has.

(3) report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively its members have right of access to every prisoner and every part of the prison and also to the prison's records.

The Independent Monitoring Board of HMP/YOI Holloway is committed to being a diverse board and to carrying out its work in a way that recognises diversity.

Reporting Period

1st January 2011 to 31st December 2011

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1. DESCRIPTION OF HMP/YOI HOLLOWAY

Holloway was opened in 1852 as a mixed prison to serve the City of London. In 1903, due to a growing demand for space for women prisoners, Holloway became an all-female prison. Between 1971 and 1985 the old Holloway Castle buildings were demolished and replaced on the same site with the current establishment. The building was designed to meet the perceived needs of women prisoners, offering medical and psychiatric services for some women and a training regime for the majority. It was also intended that Holloway should be a local prison. The accommodation is split between five bedroom dormitories, double and single rooms, in a layout that is not ideal for staff supervision.

Holloway today acts as a local prison holding adult women and female young offenders remanded or sentenced by the inner London courts. The prison holds a significant number of foreign national women. On average they represent more than 30% of the population.

There are specialist wings for life sentenced prisoners, substance misuse treatment and mothers with babies in addition to a mental health inpatient assessment wing and a First Night in Custody wing.

Holloway holds some of the most vulnerable female prisoners in the prison system.

Certified Normal Accommodation (CNA being the measure of uncrowded capacity): 591

Operational capacity: 591

Total population on 31.12.11 was 535

Of these 378 were sentenced adults, 39 sentenced young offenders, 107 unconvicted adults, 11 unconvicted young women.

Ethnic breakdown of prisoner population on 31.12.11:

BME: 38.7%, White: 60.6%, Not declared: 0.7%

Ethnic and gender breakdown of staff on 31.12.11:

BME: 40.2%, White: 48.3%, Not declared: 11.5%

60.4% of staff were female

2. EXECUTIVE SUMMARY

- The Independent Monitoring Board is of the opinion that Holloway continues to be a decent prison where the majority of staff are hard working, doing their best to support prisoners in a caring and clean environment where diversity is fully recognised.
- The ambience of the prison is enhanced by the work of those women who keep it clean and by the efforts of the Gardening Team, who strive to create an attractive and calming outdoor environment for the benefit of women on exercise. The arrival of the Holloway Hens has been a real success!
- Unfortunately the high levels of staff sickness and anxiety regarding cuts in funding have had a detrimental effect on staff morale. The Board understands that recruitment of staff in the London area is inefficient which exacerbates this problem.
- The Board is grateful to the management and staff of Holloway with whom a sound professional relationship has been built up.
- Facilities for those with disabilities are a cause of concern, however the Board believes that some aspects relating to this issue have been addressed and hope that further improvements will be made. (Ref: 3.1)
- In the 2009 and 2010 Annual Reports the Board expressed major disquiet concerning women with serious mental health needs being held in custody. There has been no improvement in this situation during 2011. (Ref: 3.2)
- The board continues to be extremely concerned that the transfer to hospital of some women with severe and complex mental health needs can take a very long time, causing further distress to the women in question and putting enormous pressure on both mental health and discipline staff in the prison. (Ref : 3.2)
- The long waiting time for dental treatment has continued to be a serious problem throughout the year. (Ref:3.2)
- The Board continues to believe that, in the area of Learning and Skills, so called 'soft skills', which might help women to better organise their lives and manage their family commitments, thus aiding their rehabilitation should be offered alongside courses which lead to employment. (Ref: 3.3)
- The Board is saddened by the fact that the HoST programme, which was evaluated and deemed to be most successful in helping those with Borderline Personality Disorder, has not been reinstated and believe that this is yet another important initiative for women in prison which has been lost. As was stated in the 2010 report the Board remains very concerned by the lack of programmes nationally suitable for women. This is particularly worrying in view of the high number of prisoners in

- The Board is concerned that referrals resulting from the Holloway Passport are not always made, and even when they are, sometimes are not acted upon. (Ref: 4.2, 4.6)
- Although improvements have been made, problems with the visits booking line are a source of continuing anxiety for prisoners and their relatives.(Ref: 4.8)

2.1 **Questions for the Secretary of State**

It should be noted that the questions asked in this section are explicitly for the attention of the Secretary of State and not the Governor of HMP/YOI Holloway or her staff.

- In the Holloway IMB's 2009 and 2010 Annual Reports concern was expressed regarding the length of time it took for the transfer of mentally ill women who are assessed as in need of a hospital bed. In reply the Under-Secretary of State for Justice said, "A prison transfer project is seeking to help commissioners to effect transfers within a maximum period of 14 days." Is this target ever to be achieved?
- Another issue, related to the above question, is the increasing concern felt by the Board that prison is not a decent place for mentally ill women. Does the Minister have any plans to divert these women to more appropriate institutions?
- Will preliminary results be available of the Kings College research into the success of court diversion and reoffending following drug treatment?
- As the prison population ages there is an increasing need for specialised units for older prisoners. This has been addressed in the case of male prisoners. Is there any hope of such placements for the elderly female prisoner?
- Why were the Governor's concerns regarding incorrect data being used as a base for Learning and Skills funding, neither acknowledged nor corrected when it is clear that future Learning and Skills provision for women in Holloway will be seriously compromised due to this error?
- Why has funding for the crèche and the social worker for the Mother and Baby Unit become the responsibility of HMP Holloway rather than the Department of Health? In effect this is a further cut because funding will have to be diverted to meet these costs.

2.2 Questions for NOMS and the Regional Custody Manager

It should be noted that the questions asked in this section are for the attention of NOMS or the Regional Custody Manager not for the Governor of HMP/YOI Holloway or her staff.

- The external vetting of new staff appears to take a very long time. Is there any hope that the Regional Custody Manager might intervene to ensure that the process is speeded up?
- Is it possible for the Regional Custody Manager to insist that Shared Services improve the process leading to the recruitment of prison staff?
- Why are there so few sentence related programmes available for women? This is particularly troubling in view of the large proportion of women who resort to self-harming behaviour.

2.3 Questions for the Governor

- Despite improvements during the year the Visits' Booking Line continues to be affected by staffing issues making it difficult for both legal and family visits to be booked. This is particularly upsetting for women who are anxious to maintain contact with their children. Are there plans to ensure that more effective cover arrangements are put in place for when staff are on leave?
- Is there any hope that the Tillson Day centre might be staffed to accept more women from ordinary location who would benefit from the caring atmosphere?
- Is there a way in which the women residing in the Care, Separation and Re-Integration Unit who exhibit signs of mental illness could be more effectively monitored by CMHT or Healthcare? The staff in CSRU do an outstanding job in caring for these women but they are not trained in mental health.

3. AREAS WHICH MUST BE REPORTED ON

3.1 Diversity

Despite staff changes during the year the team has ensured that all complaints were thoroughly investigated the majority being concluded and closed during the month in question.

The team has organised successful educational events for the women such as the celebration of Black History Month and a Diversity Day.

The replacement of the Foreign National Phone Cards with a monthly free five minute phone call for any foreign national who had no visitor during the month has made contact with families more frequent and reliable. In addition women may purchase more phone air time from their cash account.

Translation software has been improved and important information leaflets are available in more languages.

Hibiscus facilitates contact with the families of all the women with early intervention on induction. They conduct bi-monthly meetings for foreign nationals where the women air their views about their conditions and Hibiscus often assist in contacting solicitors and immigration officers.

Few women are detained after serving their sentence, except when they are appealing the judge's decision for deportation.

Disability

The Board has raised issues relating to prisoners who are disabled, in particular those in wheelchairs. There have been some improvements during the year, but the Board remains concerned about the evacuation of such women in an emergency and their potential vulnerability within the prison. It also has concerns as to how accurately the needs of women with disabilities are identified and subsequently met by the prison. The Board appreciates the fact that ongoing research is being undertaken and it is hoped that there will be further progress in this area.

3.2 Healthcare

On June 1st 2011 Central and North West London NHS Foundation Trust (CNWL) in partnership with NHS Camden Provider Services took over Healthcare services at Holloway. Overall it appears that the unification of healthcare provision with one budget, one employer and one management structure has simplified and is producing significant improvements to the previous multi-funded and multi-managed system.

Mental Health

There have been considerable personnel, administrative and procedural changes associated with the transfer to CNWL, and it is to the credit of Mental Health managers and staff that overall the transition has been managed without apparent detriment to the women patients, and mental health services have continued to be of a high quality. This service has been ably led by the Mental Health Manager who has continued to spearhead improvements likely to better integrate and further improve all elements of the service in 2012, as well as to more closely align them with community based services.

The Community Mental Health Team (CMHT) works with 50-60 women at any one time, referred mainly by community based CMHTs, prison GPs and other staff. Urgent referrals are seen within 24 hours and others discussed at referral meetings and the Care Programme Approach, regularly reviewed, adopted with those needing intervention. When referrals increase, as happened following the imprisonment of women associated with the August 2011 riots, realistic caseloads are maintained by ensuring women are discharged back to Primary Care when 'ready' and reducing the frequency of individual sessions where feasible. Women in The Care, Separation and Re-integration Unit (CSRU-Segregation) who are already on the CMHT caseload continue to be seen and their CSRU reviews attended.

The Mental Health Assessment Unit

This specialist unit for up to 14 women is well staffed by a committed group of clinical and discipline staff. Nurses and officers maintain for the most part a relaxed and ordered regime, showing considerable empathy when supporting women who are anxious or distressed, and responding to challenging behaviour when it arises. The unit is kept clean and women have access to a pleasant and peaceful garden.

Named nursing has been introduced, aimed at improving the continuity of personal nursing. Several of the officers regularly working on the unit have not had recent Mental Health Awareness training, but there are plans to rectify this.

The Tillson Day Centre

This is attended on weekdays primarily by women from The Mental Health Assessment Centre, with a few others referred by the CMHT. It is a haven for these women most of whom respond well to the relaxed, caring and productive culture with activities individually tailored by the Day Centre staff. There is an excellent weekly relaxation group.

Camden Mind have trained two staff members to facilitate a weekly Hearing Voices Group to support women from the Assessment Centre or ordinary location who hear voices. Feedback from these women has been very positive and there are plans to introduce a second group as well as provide Hearing Voices Awareness training to more officers and nurses.

Of Concern

- The number of women with significant mental health issues who remain segregated in The Care Separation and Re-integration Unit (CSRU) for over a week and sometimes several weeks, and may deteriorate in CSRU conditions even though their management by CSRU officers is generally caring and humane. Mental health assessment and intervention may be very difficult in this environment.
- The regime experienced by the often 1-3 women at any one time in The Mental Health Assessment Unit who for staff and patient safety reasons are only permitted out of their locked room if accompanied by 3 officers. These women spend the vast majority of their time locked alone in their rooms, without much purposeful activity. They have been visited with activities only weekly by Day Centre staff, though improved staffing should enable more frequent visits in 2012. The board recognises that these are challenging cases.
- The Ministry of Justice's promised 14 day period between a woman being assessed as in need of a hospital bed and her transfer to hospital was met in only 1 of 21 cases in the 6 months from April till September 2011; 6 of the 21 took over 3 months to be transferred. Urgent cases (eg to Psychiatric Intensive Care) transfer fairly quickly but there appears to be no incentive or system to ensure that trusts act more quickly with others.
- The low number of places in The Tillson Day Centre for those women from ordinary location with mental health issues who might benefit.

Primary Health Care

The Wellbeing Health Centre

The Wellbeing Health Centre continues to be a positive development for Holloway. Prisoners complain that they must spend a long time in the waiting rooms but agree that their healthcare is good. The PHC team continue to struggle with women who do not

attend their appointments (DNAs), valuable medical staff are underused while the waiting list remains long. Steps have been taken to deal with this and further action is planned.

Staffing

Staffing continues to be an issue although some new appointments towards the end of the year look promising. Several part-time doctors (all of whom happen to be female) have been appointed and there is optimism that this will improve the quality of care and continuity for the prisoners as well as being a cost saving initiative (as locums are expensive).

Women's Health

Women's Health is functioning well but issues of patient confidentiality persist. Communication between the Women's Health Unit and PHC is weak and the Board is disappointed that Women's Health team staff do not attend the PHC meetings.

Reception

The new health suite in Reception is ready but it had not been used by the end of the year.

Dentist/Optician

The dentist continues to serve the prison for only one day per week and the dental suite still requires refurbishment. The dentist's waiting list has grown to 210 and the waiting time is 10 weeks. Nurses have been trained to determine emergency or urgent cases and these women are moved up the waiting list to be seen sooner. There are two emergency appointments on the day when the dentist is in the prison.

The optician also has a long waiting list.

Physiotherapist

A new service has been added to the list for women in Holloway. The new physiotherapist specialises in pain management and has already been successful with some of the women with long standing pain issues.

Of Concern

- Patient confidentiality – The new health information system combines all of a woman's health records. (Formerly a woman's sexual health history was confidential and separate.) Now test data comes into one single source and the woman's file is updated. There is tension between the women's health unit and the PHC team over this issue. Most healthcare computers cannot be seen by officers but, for example, an officer entering the appointments office could potentially see women's records.
- The time taken to open the Healthcare suite in Reception.
- Many women have serious dental issues causing considerable pain so dental care is very important. To wait so long for a dental appointment is not what would be expected in the community.

Substance Misuse Services

Drug treatment at Holloway continued to be delivered during 2011 under the Integrated Drug Treatment System [IDTS]. Following the publication in December 2010 of the Coalition Government paper – ‘Drug Strategy Reducing Demand, Restricting Supply, Building Recovery – supporting people to live a drug free life’ – the emphasis has moved from long term maintenance to detoxification, or maintenance leading to detoxification, in either case in consultation with the user.

Between 33% and 38% of women entering the prison are problem drug users and their needs are identified on Reception and then treated by Healthcare staff in conjunction with the Care Assessment Referral Advice & Throughcare [CARAT] team. The prison has one large wing dealing with new drug related admissions and then a second large wing which houses women on methadone maintenance. Both these units are staffed by discipline officers and specialist nurses but shortage of permanent staff in the nursing group has created continual pressure throughout the year. The shortages have been filled by bank and agency staff but lack of experience of prison regimes and the need for security clearances have been hampering the smooth operations of the wings and put more pressure on the permanent staff.

On 1st June 2011 the contract for Healthcare in this area was taken over by Central North West London NHS Foundation Trust [CNWL] and healthcare staff transferred to that employer.

Psychosocial substance misuse services continued to be provided by NOMS. The Board was pleased to see the commencement of an Alcohol Intervention Service, a Safer Sex Programme, a Family Support Worker and a modular course Building Skills for Recovery [BSR]. The latter replaced Prisons Addressing Substance Related Offending [PASRO] courses and Short Duration Programmes [SDP]. The prison also held Service User Group Forum for the women, although only intermittently. AA and NA both hold groups on the Wings. All these services and that of CARAT are currently out for tender by the NHS Islington who will be responsible for them from October 2012.

The Board considers that this whole activity in Holloway is professionally and thoughtfully delivered. However, like all parts of the prison system there have been staff reductions in key areas which inevitably affect the scope of the regimes that are able to be offered to the women.

Of Concern

- Shortage of permanent nursing staff – this we understand should improve in first quarter 2012
- Wing based peer support has been investigated and promised to the women throughout the year but due to lack of staff resources to manage the project, it has not been able to be started. We understand this has been built into the service specification of the new tender document.
- There appears still to be little evidence to measure the success of court diversion and reoffending following drug treatment. We understand Kings College are undertaking this work over a 10 year period. Is there other evidence available or do we have to wait 10 years?

3.3 Learning and Skills

Subsequent to Morton Hall's re-role in March 2011, Holloway's population increased by some 20% without accompanying funding, the impact of which was strongly felt in the prison as many women were unable to join already full groups and classes. As a result, there were too many women left in their cells during the day.

Sadly, due to its attendant rate of pay, Education is not a popular option with many of the women who would rather have a job that earns them more money to buy phone cards and keep in touch with their families.

All targets were achieved by Learning and Skills in 2011, including the 5% Prison Service KPT for Education and Training on Release. This was achieved with the direct support of 'Prospects', the OLASS CIAS (Careers Information & Advice Service). The KPT has now been raised to 7.5% for 2012.

The Skills Funding Agency's original target of 70% for learners in Holloway would have meant 7 in 10 women leaving with some form of certificate. This was plainly unrealistic, so the target was reduced first to 62% and then to 52%. This has been achieved, however, next year's KPT has now been increased to 63%.

OLASS provision via KCC (Kensington and Chelsea College) includes a wide range of nationally recognised qualifications, both vocational and non vocational. Some 1,200 were gained during 2011.

The non-OLASS provision of vocational qualifications delivered by directly employed prison staff in 'work areas' however was only 250 over the year. The Board would like to single out the Gardening and Catering Departments as having worked particularly well in Holloway in 2011.

The Industrial Cleaning, Hairdressing and Multi Skills courses were all at some point during the year unavailable for the women.

Sadly the PE department has not been able to deliver the number of accredited courses originally planned. Throughout the year the staff have been constantly cross deployed and the subject has not been given enough attention.

It is regrettable that for most of 2011 the Labour Board has been hampered by security clearance taking too long, however this has been recognised by Management and rectified for 2012.

Of special mention this year is the delivery of the Library S.L.A. by Islington Borough. The Library is run by excellent staff who have been most imaginative in providing a wide range of courses, proving how much can be achieved on a relatively small budget.

These include:

- Courses for the over 50 year olds
- A programme for those on C1 mental Healthcare Unit
- Baby Bounce for the Mother and Baby Unit
- Interesting Writers in Residence
- Very well attended 'Words on Wednesday'
- A new 6 book challenge
- Projects involving Clean Break and English Pen
- A mobile library for those not able to come down to the department

The Board would like to praise the pottery department and the excellent music department for encouraging women who are not interested in academic subjects but have taken advantage of such admirable teaching available for the Arts. We know that this can lead to further education and employment opportunities. However it was sad that the bid for the Media Centre was rejected by the Shared Service Centre and it is hoped that there might be another opportunity in 2012.

A third of the women held in Holloway are foreign nationals. The ESOL classes are consistently very full and sometimes with up to ten different nationalities in one class. These teachers are exceptional.

The Offender Learning Review (Making Prisons Work: Skills for Rehabilitation) was launched in May 2011 by BIS and the Ministry of Justice. This report outlined the radical plans to break the cycle of reoffending by developing a stronger link between learning in prisons and the vocational and employability skills that employers demand.

We question whether Holloway is the most appropriate prison to focus on the delivery of these aims, given the profile of its population? The Board asks whether a greater focus should be placed on the development of life skills. These may not result directly in job opportunities but at least they might help women organise their own domestic lives more effectively and perhaps help in their rehabilitation.

Of Concern

- Prior to the Learning and Skills contract re-tendering process incorrect data was submitted by the Skills Funding Agency in August 2011 so funding was calculated on 2009 figures which were approximately 20% lower than the actual 2011 figures due to the arrival of women from Morton Hall. Despite representations by the Governor of Holloway neither the SFA nor NOMS were prepared to acknowledge let alone correct this error, the impact of which will be felt in 2012 when the new contract starts.

3.4 Safer Custody

Positive feedback was given regarding the new Zero Tolerance policy in response to violent behaviour. Concerns were raised about safety during main movement but this problem was addressed by the staggered release of prisoners on main movement. Women subsequently reported that they felt safer and the atmosphere seemed calmer.

The safer custody team bought suitable items to help keep the women occupied and to divert their thoughts away from self harming. A few of the items that were purchased were stickers, word searches, puzzles, exercise books and diaries.

Psychology has started a course on anger/ emotional control.

The most frequent type of self harm incident has been cuts, scratches and self strangulation. Although an increase in self harm was noted in the run up to the Christmas period it was managed well through the hard work of the senior management team, the Safer Custody team and the team of Listeners.

Listeners

The Listeners recruitment /training continued with the last recruitment ending in November 2011 when five new Listeners joined the team.

The Samaritans team attended a Listeners conference. It was reported that some establishments have one Listener who stays in reception to meet new admissions and speak with them.

3.5 Segregation – Care, Separation and Reintegration Unit (CSRU)

The unit has been well and consistently managed throughout the year by an effective group of officers. At any one time there have been one or two long-term residents. Some extremely difficult women, including some with serious mental health problems have been cared for with compassion. Women on the unit have the required access to exercise, showers, telephone etc.

SMARG meetings were held quarterly. These were useful meetings at which unit policies, consistency of regimes, care and reintegration plans were discussed, as well as management of individual residents on the unit. In the first half of the year it was of concern to the IMB, and to prison managers and the Safer Custody team, that a high number of women on ACCT documents had been held on the unit, often for long periods. In the second half of the year the proportion of women on open ACCTs on the CSRU declined considerably.

In July a controlled unlock protocol was agreed in order to tackle high use of force on the unit. This was successful. A new Segregation Policy was implemented in September. In the months following this, while more women were segregated, this was generally for shorter periods of time. This is thought to reflect the increased prison population as well as the more restrictive regime now in place on the unit thus motivating women to move off the unit.

Residents on the unit are not always kept productively occupied, the IMB recognises that this is partly an inevitable result of the nature of the unit and the often challenging and unsettled women held there. Suitably stocked activity boxes were not always available, although they had been provided to the unit by the end of the year. In-cell education is available for women who want it. There is a continuing need to monitor this issue.

The IMB is usually notified when a woman is segregated, normally by unit staff telephoning the Rota 1 holder. For most of the year GOOD reviews were held on Thursdays as much as possible. Unfortunately the CMHT and Psychology teams have not been able to make a standing commitment to be available for reviews as had been hoped. They do attend when they are already working with the woman concerned. The IMB has been made aware of the PSO requirement that a Healthcare or Mental Health In-Reach Team representative be present at Segregation Review Boards. While there is often either a nurse or CMHT representative present, this is not always the case.

Adjudications

IMB members monitored 45 governor's adjudications, and two external adjudicators sessions over the period of this report. IMB members' views are almost always positive with adjudicating governors praised for taking care with their questioning and decision-making and with communication with the women. There are a few exceptions where moderate criticism is made.

Governors' adjudications meetings are held quarterly. Consideration is given to diversity issues and the consistency of awards and whether certain officers place prisoners on report more frequently than others. With 15 governors and DPSMs now doing adjudications, consistency of awards is given particular attention. Trends in the charges brought are also considered. Of concern is an increase (of 50% or more) in the final quarter of 2011 in the number of proven adjudications for fights and assaults, compared with the preceding quarter. This is being investigated by the SMT. The fact that awards

were rather low suggests that these may not have been serious incidents and perhaps a result of the new zero-tolerance policy on the residential landings.

The plan to install telephone facilities in the adjudication room, for using language translation services when required has not progressed. In this situation, the SO's office continues to be used.

4. OTHER AREAS OF THE PRISON REGIME ON WHICH THE BOARD HAS ISSUES TO REPORT.

4.1 Catering and Kitchens

The food served to the women is obviously very significant in terms of nutrition, and meal times are an important focus for the women during the day. The Board commends the Catering Manager for providing food of a generally good standard on an amazingly small budget. Having said this, it has been noted that during the year some reduction of what is offered has been made in the light of the increasing cost of food supplies.

During the year board members have tasted the food on a weekly basis and checked the temperature at which hot meals are served – we have been mostly satisfied although sandwich fillings are often very slim and a great deal of dry food such as rice is served. The reaction of the women towards the food they are served varies enormously.

At mid-year the amount of waste was of concern but better portion control appears to have alleviated this problem to a large extent.

4.2 Lifers and Indeterminate Sentenced Prisoners (IPPs)

The number of prisoners who are Lifers/IPP has reduced slightly over the year. Beginning with 35, the current number is 29: 23 Lifers, 5 IPP and 1 Recall. This is a significant reduction from around 45 in 2010.

The majority are housed on A5 which benefits from housing fewer women than other wings (35). No double rooms (with bunk beds) were created on A5 when single rooms in other wings were converted to doubles.

The ending of IPP sentences has been welcomed as they presented insuperable hurdles to overcome for women to gain their release. There are two IPP prisoners who are well over tariff and unable to progress as well as four Lifers.

Staff are to be praised for the support given to two women which has enabled them to move on to other prisons, indeed some personal officers have been particularly proactive in supporting the women. There has been some movement of Lifers over the year.

Thinking Skills Programmes have continued through the year and independent providers have run a monthly book club, held at weekends, which has enhanced the purposeful activities available. Learning and Skills continues to provide a weekly music activity. Unfortunately Lifer meetings have ended.

Psychology reviews were completed for 28 Lifer/IPP prisoners to help with sentence planning.

Although sentence planning formally takes place once a year, there is a fair amount of staff interaction with Lifer/IPP prisoners. Annual sentence planning aims are to move women to other prisons when this is possible.

The Board notes that the staff member overseeing Lifers has gained additional duties and it is hoped that this will not lead to a reduction in the attention paid to Lifers.

Of Concern

- There are some Lifers in Holloway who have little hope of progress or movement. Three are of particular concern. One is elderly, unable to make any progress, and not sufficiently physically able to be able cope independently living on the landings. It is a concern that there are no prisons for long term elderly female prisoners in the UK - whereas there are for men.
- There are 6 prisoners over tariff, 4 Lifers and 2 IPP, all unlikely to progress.
- The loss of the HOST programme has had an impact as valuable one to one sessions are no longer available.
- There is a lack of appropriate programmes available at Holloway that enable Lifer/IPP prisoners to make progress.

4.3 Mother and Baby and Maternal Health

The quarterly Maternal Health and Paediatric Care Meeting continued to be well attended throughout 2011 by senior medical staff and managers from Holloway, the Whittington Hospital, social services and relevant external agencies such as Birth Companions and Care Confidential. This multi-disciplinary meeting is responsible for making recommendations about the care of pregnant women, women in childbirth and post natal/neonatal care for women and children particularly those on the mother and baby unit.

A significant concern has been the erratic attendance of health visitors on the mother and baby unit and while, in the last quarter, they have been requested to return on a regular basis there is disquiet that a once monthly visit is not enough. This was recently underlined by reference to PSI 54/2011 which states that women should be able to access what they have in the community and highlights the potential vulnerability of children born in custody. In accordance with The Children's Act children born in Holloway are residents of the borough which is therefore responsible for their wellbeing.

The most positive new initiative is the involvement of partners during antenatal classes. This sets the context for partners being able to attend scans and ultimately be present at birth. Risk assessments of partners and other family members are carried out for the Whittington Hospital and made available to Holloway and photos of partners will be taken to ensure there is no abuse of attendance at birth.

2011 saw an unusually low number of women admitted to the mother and baby unit – a monthly average of 4 to 5 women and babies in residence, however, in November and December numbers rose and this is expected to continue. Low numbers do not mean fewer staff and the current profile is for one officer and one administrator. Officers who have worked on the unit for some time demonstrate an impressive level of concern for and knowledge of the needs of women and babies. The quality of care and supervision is generally good although the challenging nature of some residents meant that maintaining discipline and building relationships was more difficult than usual this year.

HMIP recommendations have been gradually implemented with staff in new 'softer' uniform. Alteration to the regime, much appreciated by the women, allows mothers and babies to spend more time out of their room and to leave the room at night to prepare bottles and comfort baby in the lounge. Further developments are under consideration.

Attendance at activities is encouraged, such as the successful and compulsory Baby Bounce held in the library and voluntary craft and cookery classes. Supermarket ordering services for food and nappies are working well, assisting the women to learn how to budget.

Staff report that the relationship between staff and the social work team is good. Child protection measures in place are tight and well structured ensuring the safety of those accepted on to the unit and also those separated.

Audit score of 98% was achieved in January 2011.

Of Concern

- Until 2011 the Department of Health funded the crèche and social worker for the Mother and baby Unit. It is extremely worrying that, in addition to budget cuts which have been made, this expenditure now falls to Holloway.

4.4 Probation

Probation has seen further staffing cuts this year with the loss of a full time Probation Officer in June. The remaining staff have absorbed the extra caseload which has been exacerbated by the rise in prisoner numbers. Their caseload covers Lifers, IPPs, OMS2 and PPOs.

Extra areas managed by Probation this year include the pin phone clerk, Public Protection, the Lifer manager, Children and Family Pathways and Children's visits.

The Public Protection area has had several staffing moves during the year, but is now stable. This has caused extra pressure as each change has meant a probation officer had to train new staff to run this complex but very important area.

Probation staff continue to write risk assessments for Mother & Baby boards, Parole Boards, MAPPA, ROTL and HDC. They also attend meetings not only in the prison but also at hearings outside. Nationally there is a backlog of Parole Board hearings but Holloway is on schedule.

With all the changes and increases in workload the Probation staff continue to provide excellent service with a very high degree of professionalism.

4.5 Psychology

Huge changes are being wrought in this area and although the original psychology team remains within the prison, the staff are no longer directly accountable to the Governor, and funding for the work will come from regional level. It seems that because many female offenders present less risk of serious violence there are fewer programmes for this group regardless of their need for rehabilitation.

Responsibility for Psychology is in the process of devolving to a regional level with a view to full integration by the new financial year. The former Head of Psychology at Holloway is now Head of Special Groups across the whole region. This is a huge role and the

responsibility includes Women, Lifers, Young People and Sexual Offenders which means that she will have to have a significant input in HMP Send.

The needs review of Lifers and IPPs was completed (bar 2 prisoners). Initial assessments of all prisoners serving over 4 years have been done (around 30 women), and their needs will be reported on by psychology students who are now placed in the prison.

An emotion management programme has been developed and piloted and is awaiting accreditation. It is hoped that this will be delivered in 2012 as the programme could be an important progression for some women on long sentences.

Talking therapies

There have been many positive developments in these areas, although the decision not to re-instate the HOST programme has been a significant disappointment. Counselling and Psychotherapy are now managed by the Deputy Head of Healthcare who is aiming to streamline the referral process, to manage waiting lists for counselling and psychotherapy and to increase access.

Of Concern

- The HOST programme was extremely effective in helping women with Borderline Personality Disorder and it is of regret that it has not been re-introduced.

4.6 Reception

Receptions have made excellent progress this year. The Senior Staff have worked hard to improve teamwork, attitudes and to take pride in their work. This is noticeable in the general atmosphere in the department. Staffing is now settled with 18 officers and 3 S.Os.

Self rostering is in place and seems to be a success. Due to this flexibility staff have been able to receive training in searching techniques and have been signed up for the CARE and WASP training. Department meetings are held monthly and minutes produced.

A new contract for the London prisons with Serco Wincanton started on 1st September. The company have introduced new vans with toilet facilities, with both cellular and seating areas. The new vans have a new tracking system which enables the company to know exactly where each prisoner is located.

After the riots in August, Holloway was open to receive prisoners from the all night courts, sometimes until 3am. Initially the staff volunteered to be on duty before a rota was arranged.

Screening continues with the BOSS chair. A new Biometric ID system was introduced but was not in operation as the printer ribbon is out of stock. Full body searches are used when needed.

The Props Room has been greatly improved with the purchase of new numbered property boxes.

In October the PACT contract terminated. The initial pages of the "Holloway Passport" document are completed by staff in the First Night Centre.

The proposed redesign of the main Receptions area did not take place due to financial restraints.

The completion of the Healthcare section is imminent. The women will be seen by a nurse and then a doctor before going to the First Night Centre.

Of Concern

- The late arrival of vans has been an ongoing problem all year but became more prevalent in the last few months of the year. In December it was nearly every night with staff continuously working after 9 pm. The Governor has met with Serco Wincanton staff and it is hoped that this will improve.

Parcels

This area consistently causes problems for both prisoners and staff. It appears to be very disordered with parcels and large piles of bags filled with belongings being stacked in the Props Room. The two staff are regularly cross deployed and the situation has been worsened by the increase in the prison population. A policy addressing re-organisation has been written but is awaiting approval.

Of Concern

- The new policy needs to be implemented as soon as possible.
- The constant cross deployment of staff is an issue.

Induction

Changes have been made to the Induction process following the PSI 52/2010. During the year the whole Induction package was re written as a visual presentation. An officer leads the presentation with the aid of a listener in attendance. Induction is held on Mondays and Thursdays in 2 sessions: phase 1 in the morning, phase 2 in the afternoon.

Of Concern

- The changes have been recently introduced and will need careful monitoring to ensure compliance with the PSI.
- The Foreign Nationals require more assistance as they are often confused.
- The information sheets need to be renewed to make them clear and intelligible.

4.7 Reducing Re-offending

Reducing Reoffending concentrates on nine different pathways in Holloway: (i) accommodation, (ii) education, training and employment, (iii) health, (iv) drugs and alcohol, (v) finance, benefits and debt, (vi) children and families, (vii) attitudes, thinking and behaviour, (viii) domestic violence, (ix) sex workers. The emphasis in 2011 has been to get each of these pathways to respond to a Needs Analysis of the women in Holloway and to reduce overlap of provision.

St Mungo's have provided good support and advice on accommodation against a background of increasing reduction in hostel places. BASS (Bail Accommodation Support Services) have continued to provide advice. They have been in need of more staff but there has been no national course since Oct 2010. Job Centre Plus has provided steady

advice on benefits. Other organisations have provided courses with an employment focus, in particular Working Chance. Health, Drugs and Alcohol provision are covered elsewhere in this report. By the end of the year it was possible for up to 10 women per month to open a bank account with the Halifax, but there remains a need for debt and general financial advice. Regular and successful Children Visits and Family Visits have taken place throughout the year. The year ended with a good level of Public Protection, including Child Protection, after staffing difficulties earlier in the year. The Thinking Skills Programme met its target by the end of the year; all women who qualified for it had been able to participate. Support and advice on Domestic Violence and for Sex Workers was introduced this year from Women Ahead, Women at the Well and New Horizons. HDC (Home Detention Curfew) and ROTL (Release on Temporary Licence) were up to date by the end of the year after a backlog in the summer.

Of concern

- A 'Holloway Passport' is produced on each woman who enters Holloway from what she discloses at Reception. The Board is concerned that referrals which should come from this document are not always made, and even when they are, are not always acted upon.
- There continues to be a backlog in completion of OASys documents, although a new profile in 2012 should address this.
- There is inadequate provision of debt and general financial advice.

4.8 Security

The Security Audit in early 2011 was successful – 88% overall and the auditors were impressed with the work of staff. Intelligence based searching has continued and night searches were started, however, searching has not remained consistent throughout the year. Towards the end of 2011 searching improved and resulted in some significant finds.

At the end of 2011 work started in preparation for the next audit. While it is important to be prepared for audits, it is unfortunate that work on raising security awareness is not maintained all year rather than going for a spike at audit time.

Intelligence has been good and is well presented at Security meetings. It is thought that most drugs which come into Holloway arrive via Reception (rather than post or visits although there are occasional finds in visits) and moves have been made to improve searching in this area. The BOSS Chair is believed to be effective in identifying mobile 'phones but appears also to have had a deterrent effect on the importation of drugs.

The quality of information at Security meetings has improved considerably during the year partly due to the use of IT but also due to a greater contribution by senior staff. Discussion of individual prisoners is carefully considered. The Use of Force meeting is now used as a training tool and at each meeting a film of a Planned Intervention is shown (when possible) and discussed with training outcomes debated.

Use of force decreased in most areas of Holloway in 2011 compared with 2010 with the exception of CSRU. At the mid-year point Use of Force records were deemed to be inadequate but this has improved considerably.

Fewer SIRs were completed in 2011 which is not easy to explain as there are more prisoners. Also of concern is the inconsistency revealed in the reports. This is considered to be a training issue – but it is not easy to train staff when staffing levels are so low.

The MDT failure rates have continued to cause concern and this coincided with concern about discrepancies in adjudication awards leading to a review which addressed this situation. One result was a revision of tariffs in adjudications so that prisoners are aware of the serious nature of failing a MDT.

4.9 Visitors' Centre, Booking line, Visits

Spurgeons took over the management of the Visitors' Centre from PACT in September 2011. Phoenix Trust drug and alcohol support service replaced ADFAM.

The volume of calls to the booking line increased dramatically due to the new visit sessions and callers were continuously experiencing problems getting through. The sessions are only one hour resulting in complaints from visitors who have to travel a long distance and also from those who experience delays at the gate resulting in them not getting the full hour.

Children's visits have proven to be very successful because it is so important to maintain family bonds. The majority of women find these days very useful and are always looking forward to the next time they can apply.

Of Concern

- Although the booking line service has improved, staffing is still an issue and families often cannot get through.

5. THE WORK OF THE INDEPENDENT MONITORING BOARD

Each week at least four board members visit the prison, two on rota, one dealing with applications from the women and one monitoring adjudications. Each member has an area of special interest and attends relevant meetings as an observer. The Board has met monthly with the Governor and the Head of Healthcare or their representatives. A successful Annual Team Performance Review was held in October.

Three members attended the National Conference (one an NC member). The Board has held regular training sessions prior to Board meetings, usually conducted by a department from within the prison but sometimes led by board members with appropriate expertise. Board members have attended training with staff including Clinical Forums organised by the Healthcare Department and events organised by PeTAR (Prison Education Training and Research). Two members attended training organised by Hackney Physiotherapy Department and one member attended Mind training regarding the Hearing Voices programme. Members have been involved in the training of new staff, discipline and civilian, to inform them of the role of the IMB.

Board members hosted IMB visitors from Pentonville and Downview and visited Pentonville and Send.

The Chair or Vice-Chair met with the Governor monthly, attended quarterly meetings of the London Area IMB Chairs with the Area Manager and half yearly Women's Policy Group meetings.

The board continues to be grateful for the good working relationships which have been fostered with management and staff.

5.1

BOARD STATISTICS	
<i>Recommended Complement of Board Members</i>	20
<i>Number of Board members at the start of the reporting period</i>	19
<i>Number of Board members at the end of the reporting period</i>	16
<i>Number of new members joining within the reporting period</i>	0
<i>Number of members leaving within reporting period</i>	3
<i>Number of attendances at meetings other than Board meetings</i>	135 <i>Estimated</i>
<i>Total number of visits to the prison (including all meetings)</i>	653
<i>Total number of applications received</i>	621
<i>Total number of segregation reviews held</i>	<i>Figures not available</i>

5.3 PRISONER APPLICATIONS TO THE BOARD

<i>Code</i>	<i>Subject</i>	2011	% of Apps. received	2010	% of Apps. received
<i>A</i>	<i>Accommodation</i>	25	4.0	22	3.7
<i>B</i>	<i>Adjudications</i>	13	2.1	34	5.7
<i>C</i>	<i>Diversity matters inc. Disability and Racial complaints</i>	14	2.3	9	1.5
<i>D</i>	<i>Education / Employment / Training and Resettlement</i>	28	4.5	31	5.2
<i>E</i>	<i>Family / Visits and Telephone matters</i>	34	5.5	42	7.1
<i>F</i>	<i>Food /kitchen related matters</i>	30	4.8	12	2.0
<i>G</i>	<i>Health related matters</i>	114	18.4	106	17.8
<i>H</i>	<i>Properties and Mails matters</i>	128	20.6	108	18.2
<i>I</i>	<i>Sentence, Immigration and Deportation matters</i>	41	6.6	37	6.2
<i>J</i>	<i>Staff / Prisoner / Detainee / Bullying related matters</i>	50	8.0	84	14.1
<i>K</i>	<i>Transfers</i>	33	5.3	16	2.7
<i>L</i>	<i>Miscellaneous</i>	111	17.9	94	15.8
	<i>Total number of applications</i>	621		595	