



HM INSPECTORATE OF PRISONS

Report on HM Prison

Aberdeen

August 2004

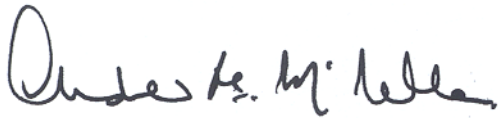


SCOTTISH EXECUTIVE

The Scottish Ministers

In accordance with my terms of reference as HM Chief Inspector of Prisons for Scotland, I forward a report of a full inspection carried out at HMP Aberdeen between 21-28 June 2004.

Six recommendations and a number of other observations are made.

A handwritten signature in black ink, appearing to read 'Andrew R C McLellan'.

ANDREW R C McLELLAN
HM Chief Inspector of Prisons
for Scotland

August 2004

CONTENTS	PAGE(S)
1. PREAMBLE	1-3
2. POPULATION, ACCOMMODATION AND ROUTINES	4-7
2.1 Population	4
2.2 Accommodation and Routines	4-7
3. CUSTODY AND GOOD ORDER	8-11
3.1 Security and Safety	8
3.6 Prisoner Complaints Procedure	8-9
3.10 Night Duty	9
3.14 Prisoner Disciplinary System	10
3.15 Segregation Unit	10
3.20 Escorts	11
4. ADDICTIONS	12-16
4.1 Levels of Drug Use	12
4.2 Staffing	12
4.5 Addiction Processes	12
4.6 Mandatory Drug Testing	13
4.9 Drug Reduction Programme	13
4.10 Methadone Maintenance	13-14
4.12 Cranstoun Drug Services	14
4.15 Counselling	14-15
4.16 'B' Hall	15
4.17 Alcohol	15
4.18 Service for Female Prisoners	15
4.19 Links with the Community	15-16
4.21 Programmes	16
5. PRISONER MANAGEMENT	17-21
5.1 Reception	17-18
5.5 Induction	18-19
5.12 Sentence Management	19-20
5.16 Throughcare	20-21
6. HEALTHCARE	22-25
6.1 Accommodation	22-23
6.7 Medical Service	23
6.8 Nursing	23
6.13 Mental Health	23-24
6.15 Dental Services	24
6.17 Pharmacy	24
6.20 Infection Control	24-25

CONTENTS	PAGE(S)
7. LEARNING, SKILLS AND EMPLOYABILITY	26-30
7.1 Education	26-28
7.10 Employability and Employment	28-29
7.13 Library	29-30
8. CARE	31-36
8.1 Family Contact	31
8.4 Suicide Prevention	31-32
8.9 Physical Education	32-33
8.14 Social Work	33-34
8.23 Race Relations	34-35
8.27 Chaplaincy	35-36
8.31 Visiting Committee	36
9. SERVICES	37-40
9.1 Estates and Facilities	37
9.2 Health and Safety	37
9.3 Human Resources	37-38
9.10 Catering	38-39
9.17 Laundry	39-40
9.21 Canteen	40
10. GOOD PRACTICE	41
11. RECOMMENDATIONS	42
12. POINTS OF NOTE	43-46
ANNEX 1	47
Sources of Evidence	
ANNEX 2	48
Inspection Team	

1. PREAMBLE

1.1 Overcrowding is so startling at Aberdeen Prison that every single source of evidence for this inspection identified it as the most damaging issue confronting the prison. The Governor, members of senior management, the chairman of the POAS, staff groups and individual staff members, chaplains, prisoner groups, individual prisoners and the Visiting Committee: all of these recognise the very great difficulties which overcrowding brings to the prison. And overcrowding is one thing that the prison can do nothing about.

1.2 “Last year’s high becomes this year’s average”. That analysis of the rise in prison numbers was included in the Report of 2003; and at that time it was seen as a very alarming analysis. Yet one year later it can almost be stated again: last year’s high has become this year’s average. The average for reporting year 2003-04 was 221, with a peak of 257: for this reporting year to date the average is 224, with a peak of 251. The prison is designed to hold 154 prisoners. The prison is contracted by SPS to have 230 prisoners: which is contracting for 49% overcrowding. Members of the Visiting Committee stated that overcrowding “is at the centre of problems for Aberdeen”.

1.3 It is difficult for those who have not been inside a prison to understand why overcrowding is so damaging. Shared accommodation is part of it: in Aberdeen hardly any prisoner has single cell accommodation. This can mean that prisoners serving sentences of two years and more will be sharing cells designed for one person, with scarcely enough room to move about, with a person who has not been chosen, who may not be known, and who may have histories of behaviour or of medical conditions unknown to the other prisoner or indeed to staff. The impossibility of even the best members of staff having time to deal properly with the needs of individual prisoners; the impossibility of the best safety assessments being carried out on those new prisoners who might harm themselves; the impossibility of providing enough useful work, or programmes to address offending behaviour, or education to meet the needs of these very high prisoner numbers: it is not that these things are difficult: they are impossible. The prison has a laundry, a kitchen, a gym, a visit room, a health centre designed for half the number of prisoners who are there and who need to be dealt with.

1.4 Safety, decency, reducing re-offending: these are the aspects of the condition and treatment of prisoners examined in every inspection. Many reports have shown how these

are damaged by prison overcrowding: this report shows that they are damaged very much when overcrowding is on the scale it is at Aberdeen. How can a prison designed for 154 prisoners be expected to make a significant contribution to helping prisoners to stay away from crime on release when its facilities, its accommodation and the time of its staff are under such strain?

1.5 Even if the prison were not overcrowded some of its facilities would be inadequate. With prison numbers at these very high levels these facilities are totally inadequate. The report identifies three in particular: the health centre, the visit room, and the reception area. It would not be difficult to argue that these are among the most important areas in any prison: some might say they are the most important. The vulnerability of prisoners as they come into prison, their health, and their contacts with their families: the obvious weaknesses of the facilities in Aberdeen prevent the prison – however much it tries – from making a good response to these critical areas of prisoner need. Every single report on Aberdeen prison since the Inspectorate was formed in 1981 has demanded transformation of the visit room; and the room is exactly as it was in 1981.

1.6 The context of this report is high overcrowding and poor facilities. Nevertheless, and remarkably, it is in several ways a good report which draws attention to real progress. It is not so long ago that this prison was described in an HMCIP report as “unsafe”: the only evidence for such a description now was the comments of some members of staff who were speaking of their own anxieties in the context of staff numbers and overcrowding. Otherwise the prison felt safe, with a relaxed atmosphere and good staff-prisoner relationships; the statistics for violence are much better than they were; there were no deaths in custody in 2003–2004, although there was one in May 2004 (subject to FAI); every single prisoner and prisoner group asked felt safe; and there had been no escapes. The progress spoken about most during the inspection was with regard to food. Last year’s report noted that a change in the method of serving food in ‘B’ Hall had produced significant improvement. This change has now taken place in ‘A’ Hall as well: and so has the improvement.

1.7 Progress has been made in establishing a Links Centre, in improved access to Physical Education, in introducing a better system of booking visits (a more important matter for prisoners than it sounds), and in the development of a new chaplaincy team which is now clearly integrated into the life of the whole prison. This report provides evidence of all of this progress, and it represents a real achievement. There may also be progress in the

improvement of staff morale. This is difficult to assess. Some members of staff clearly feel under great stress and do feel undervalued; but the sense of commitment to Aberdeen prison and to prisoners demonstrated by members of staff is impressive. From several sources it was suggested that staff morale is considerably better than it was at one time.

1.8 Like all local prisons, Aberdeen holds different categories of prisoners. The report demonstrates that different kinds of prisoners have very different experiences of imprisonment in Aberdeen. Convicted male prisoners living in 'B' Hall live in accommodation recently refurbished, in a hall with very good relationships between prisoners and staff, and have the best opportunities to spend their time usefully. Convicted prisoners in 'A' Hall live in less good accommodation, but still have as much access to work, education and programmes as Aberdeen is able to provide. However, for remand prisoners the situation is much worse. They live in 'A' Hall, where the accommodation is less good; and they have very little access to facilities or activities: so they spend a great deal of time locked in their cells. This is even more true of protection prisoners, who will often be spending only one or two hours out of their cells in the whole day. The bleakness of their day was of particular concern to members of the Visiting Committee. Women prisoners live in a separate unit. The accommodation is now quite shabby, especially the dormitory accommodation. Although they are not locked up for very long periods, it is still a very empty day for women prisoners in Aberdeen: the only provision of work is tedious, offers no training, and is completed in a short time each day. The challenge of providing a meaningful regime for these groups is an urgent challenge; and the accommodation in which remand prisoners live is noticeably inferior to that of convicted prisoners. A real achievement of the Scottish Prison Service in recent years is that it has provided the best possible accommodation for remand prisoners. This is right, since they have not been convicted of a crime: but it does not happen at Aberdeen.

1.9 The needs of these prisoners - women, and those on remand, and those on protection – must be addressed. But it is very difficult indeed to see how they are to be addressed in the context of the apparently irresistible rise in prisoner numbers, when this year's high becomes next year's average. Overcrowding hurts all prisoners; but in Aberdeen it affects most those who are most vulnerable and those who are innocent in the eyes of the law.

2. POPULATION, ACCOMMODATION AND ROUTINES

Population

2.1 Aberdeen holds male remand, convicted and short-term sentenced prisoners; prisoners under the age of 21; females; and some convicted long-term prisoners. On the first day of inspection there were 222 prisoners held (155 in 'A' Hall, 58 in 'B' Hall and 9 in the Female Unit).

Accommodation and Routines

2.2 The prison has two 'traditional' Victorian style halls, a Female Unit and a Segregation Unit. Available cellular capacity is 154 but in the weeks leading up to inspection the prison population was 40% to 50% above that figure. This level of overcrowding has not been an uncommon occurrence over the last two years, and it shows no sign of abating.

'A' Hall

2.3 'A' Hall has 95 cells and 4 dormitories. On the first day of inspection 155 prisoners were locked up. The population has been as high as 180 this year. It contains adults and under 21's, untried and convicted prisoners. Convicted prisoners can be long or short term. It also contains two separate groups of prisoners seeking protection. Some of the prisoners on protection are sex offenders. The complexity of the population creates many problems in the management of the prisoners in 'A' Hall.

2.4 The agreed population for Aberdeen in its performance contract is 230. During the year 2003-04 the population reached a peak of 257. This means that 'A' Hall could be expected to manage almost 200 prisoners in half as many cells.

2.5 Overcrowding and cell sharing is the norm in 'A' Hall. All cells have a cubicle with integral sanitation and an electrical power point. Staff and prisoners said that it was sometimes possible for prisoners to influence who they shared with. Whenever possible smokers and non-smokers are kept apart and friends can ask to be together. This means that under 21's can on occasion share with adults. There is no formal risk assessment for allocating prisoners to shared cells but it does appear that the prison currently takes a

pragmatic and sensible approach to how prisoners are allocated to cells. **It is recommended that formal risk assessments are carried out prior to allocating prisoners to shared cells.**

2.6 'A' Hall has a published regime but high numbers and the different types of prisoners held there often mean that this is not delivered. During the week of inspection, for example, the afternoon recreation period for untried prisoners did not begin at the published time on any day. This reduces time out of cell.

2.7 There is one exercise area for 'A' and 'B' Halls. Remand and convicted prisoners mix here and in 'A' Hall they are given recreation together at weekends. In this way the prison is being practical in seeking to maximise time out of cell for remands. However, it was not clear why this did not extend to evenings during the week. Remand prisoners should be allowed more time out of cell.

2.8 There is even less time out of cell for prisoners on protection. They can attend the gym on a Friday afternoon and exercise in a separate small yard every day. They can also access a telephone in the evening. Otherwise they are locked up. No work and or recreation is offered to these prisoners. The regime for prisoners on protection should be improved.

2.9 Recreation for 'A' Hall prisoners takes place within the Hall. The chapel area which was formerly used for recreation is currently being converted and is no longer available. There are pool and snooker tables, and playstations for communal use. There are five telephones for the whole hall. Prisoners said it was often not possible to make a telephone call.

2.10 There are a total of 11 showers in 'A' Hall. Staff and prisoners said that the main shower area on the bottom floor, containing six showers, was only used very occasionally because it was dark and threatening, and prisoners felt vulnerable. Prisoners used the showers on the upper floors or showered at the gym. The showers and ablutions were clean and fit for purpose.

2.11 A relatively recent change in 'A' Hall is the new arrangement for serving food. Prisoners are now served from a hot plate on the ground floor and return to their cells to eat. This is working well in spite of being supervised closely to control portion size and reduce the risk of bullying or intimidation. It was very apparent that this has had a positive effect on the quality and presentation of food. Prisoners spoke very positively of the change.

2.12 The cells in 'A' Hall were in the process of being renovated. Cells were being set aside two or three at a time to be repainted and have new furniture fitted. The cells which have been completed are noticeably brighter and less gloomy and depressing. The prison is to be commended for being able to undertake this work at the same time as coping with ever increasing numbers of prisoners.

2.13 There are two things in the cells which are not good. Many window panes are missing or broken. Prisoners are given wooden blocks to replace the missing panes. This is unsightly and does not make the window weatherproof. Invariably wind and rain get in making the cells cold and sometimes damp. Management have submitted a bid for the necessary funds to have all the windows replaced, and were waiting for a response. These windows need to be replaced. Secondly, many of the mattresses in the cells are very old and unsuitable. The prison recognises this and it is planned to replace them. Old and unsuitable mattresses should be replaced by new ones as soon as possible.

2.14 Staff and prisoners said that relationships generally were very good, although there had been two allegations made of inappropriate behaviour by staff. It was apparent that most of the staff and prisoners were well known to each other. However, there was an increasing number of prisoners from outwith the North East coming into custody and that has resulted in some changes to the dynamics within the prison. After some early issues the prison seems to be managing this change satisfactorily.

'B' Hall

2.15 'B' Hall has 28 ordinary cells, two four person dormitories and two anti-ligature cells. It can hold up to 64 prisoners in an enhanced regime as well as prisoners assessed as at risk. The population on the first day of inspection was 58. There were no prisoners held in the anti-ligature cells during the inspection.

2.16 The main population in 'B' Hall is made up of short and long term convicted prisoners. Their enhanced status means that they have access to the better jobs, more time out of cell and the opportunity to apply to transfer to open conditions.

2.17 All cells are fitted with a toilet cubicle. As in 'A' Hall prisoners can, to a certain degree, influence who they share with. All cells are fitted with two double sockets. The

refurbishment programme underway in 'A' Hall has been completed in 'B' Hall. As a result the cells are well appointed, bright and graffiti free. Unfortunately the problems with the windows described in 'A' Hall are the same in 'B' Hall and again some of the mattresses are in need of replacement. This should be addressed.

2.18 Recreation is available every evening and at weekends in an area adjacent to the hall. This contains pool, darts, a quiet room and a common room with a large screen TV. There is also a computer room with games that prisoners can access during recreation periods.

2.19 The recreation room doubles as a dining area. Prisoners collect their meal from the servery and either return to their cell or eat in association with others. The room feels like a cafeteria with tables and chairs in a clean, bright, spacious room with paintings and prints on the walls. Prisoners from 'B' Hall exercise with 'A' Hall prisoners in the yard after lunch.

Female Unit

2.20 The Female Unit comprises four double rooms (bunk beds) and one dormitory (five beds). They are well equipped although they were starting to look shabby and are in need of redecoration. There is a living room, small cooking area, laundry room, showers and toilets and a reception area.

2.21 On the day the Unit was inspected there were nine prisoners living there. A focus group was held with seven of these. The women reported feeling safe within the Unit and that relationships with staff were very good. The food was good and fresh fruit was available. Health needs were well catered for and sanitary items were readily available. There was little opportunity for work outside the Unit. They welcomed the opportunity to attend education and PE as it meant getting out of the Unit for a while: otherwise it was a very empty day. The women were able to request massage treatments in the Unit and a designated therapist attends on a regular basis.

2.22 The small Unit and close proximity of the other prisoners for most of the day occasionally led to tension, but this was not considered by the women to be a major problem.

3. CUSTODY AND GOOD ORDER

Security and Safety

3.1 There have been no escapes since the last follow up inspection.

3.2 In 2003-04 there were eight serious prisoner-on-prisoner assaults against a target of four. There had been one serious assault in 2004-05 to date of inspection. There were 27 minor prisoner-on-prisoner assaults in 2003-04 and five in 2004-05 to time of inspection. There had been no serious prisoner-on-staff assaults in 2003-04 or in the year to date. There had been 13 minor prisoner-on-staff assaults in 2003-04 and one in the year to date. Although the inspection took place just three months into the reporting year, the indications were that levels of violence were on the decrease.

3.3 There were no deaths in custody in 2003-04, and one in the year to date of inspection (subject to FAI). ACT documents were initiated on 98 occasions in 2003-04, and 26 times in year to date of inspection.

3.4 Relationships between staff and prisoners were very good, as reported by both groups and recorded in the SPS Prisoner Survey.

3.5 An excellent local "Prisoner Violence Risk Assessment" was carried out at Reception. This allows staff to identify a number of factors which may be a risk to the prisoner's safety.

Prisoner Complaints Procedure

3.6 The Prison Complaints Procedure is co-ordinated by a First Line Manager, who monitors timescales, checks the quality of answers by staff and organises any Internal Complaints Committees. The complaints procedure is well publicised throughout the prison and forms are readily accessible in all residential areas.

3.7 A sample of completed forms were checked and the quality of answers given was good. Prisoners were being given appropriate responses and they do not always feel it necessary to see the process through to the Internal Complaints Committee, Governor or to the Complaints Commissioner.

3.8 There is a log sheet for every complaint form submitted. This makes it easy to monitor timescales and identifies the stage at which the complaint is at and who has responsibility for the next stage. This is a locally created form and it would be a useful tool in other prisons.

3.9 Where it has been identified that an officer has given an inappropriate response, the training pack created by the complaints co-ordinator is a very useful reference document. There is also a very good complaint awareness pack. A complaint awareness session (one hour) is a regular part of the establishment training timetable. The Prisoner Complaints Procedure is well managed.

Night Duty

3.10 Night duty cover is undertaken by two regular groups of staff who have built up a high level of experience and expertise. Although the roster has the two groups rotating weekly, local practice means that they swap shifts to create a working arrangement of two weeks on and two weeks off. There are six staff on duty each night.

3.11 When a prisoner requires to be taken out of the prison during the night resources are stretched. This happens very rarely and unlike other prisons recently inspected, Aberdeen can call staff in with some degree of success.

3.12 Night orders and Fire Safety awareness are of a high standard. However, it was of concern that none of the staff on duty on the night of inspection was qualified in first aid. Similarly, the emergency first aid crash pack was located in the corridor outside 'A' Hall but none of the staff had been trained in its use. This is further exacerbated by the fact that there is no nursing cover on the night shift. **It is recommended that staff on night duty are trained to use the emergency first aid crash pack and at least one member of staff is qualified to undertake first aid.**

3.13 An interesting innovation is the practice of the outside patrol officer checking the inner perimeter during the night to check for "packages" thrown over the wall. The officer is supplied with a mechanical litter lifter and clear plastic bags. This has been successful in intercepting drugs and other illicit articles. This is an area of **good practice.**

Prisoner Disciplinary System

3.14 The Disciplinary System appeared to be fair, reasonable and sensitive. Observation at an adjudication (Orderly Room) raised no concerns. The charge was explained; the prisoner was given an opportunity to explain his case and afforded an active role in the proceedings; the punishment was made clear; and the prisoner advised about how to appeal if he so wished. The process also provided an opportunity to pick up on any underlying issues or problems. The surroundings were appropriate and non confrontational.

Segregation Unit

3.15 The Segregation Unit comprises four cells, one 'strong' cell and one 'safe' cell.

3.16 During inspection the Unit held one prisoner who was returned to mainstream circulation within 24 hours. The Unit was clean and apart from very minor cosmetic damage, was in good repair. The area was bright and well ventilated. Each cell was prepared in readiness for arrivals and was well laid out.

3.17 Staff actively employ prisoners on protection on cleaning duties within the Unit. This provides the opportunity to let prisoners out of their cells: it also allows the Unit to be maintained to a good standard of cleanliness. This is an area of **good practice**.

3.18 Each prisoner located within the Unit has access to a payphone and library books. A verbal induction is given to each new arrival but due to Unit staff being allocated other duties a great deal of their time is spent outwith their place of work. A consistent approach to Induction within the Segregation Unit should be adopted.

3.19 It was also reported that if the prison was short of staff then the segregation staff would be the first to be called upon: this makes it difficult to maintain relationships between staff and prisoners, particularly with those prisoners subject to rule 80 conditions. It also makes it extremely difficult to offer exercise.

Escorts

3.20 Parts of the process of escorting prisoners to court were observed and an inspector accompanied an escort to Aberdeen Sheriff Court. Escorts were being carried out by SPS staff.

3.21 On the morning of a Court appearance, prisoners were normally allowed enough time to shower and have breakfast before moving to the reception area. When it was not possible to do both within the hall, there was access to showers within the reception area. The arrangements for documentation and briefing of escorts appeared appropriate. However, the prison was less efficient at doing things on time. The escort observed left 30 minutes later than was initially indicated: no reason was provided. Despite this, prisoners arrived at court in ample time.

3.22 The officer in charge of the escort briefed escort staff, and informed prisoners of their destination. Prior to departure from the prison the security manager checked the escort and also ensured that the prisoners being escorted understood where they were going and for what purpose. This is an area of **good practice**. The escort vehicle itself was a standard SPS mini bus. The vehicle was clean, in good repair, and was fitted with seatbelts.

3.23 Prisoners were escorted securely, but despite this, the conduct of the escort was relaxed. Due to the short duration of the escort no comfort breaks were required.

3.24 On arrival at the Sheriff Court prisoners were moved to the court cells outwith the sight of the public. While there was sufficient space on the day to keep prisoners separate by gender, age, vulnerability, convicted and unconvicted stated, anecdotal evidence suggested that this was not always the case.

4. ADDICTIONS

Levels of Drug Use

4.1 The random test figures for 2003-2004 showed that 75% of prisoners tested negative for drugs (against a KPI target of 78%). Levels of drug misuse are therefore still a cause for concern. From all tests completed the most common failures in 2003-2004 were for cannabis - 85% and opiates – 33%. Some injecting does apparently take place but it is difficult to assess the size of this problem.

Staffing

4.2 An Addiction Strategy Group is in place. This meets on a monthly basis and is chaired by the Deputy Governor or delegate. The Group has a standing agenda.

4.3 There is also a fortnightly multi-disciplinary meeting to identify prisoners who need additional support or review of current intervention.

4.4 The addictions function is managed by the Activities Manager who carries out this role in addition to other duties. There is an Addictions Co-ordinator and five Addictions Officers. Two of these officers run programmes, one is involved with the induction process, one does core screening, and there is one linking officer. There are two MDT staff. In addition Cranstoun provides one team leader/caseworker, one caseworker and one and a half transitional care workers. There is also one addictions nurse.

Addiction Processes

4.5 There is a clear process to help prisoners with addiction problems. This includes a compulsory harm reduction session run by Cranstoun during induction. Cranstoun also offer a full assessment of addiction problems, and counselling is available on a one-to-one basis. There are two addiction programmes available, a liberation pack is given to prisoners on release and outside agencies are in regular contact with the prison. In addition, information is available on the impact of drugs and on services available throughout the prison.

Mandatory Drug Testing

4.6 The drug testing facility is of a very high standard, although the service was experiencing serious problems. While there are officially two MDT staff, the drug testing centre was closed for a total of 176 days in 2003-2004 – 169 of which were due to staff redeployment to escorts. Testing at weekends was only taking place through 'B' Hall staff. The MDT Unit are only just meeting random drug testing numbers and other types of drug testing are not meeting requirements.

4.7 The costs of redeployment of drug testing staff had led to other problems:-

- MDT staff were not able to deliver individual testing programmes for prisoners who want help with their addiction problems;
- Prisoners in 'B' Hall on enhanced regimes were not being tested once a month as they should be;
- Prisoners on methadone were not being tested regularly by MDT staff;
- Reception testing had lapsed and should be reintroduced as it provides useful information to develop drug strategies.

4.8 Female prisoners were not being tested as there are only male officers trained to do this. This should be addressed.

Drug Reduction Programme

4.9 A detoxification programme in line with Health Care Standard 10 was available. In the year 2003-2004 the monthly average of prisoners on this programme was 61. Prisoners interviewed suggested that this programme was not adequate to respond to their needs.

Methadone Maintenance

4.10 Methadone maintenance and reduction are available in line with Health Care Standard 10 for those already receiving methadone when they are admitted to the prison. The average monthly numbers for those on methadone in 2003-2004 was 27. The facilities for

dispensing methadone and also for the drugs on the drug reduction programme leave much to be desired as they are public and crowded. The prison would benefit from having an addictions clinic run by a doctor trained in addictions.

4.11 The prison does not prescribe methadone for those who were not receiving it in the community. For those receiving methadone, if they are on a short sentence or remand, there is no guarantee that their methadone will be continued by a prescriber outside the prison. The prison then has to place prisoners on an 18 day drug reduction programme which may not necessarily be the best approach for the individual prisoner. The prison was in discussion with community drug services about this issue.

Cranstoun Drug Services

4.12 The Cranstoun team meet their target of 40 assessments per month, their average for the year 2003-2004 being over 50. They offer a Common Addictions Assessment Recording Tool (CAART) assessment for convicted prisoners and a referral service to other agencies. They also offer one-to-one sessions to address addiction issues. For remand prisoners or prisoners serving a sentence of less than 30 days “crisis transitional care” is offered and one and a half staff are allocated for this work. There is a waiting list but at the time of inspection it was short. The uptake of “crisis to transitional care” has been improving.

4.13 While most referrals to Cranstoun are made through the health centre, the intention is that this will mostly be through STONA in future. However at present there is only one STONA staff member.

4.14 One concern expressed by Cranstoun was that if the addiction nurse is not on duty then there are no referrals to Cranstoun, which they see as a missed opportunity. Test information on prisoners is available in the health centre but is not passed on. Improved communication between the Health Centre and Cranstoun might lead to greater clarity about their respective roles and functions and should enhance the service offered to prisoners.

Counselling

4.15 There was some confusion about counselling for drug problems. Prisoners who wanted help with addiction problems could receive one-to-one help from Cranstoun and also

much of the work carried out by social workers in the prison was related to drug problems. However, the prison has set up a contract with a Group called “Couple Counselling” to provide a range of intensive counselling including counselling for addictions. This service had not been used at all in the first six months it was on offer and the prison needs to look closely at why this was the case.

‘B’ Hall

4.16 The role of ‘B’ Hall in relation to supporting prisoners with addiction problems was under review and needs to be clarified soon as testing to support prisoners had not been carried out on a regular basis.

Alcohol

4.17 Prisoners with alcohol problems receive a Cranstoun assessment and care service. A sensible drinking programme, and AA meetings are also available within the prison. Individual counselling was on offer from a local alcohol counselling agency but this has been withdrawn because of lack of funds. The prison was looking at ways of reintroducing this.

Service for Female Prisoners

4.18 Women receive an induction which includes harm reduction, a Cranstoun assessment, one-to-one counselling if required, and transitional care or crisis transitional care. They do not always receive mandatory drug testing if female staff trained to do this are not available. Women who were interviewed wanted more focused drug counselling. They said they received important help from social work staff for their addiction and other problems.

Links with the Community

4.19 The prison is making important progress in relation to developing links with the community in relation to addictions. They now have good links with local Drug Action Teams; they take part in a drug related deaths meeting regularly; they have attempted to introduce counselling through a contract with an agency; and they have had a local alcohol

agency offer one-to-one counselling for alcohol problems. The latter has lapsed because of funding disagreements and this needs to be reconsidered.

4.20 Importantly, Management is in intensive discussions with local providers about methadone prescription for prisoners who come into the prison on a prescription and prisoners who wish to leave on methadone or to be prescribed methadone on release. At the time of inspection a meeting had been set up to discuss the issue of methadone prescription by community services as it seemed that if they were in prison longer than three months, they had to reapply for services on release.

Programmes

4.21 There were two programmes being delivered in the prison: both addressing addictions issues. 'Lifeline' is delivered over a four week period and in 2003-04 four programmes were run with 30 completions against a target of 32. 'A Guide to Sensible Drinking' is delivered over nine days and in 2003-04 three programmes were run with 20 completions against a target of 16.

4.22 Four staff and one Social Worker are trained to deliver 'Lifeline' and one member of staff is trained to deliver 'A Guide to Sensible Drinking'. There is some accommodation available in the Links Centre for programme staff and general office facilities. Programme delivery takes place in two rooms within the recreation area in 'B' Hall: these two rooms are adequate.

5. PRISONER MANAGEMENT

Reception

5.1 The Reception is a ‘traditional’ design which has been replaced in most other establishments. There are eight cubicles for holding prisoners. Staff try to keep the time which prisoners spend in the reception cubicles to a minimum, and both staff and prisoners indicated that it would be unusual for anyone to spend more than an hour in one. However, the use of cubicles themselves is not acceptable - compounded by the fact that they allow no natural light. The reception was designed for a population of approximately 150, but it now has to deal with 50% more.

5.2 The conditions in Reception are barely adequate. The staff office is extremely cramped for the three members of staff who may require to use it. The adjacent store for prisoners’ private property is equally cramped, lacks much ventilation and smells. There is a toilet, two showers and a bath. The reception prisoner kit store, whilst small, appears to be adequate for purpose. The nurse station is referred to elsewhere in this report. All prisoner interviews, including ACT assessments are carried out at the main Reception desk, as there is no separate and private interview facility. Consequently, all transactions are carried on in the presence of other reception staff, reception prisoner cleaners, other prisoners who may be transiting and anyone else in the area. In the short-term, provision should be made for confidential interviewing in Reception. A small office, designated as a “Sentence Management” area, but currently being used as a store room might be suitable for this and Management should explore this option.

5.3 The reception staff make the best use they can of this inadequate facility. The area is kept clean, as are the showers, storeroom etc. Whilst foreign language information was not on display, staff were immediately able to produce a range of local information sheets translated into the most common languages. There is also clear access to an external translator service. Prisoners are issued with a range of leaflets including information on the visits scheme, a ‘first 24 hours’ notice and a smoking policy-briefing note. Also initiated at the reception is an excellent local “Prisoner Violence Risk Assessment”. This allows reception staff to identify a number of factors which may be a risk to the prisoner’s safety. Further sections are completed by residential supervisor and other managers. A particularly

useful page provides a checklist for a whole range of prisoner related issues and in itself would be a good starting point for risk assessment prior to cell sharing. However, when these forms were followed up within the residential area none were completed beyond the reception stage. Management should decide whether or not this form should be continued. There is no telephone within the reception area; but prisoners generally have access when they move through to 'A' Hall.

5.4 It is recommended that the Reception area is re-developed or replaced in order to discontinue the use of the cubicles.

Induction

5.5 A notable development has been the creation of a Links Centre from what had previously been workshops. The Centre has separate office accommodation for managers and staff and three confidential interview rooms. Within the main Links Centre there are two further offices. The Links Centre itself is divided into a multi-purpose room and a classroom where induction and other activities take place and which is equipped with stand alone computers.

5.6 The multi-purpose area has a number of moveable screens allowing flexible interview areas to be created. Additionally, shelving has been installed and the library is located in this area.

5.7 Even though approximately one half of the workshop area still houses the prison laundry, the creation of the Links Centre has provided an attractive area which meets the needs of throughcare and induction.

5.8 The induction programme is based on the SPS national model with appropriate local elements. The programme is essentially a two-day programme running twice per week starting on Mondays and Wednesdays. On Fridays, a reduced programme is provided for prisoners on protection lasting approximately two hours. During the induction week prisoners also receive a medical interview; do educational basic skills assessments; meet with various agencies within the prison e.g. Cranstoun (who provide harm reduction). They also receive training in basic hygiene and convicted prisoners are allocated to work during this

week. Prisoners can also meet with agencies coming into the prison including Jobcentreplus. This new process commenced on the 14th of June thus the week of inspection coincided with the second week of its implementation. Clearly, it is too early to comment on the effectiveness of this programme, although this will be monitored by the Inspectorate on subsequent visits.

5.9 Historically, induction has been problematic at Aberdeen, particularly in terms of large numbers of untried prisoners refusing to attend, and a degree of reluctance on the part of convicted prisoners to attend. Attempts have been made to better manage attendance at induction.

5.10 Induction packs are being developed for female prisoners and will be delivered by staff within the female unit. Currently, induction of female prisoners is at best haphazard and requires to be addressed as a matter of urgency.

5.11 Consideration should be given to the use of the Links Centre for female admissions.

Sentence Management

5.12 Responsibility for Sentence Management lies with the Social Inclusion Group (who also have responsibilities for induction, core screening, addictions and programmes). One officer carries out Sentence Management and is also responsible for core screening (the Short-Term Offender Needs Assessment/Community Integration Plan) and the day-to-day running of the Links Centre.

5.13 While SPS has a National Sentence Management Scheme for long-term prisoners, Aberdeen's new performance contract provides for a temporary client waiver in terms of SPS Operating Standards 2.1, 2.2, 2.3, 2.4 and 2.5. This means that Aberdeen is not required to complete the SPS Sentence Management Scheme as it applies to long-term prisoners in other prisons. However, for those long-term prisoners admitted to the prison the initial interview is carried out, the consent form is completed and the file is started. There are still a number of categories of long-term prisoners who do not have even this minimum work done, at the time of the inspection, there were 27 long-term prisoners. This included 13 individuals, who had previously been released on licence from a long-term sentence and had subsequently been

recalled, and five long-term prisoners who were being managed at HMP Aberdeen for a variety of reasons.

5.14 The view of local management is that long-term prisoners should not be managed in a local prison which cannot provide for their needs but should be transferred to a long-term prison. This view is supported by SPS. The current degree of overcrowding within the prison system means it is proving difficult for Aberdeen to move long-term prisoners to their prison of classification. Consequently, none of the 27 prisoners being held are meeting the targets for risk and needs assessment laid down in the SPS's own Sentence Management Scheme. Once again in an inspection report it is a cause for concern that the Scheme which SPS has put in place for managing long-term prisoners is not being carried out and, in this particular case, is not being carried out with the agreement of SPS.

5.15 In order to meet immediate needs the prison uses the Short-Term Offender Needs Assessment instrument with long-term prisoners. However, Aberdeen is unable to do the psychometric or PBRS sections as the competence of the staff trained has lapsed. Additionally, Aberdeen has no psychology provision to support Sentence Management. The situation at Aberdeen for long-term prisoners is poor. It is not uncommon for long-term prisoners to remain at Aberdeen for up to six months after being sentenced, while those recalled on licence often spent the entire recall period at HMP Aberdeen. **It is recommended that SPS urgently reconsider the non-provision of Sentence Management to long-term prisoners being held in Aberdeen.**

Throughcare

5.16 Aberdeen was one of the pilot sites for the Short-Term Offender Needs Assessment/Community Integration Plan approach of SPS. They have taken a decision to use this instrument with all prisoners. As referred to above, it is used in the absence of the SPS Sentence Management Scheme to identify short-term needs for long-term prisoners. It is also used with all short-term prisoners and with untried prisoners serving more than seven days. This is in excess of the SPS Core Plus model but clearly has great advantages for all prisoners concerned since all but those doing the very shortest time in prison have a systematic needs assessment and Community Integration Plan prepared.

5.17 Until recently the assessments were kept in the individual prisoner files held by Cranstoun Drug Services. The disadvantage of this was that prisoners who were not subject to an addictions referral were not seen by Cranstoun and consequently there was a gap in service. A central STONA filing system was being set up, although it was not in place at the time of the inspection.

5.18 The STONA has seven areas of assessment, the identified needs either being dealt with by throughcare staff, by agencies within the prison or by external agencies. Files are reviewed four weeks and one week prior to liberation to ensure that the targets in the Community Integration Plan have been met. In the main these are fairly routine interventions and an examination of a sample of CIPs revealed that on average there would be one or two referrals per prisoner, and that these referrals, in most cases, resulted in appropriate action.

5.19 Internally, throughcare issues around accommodation, family contact, addictions, employability and additional support were dealt with by the Links Officer, Social Work Department, Visit Contact Officers, Cranstoun Drug Services, the Learning Centre within the prison and the Chaplaincy Team.

5.20 For issues relating to finance and benefits Jobcentreplus and the Debt Counselling Agency (via Citizens Advice Bureau) were both involved: with Jobcentreplus attending on a full time basis, two days per week.

5.21 Cranstoun's addictions partners included Phoenix House, Aberdeen Foyer, Turning Point and a number of other agencies. Additionally, Cranstoun provided harm reduction and health advice and in turn, this links into the prison's own addictions response, which is outlined elsewhere in this report.

5.22 Transitional care is managed by Cranstoun, which allows a 12 week transitional care period in the community. However, Cranstoun indicated that they did not keep statistics for the take up of appointments after release. It would be useful to have such figures available to allow an assessment of the effectiveness of transitional care to be made. Cranstoun have recently relocated to the prison from a permanent office within Aberdeen city. There was some concern that the ability of those released to simply drop in to the Cranstoun Centre was no longer available and might limit further contact after liberation.

6. HEALTHCARE

Accommodation

6.1 The Health Centre is small, cramped and barely fit for purpose. It contains a consultation room, which is the main base for healthcare staff. The room can be very busy and overcrowded and at certain times of the day it can be chaotic, particularly during peak times when medication is being administered and prisoners treated. A small connecting room is used by the attending psychiatrist and by administrative staff. The dignity and privacy of prisoners is also compromised during consultations and treatments within the Health Centre. For example, the examination couch is placed against a wall in the main thoroughfare. This has resulted in prisoners receiving their treatment on a chair in the adjoining treatment room.

6.2 A very small staff room is situated in the treatment room but this affords no respite from the bustle and offers no privacy for changing in and out of uniform: it is a mixed sex changing area.

6.3 A Clinical Nurse Managers office is situated on the opposite side of the link corridor to 'B' Hall. Its position makes access difficult. The dental room is also inappropriately placed and is underutilised: this is the largest room in the Health Centre and its future use requires to be agreed as a matter of urgency.

6.4 There is no waiting room available for prisoners who are expected to wait in the busy corridor to see the doctor or dentist. A very small room is available in the middle of the corridor, used by social work staff for one-to-one discussions. This room was mostly vacant during the visit and could be used for prisoners awaiting their medical or dental appointments.

6.5 Storage space is limited and a large number of medical case notes are stored in both the treatment room and the consulting room. There are no treatment rooms in either of the two halls, which results in all prisoners attending the Health Centre for their treatments. This requires prison officer escort to and from the Health Centre by a designated officer each day.

6.6 A business case for the upgrade of the Health Centre was submitted in August 2002. **It is recommended that the Health Centre is upgraded as a matter of urgency.**

Medical Service

6.7 The doctors are contracted for 10 hours per week but with overcrowding at current levels this does not appear to be sufficient: on one day during inspection the doctor saw 11 new prisoners.

Nursing

6.8 The Health Centre is managed by a Clinical Nurse Manager who attends the Senior Management meetings. There is a determination to improve healthcare and develop staff, although this is hampered by the inadequate environment and the high turnover of staff.

6.9 There are five full time equivalent practitioner nurses including a RMN and one addiction nurse. A temporary nurse post has been created until funds can be found to secure the position. However at the time of visit one nurse practitioner was due to leave the Service and another was leaving in the autumn.

6.10 The rising numbers, and mix of prisoners, makes it very difficult for staff to provide anything but a basic service. Prisoner group therapy sessions and/or health promotion programmes are lacking.

6.11 Nursing staff have the use of a small interview room in the reception area of the prison. The room is basic but affords reasonable privacy to assess healthcare needs prior to prisoners being escorted to the halls.

6.12 Nursing documentation and medical notes are integrated and comprehensive.

Mental Health

6.13 The psychiatrists are contracted for three sessions per week. There is little time available to provide one-to-one therapies, and it is therefore difficult to estimate the unmet mental health needs of prisoners.

6.14 There is no psychology input, nor is there any screening for learning difficulties.

Dental Services

6.15 The dental room is well equipped with appropriate facilities. The room is also used by the visiting optician, but as noted at paragraph 6.3 is underutilised. The team consists of a dentist and a dental nurse covering two sessions every fortnight. Waiting lists are minimal and emergency treatment is given as required. An average of 16 prisoners are treated per session.

6.16 Prisoners' expectations can be high, and the dentist is often asked to provide 'gold fillings' and 'bleaching' when basic fillings and tooth extractions are all that are required.

Pharmacy

6.17 Pharmacy supplies are obtained under contract with Moss Pharmacy. An impressive same day delivery is in place. However, supplies are stored in a small and cramped room.

6.18 A large number of prisoners receive methadone and an ever increasing amount of nurse time is being devoted to dispensing this and other medications. Prisoners receive their medication through an iron barred door in the treatment room. They line up along the corridor to receive this which creates a disruptive and potentially volatile situation for prisoners, prison officers, and healthcare staff.

6.19 Early evening and night time medication is administered at the same time before 5 pm at weekends due to nursing staff going off duty at 5.30. This means that prisoners sometimes have to keep their night sedation until later in the evening. This situation requires to be addressed as a matter of urgency, as there is a risk of prisoners stockpiling medication and/or using it as a form of currency.

Infection Control

6.20 Not only is the Health Centre cramped, it is also grubby. There is no regular cleaning service and nursing staff have to undertake routine cleaning during their weekend rota.

6.21 A significant risk of infection and cross infection was noted given there is only one wash hand basin. This is situated in the treatment room and is used by staff to wash their hands following prisoner contact, wash any instruments used during invasive treatments and also used to wash crockery. This is not acceptable and should be addressed.

7. LEARNING, SKILLS AND EMPLOYABILITY

Education

7.1 Education services are provided in a dedicated Learning Centre under contract by Aberdeen College. The Learning Centre is managed by a job share post of Learning Centre Manager. The post holders are both very experienced teachers. Teaching staff are recruited to take account of their capacity to operate very flexibly within a learning environment in which the turnover of learners is very high. Current staff have a good range of experience in working with prisoners. Aberdeen College deploys 6.7 FTE teaching staff in meeting the requirements of its contract with the SPS. Around 50% of the Learning Centre Managers' time and a few hours each week of teaching staff time is taken up with administrative duties. There is no dedicated administrative support in the Learning Centre.

7.2 The Learning Centre is located in a separate block close to the Gymnasium. Accommodation comprises four teaching areas around a small communal area with staff and prisoner toilets and a very small office. One teaching area contains eight PCs with a limited range of learning software. Generally, furnishings and fittings are suitable for purpose but require some upgrading to provide a more attractive learning environment. Painting was planned for the summer 2004. Heating in the centre is not always effective in maintaining an appropriate temperature for learning. The office space is inadequate and this space is further constrained by mains electricity equipment. The Centre has very limited storage space. The Learning Centre can accommodate 17 prisoners in each session. A small number of courses are delivered in the lounge area within the Female Unit.

7.3 At induction, prisoners are assessed for literacy and numeracy capabilities using a pilot assessment tool, the *Alerting Tool*. This tool invites prisoners to write very briefly about their enthusiasms and interests and to self-assess against a list of everyday uses of literacy and numeracy. Staff regard this method as more effective than the Basic Skills Assessment (BSA) and more likely to be completed by prisoners. Convicted prisoners complete an individual learning plan (ILP) with a learning centre manager. However, attendance at classes by individual prisoners is not regular and review of progress against the goals set in ILPs is not systematic. Prison Management, with Learning Centre staff, should improve the co-ordination of prisoners' attendance at education. Prisoners' learning records are not

systematically transferred with prisoners to other prisons. Some prisoners achieve certificates for their work. However, otherwise, prisoners do not carry a record of their learning achievements with them on release.

7.4 Prisoners access education from their work party by opting for classes the week before they take place. A small financial incentive is available to encourage prisoners to take up learning opportunities. The timetabling of the learning programme provides opportunities in the morning and afternoon (except Friday afternoon) for convicted prisoners. Lunchtime groups are held for female prisoners except on Fridays. An evening computing group is available Monday to Thursday for remand prisoners but this was not operating effectively at the time of the inspection. Prisoners on protection have access to classes on Friday afternoons. Classes are advertised through a straightforward leaflet that is available throughout the prison. Staff planned to offer a revised education programme for convicted prisoners to take effect from September 2004. From September, morning classes would focus on basic and core skills, and afternoon classes on accredited, employment-related programmes.

7.5 The high turnover of the prisoner population presents difficulties in supporting their work towards accreditation. During the academic year August 2003 to June 2004, 36 Aberdeen College Certificates were awarded in Information and Communication Technologies (ICT) subjects at beginners, intermediate and advanced levels. Three SQA Units were achieved in Mathematics. Prisoners enrolled on seven award-bearing open learning courses at a range of qualification levels.

7.6 Detailed records are kept for prisoner attendances at education and for prisoner learning hours. However, individual learning plans are not being used effectively to monitor prisoners' progress through learning. It was, therefore, difficult to establish the value added to prisoners of their engagement in education. Plans were in place to re-structure the education timetable and to align provision more closely to core and life skills and skills for employability. In doing this, Aberdeen College should establish more robust systems for tracking, with prisoners, the progress they make through their involvement in education. They should make greater use of individual learning plans as a basis for monitoring progress. They should also consider establishing records of achievement for prisoners which they could

take with them on release or transfer and subsequently build upon either in the community or through education provision in other prisons.

7.7 The lack of continuity of attendance by prisoners at classes presented teachers with significant challenges. On the one hand, it required flexible and individualised approaches to teaching and learning. On the other, it contributed to some teaching and learning lacking focus and direction. A few prisoners were well motivated and saw education as a positive contributor to reducing re-offending. Others used education as a welcome break from the tedium of prison routine. Plans to improve learning and employability opportunities in Aberdeen need to take full account of the short-term nature of the convicted prisoner population. Interventions need to be more closely geared to what prisoners might achieve within a given time period. And greater attention needs to be paid to how all prisoners are supported to engage with or continue learning on release or transfer.

7.8 Staff discuss their work regularly but informally. They are enthusiastic about providing a high quality service within the constraints they face. However, they need to apply more systematic approaches to self-evaluation as part of planning for improvement.

7.9 Overall, the Learning Centre makes a useful contribution to the lives of some prisoners. Prisoners report that the range of learning opportunities has improved over recent years. The high turnover in the prisoner population and irregular attendance at classes presents particular challenges for teaching staff. However, staff need to make greater use of ILPs to focus prisoners' learning and assist prisoners to monitor their progress. They need to be able to demonstrate more fully the benefits accruing to prisoners from their involvement in education. Greater attention needs to be paid to how all prisoners are supported to engage with or continue learning on release or transfer. As part of this, staff should improve links with providers in the community who can support, on release, prisoners who have literacy and/or numeracy difficulties. Prison managers, with Learning Centre staff, should improve the co-ordination of prisoners' attendance at education.

Employability and Employment

7.10 Prisoners with sentences in excess of 31 days attend an employability interview as part of their induction. They then have a limited range of work party options in laundry,

joinery, catering, industrial cleaning and as passmen. Prisoners allocated to catering complete a mandatory, CD-based, six hour programme on food hygiene. All prisoners complete an awareness raising programme in manual handling. An additional, innovative training programme to meet local employment demand for fish-filleting was featured on 'BBC Scotland' during the inspection week. Prisoners welcomed the relevance and practicality of this programme. A previous programme in car-valeting, also valued by prisoners, had been discontinued for security reasons.

7.11 The laundry facilities are poor and insufficient in scale to meet the needs of the prison. There are no certificated vocational training opportunities attached to this work option. The large joinery workshop is well-equipped and produces high quality wood products on contract to a major retailer. There are no certificated vocational training opportunities attached to this work option. Industrial cleaning is well-developed in its operations and its outcomes for prisoners. This option offers a range of industry-standard qualifications and the record of achievement by prisoners is good. Commendably, one prisoner trained and qualified as an assessor for the cleaning operatives proficiency certificate and makes a very useful contribution to training fellow prisoners. Over a period of eight years, 37 prisoners were thought to have secured employment in the cleaning industry following release.

7.12 Overall, opportunities for prisoners to secure relevant work experience and vocational training need to be improved. The laundry facilities are inadequate. Work experience in the joinery workshop is of a high quality and vocational training in industrial cleaning is effective. The introduction of fish-filleting training in response to local employment conditions is an imaginative and promising development. However, too few prisoners are benefiting from effective vocational training.

Library

7.13 The small library is located along one wall in the foyer area of the Links Centre. A smaller collection of books, used mainly by protection prisoners, is also available in the Learning Centre. Prisoners can complete request sheets, which are available in the Halls, for book loans. The library has approximately 1,000 titles classified by Fiction, Science Fiction, Modern and Romantic. There are no reference texts on legal or other practical matters that

might provide prisoners with support. There were no CDs available for loan, nor computers available for use by prisoners. Stock had not been upgraded in the past two years although a small budget is available for book purchases. The resignation of an officer had resulted in planned improvements not yet being taken forward. The development of the library needs to be taken forward alongside other plans to improve learning and employability.

8. CARE

Family Contact

8.1 The physical provision for visits is not good. As reported in previous reports the visits room is small with little room for toys or food. During visits the room is noisy and cramped.

8.2 However, since the last report improvements have been made to the quality of the visits and these are to be welcomed. The prison has put considerable effort into making the most of what it has got. The booking system has been changed so that visitors now book the visit. There is a dedicated telephone number for booking although visitors said that the line was often busy when they called. A cap has been placed on the number of visits taking place at any one time and the number of visits staff has been reduced. A visits co-ordinator is in place as well as six Visit Contact Officers (VCO) who book the visits and answer any questions which visitors might have. However, not all visitors were aware of the VCOs and some said there was little help available to those new to the system. They also said that they did not always get the full time slot allocated. The new system allows a greater level of control of the process and the small visits room is not now as crowded as it has been in the past. It is now easier to match places to demand. Prisoners also nominate a maximum of four people who will visit which has reduced the frequency of visitors arriving at the gate with no space booked.

8.3 Overall the visiting arrangements have improved and the range of measures introduced have led to improved conditions in the waiting room, more pleasant visits, better booking arrangements, less removals from the visits room, fewer banned visitors arriving at the gate, and a reduction in the number of closed visits taking place. The visits room is nevertheless too small.

Suicide Prevention

8.4 In the year 2002 there were 11 incidents of self-harm and no attempted suicides. In 2003 there were 10 incidents of self-harm and one attempted suicide. In 2004 to date of inspection there had been 8 incidents of self-harm and one death in custody (subject to a Fatal

Accident Inquiry). ACT documentation was initiated on 98 occasions in 2003/04 and in April/May 2004 it had been initiated on 26 occasions.

8.5 Although statistics were unavailable, anecdotal evidence suggested that the majority of attempted suicides and incidents of self harm occur in 'A' Hall. Identification of prisoners who may be a risk to themselves is difficult at the best of times, but in an environment where there are so many different classifications of prisoner, and high daily turnover, staff in 'A' Hall have a very difficult task.

8.6 Case conferences for prisoners on ACT are well organised and well attended by all the relevant interests. However, prisoners assessed as high risk were occasionally escorted to a case conference in view of other prisoners. This was embarrassing for all concerned. The prison should seek to escort prisoners at high risk to case conferences out of the sight of other prisoners.

8.7 The ACT strategy is discussed at the quarterly Mental Health and ACT Group Meeting chaired by the Deputy Governor. A monthly ACT Group started shortly before the inspection. This feeds into the higher level quarterly meeting.

8.8 Aberdeen has a Listeners Scheme with three trained Prisoner Listeners and four more waiting for training. All of the Listeners are male. The prison should look at ways of identifying and training female Listeners. The availability of Listeners is publicised in the Reception and in other appropriate locations around the establishment.

Physical Education

8.9 In the last year there has been a significant increase in activity in the gym. Staffing has increased from two to four and this has allowed the timetable to improve dramatically. Feedback from groups and individuals during inspection was that the gym is very popular.

8.10 Up to November 2003 the gym timetable was restricted to alternate weeks of day shift (9.00 am to 5.00 pm) and late shift (12.00 – 9.00 pm). It is now 8.30 am to 8.30 pm Monday to Friday and morning and afternoon sessions at the weekend. In April 2003 there were 876 prisoner activity sessions in the gym, in April 2004 this had increased to 2297.

8.11 There are sessions for all categories of prisoners including women and prisoners on protection. For prisoners on protection especially this is one of the very few opportunities they have to spend time out of their cell.

8.12 Most activity in the gym is of a recreational nature but some certificated opportunities are available in 'Manual Handling' and 'Heartstart'. Prisoners and staff can also be "fitness tested" and have training programmes designed for their personal needs. The gym has moved on significantly but it is still in transition. The PE Instructors are in the process of attaining the necessary qualifications to allow them to supervise prisoners undertaking CSLA certificates and Scotvec Basic Gym Training modules. A session on gym awareness already forms part of prisoner induction and it is planned to hold Healthy Choices sessions later in the year.

8.13 The facilities in Aberdeen are fairly good. The gym itself whilst small, allows up to 28 prisoners per session to participate. There is also an outdoor astroturf football pitch.

Social Work

8.14 The Unit is fully staffed with one senior social worker, one full-time social worker, two part-time social workers and one full-time administrative assistant.

8.15 Accommodation comprises an open-plan office with space to accommodate four desks and a small sink unit. There is also a small room off the main area where the SPIN terminal is located.

8.16 Space for interviewing prisoners is limited. The Unit has the use of a small room at the side of 'A' Hall and access to interview rooms in the Link Centre - but only at certain times. There are also difficulties associated with prisoners being escorted to the Links Centre.

8.17 Each social worker offers offence related one-to-one work with long-term prisoners. Some longer-term work can be done with these prisoners on supervised release. The Social Work Unit also works with prisoners with addiction problems and targets prisoners under the

age of 21, women prisoners and “high risk” prisoners. They also help with anger management on a one-to-one basis.

8.18 Prisoners are informed about the social work services available during induction and a letter is given to each prisoner to inform them of these services.

8.19 Social work staff have been actively encouraged to participate in appropriate meetings and contribute to future developments in the prison. They are involved in the multi-disciplinary fortnightly meeting. However, the Unit does not feel fully part of the decision-making process, an example being lack of consultation about access to the interview rooms in the Links Centre.

8.20 The Unit carries out some work with families but would like to do more. A difficulty is the availability of rooms. They have tried to develop a better understanding of their role with the prison through a training session with staff but this had been cancelled twice at the time of the visit and the next proposed meeting was also cancelled.

8.21 Women prisoners in particular valued social work intervention and there were good communications between the Unit and external agencies.

8.22 Overall, while social work has good relationships with the majority of staff, there is a need to achieve clarity about their role.

Race Relations

8.23 Aberdeen has recently appointed a First Line Manager as the Race Relations Co-ordinator. He is supported by an officer who acts as his deputy. The co-ordinator participated in his first role specific training in the week of inspection. Prior to that he had used the SPS policy documentation to keep notices up to date and try to keep on top of any issues that arose.

8.24 There was one untried Muslim prisoner in Aberdeen during the inspection. His specific cultural and religious needs appeared to be adequately catered for. He was regularly visited by a local Imam. Staff said that these visits were less frequent for convicted prisoners.

8.25 Race relations notices are on display in appropriate locations around the prison. Literature in a range of languages was also available, although it is very rare for a non-English speaker to be in the prison. There was one Portuguese speaker in the prison during inspection, and the prison used available literature in his language to aid communications as well as an interpreter service when necessary.

8.26 Plans are in place to establish stronger links with local religious and cultural groups.

Chaplaincy

8.27 The Aberdeen Chaplaincy Team comprises two Church of Scotland and one Roman Catholic Chaplains. They provide a total of 32 hours per week. The Episcopal Church, Salvation Army and Prison Fellowship also visit the prison. The team considered the contracted hours to be adequate.

8.28 The current team was formed recently and was in the process of driving forward a number of good initiatives. Plans were in place to refurbish the Chapel and a Chaplaincy input to induction was being pursued as a matter of urgency. A new referral system was being put in place. They attended the Multi-disciplinary Health Team and Management meetings, were integrated into the life of the prison and felt well supported by management. The Chaplains were able to do one-to-one work with prisoners. Links were being made with other faith Communities and leaders in the Aberdeen area.

8.29 The Chaplains raised a number of concerns about the prison. Too many prisoners, too few staff and a shortage of space placed problems for the Chaplains in terms of access to prisoners. This was particularly acute for Sunday services. Some consideration was being given to changing the day and time of services although efforts were being made to resolve the situation before that action had to be taken. They also felt that it was difficult to see prisoners on protection and would like to see female prisoners being given the opportunity to attend services outwith their Unit.

8.30 Overall, the Chaplaincy Team was operating effectively, made every effort to see prisoners despite the high numbers, were proactive and were operating with a clear sense of purpose.

Visiting Committee

8.31 Members of the Visiting Committee outlined their main concerns: many of them were concerns contained in this report. Overcrowding is, in their words, “at the centre of problems for Aberdeen”. They listed several possible results of overcrowding which were giving them increasing anxiety, including risks to safety, access to recreation and other facilities, and pressure on staff/prisoner relationships.

8.32 Strong feeling exists within the Visiting Committee about what they perceive as a lack of capital investment in the prison. In particular they drew attention to poor facilities for healthcare, for kitchen and laundry, and for visits. There was clearly a sense of frustration about these matters: a sense that the quality of these facilities had been raised time and again, but only very small improvements had been made.

8.33 There was recognition among the members that the availability of useful regimes for certain groups of prisoners was very limited; they identified women prisoners and prisoners on protection as those for whom they felt there was least satisfactory provision. The length of time spent in cell by remand prisoners was a particular concern.

8.34 With regard to matters raised with them officially by prisoners, the Visiting Committee identified these as most frequently raised: closed visits, lack of flexibility over exercise arrangements, clothing for outdoor exercise in bad weather, and dissatisfaction with the prison’s internal complaints system.

8.35 The Visiting Committee believes that it is well supported in its work by management and staff in the prison.

9. SERVICES

Estates and Facilities

9.1 Aberdeen is a 'non-development' site and as such has not submitted a Development Plan. An 'Age and Condition Survey' has been carried out and submitted to SPS HQ.

Health and Safety

9.2 It was encouraging to see a high percentage of staff trained in Health and Safety and Aberdeen are working in partnership with the POA(S) to ensure that Risk Assessments and subsequent safe systems of work were in place.

Human Resources

9.3 The Human Resource function is well organised. There is a Human Resource Manager, Employee Development Manager and administrative support. The HR Manager takes a greater interest in aspects of absence management than in many other prisons and this seems to have had a positive effect in tackling the problem.

9.4 There have been problems covering posts in Aberdeen. This has occasionally resulted from absence, but in the main it is because of gaps in complement and escort demands. Staff work extra hours, and when appropriate receive ex gratia payments. Officers coming to Aberdeen from other prisons on detached duty have also helped.

9.5 A new training area has been created in the gate complex. This is well appointed, self sufficient and provides a good learning environment for staff. It contains a computer resource centre, classroom, gym area and toilets. Another innovation has been shared training with Peterhead, including recruit induction training for new staff.

9.6 Aberdeen retained IIP status in May 2003 and is currently working towards the Bronze SHAW award.

9.7 Training in Aberdeen is focused on the establishment's Performance Contract recently agreed with SPS. The Training Plan is detailed and well thought out. Core competence levels are all at acceptable levels. It is apparent that training is considered a priority in the prison.

9.8 Further education for staff is also well supported. Good relationships have been created with local academic institutions and this has led to students from the prison obtaining sponsored or free places on some courses. Some students from outwith the SPS have also undertaken work in the prison which helps both the prison and their own studies. There has also been contact with "Learn Direct Scotland" and the prison has provided two people with job experience opportunities in the prison. Engaging the local community in the work of the prison is an area of **good practice**.

9.9 All senior managers are part of the evening and weekend duty roster. This means that the Estates and HR Managers get the opportunity to see what is happening outwith their own specialism within the prison. This can only be good in terms of them being aware of prisoner issues and is an area of **good practice**.

Catering

9.10 There has been a significant change in how food is served in Aberdeen. A heated servery was introduced in 'B' Hall just before the follow up inspection in 2003. Recently this practice extended to 'A' Hall and the improvement in the presentation of meals is very marked. Complaints have reduced significantly and very few concerns were raised with inspectors.

9.11 The Catering function comprises one manager and four staff. The kitchen employs 18 prisoners on a shift basis. Usually eight or nine prisoners are in the kitchen at any one time but there does not appear to be enough work and they are often sitting around reading newspapers or playing cards. The manager is also responsible for some other prisoner activity areas so he spends only a percentage of his time in the kitchen. A recent Environmental Health Inspection report had raised only minor points which had been addressed. Most importantly the report indicated that the quality of training undertaken by staff and prisoners was very satisfactory.

9.12 An advance menu system is in place throughout the prison. What was particularly impressive was that when admissions arrive in the prison they get a choice from the menu almost immediately, and certainly within 24 hours. This is an area of **good practice**. Other establishments have said that this was too difficult to achieve.

9.13 The menu operates on a four week cycle and all cultural and religious requirements appear to be catered for. Prisoners are able to influence what is on the menu through food focus groups. There are vegetables every day and fresh fruit three times a week. A hot meal is also served at tea time at the weekends.

9.14 No systematic sampling of meals in the kitchen or in the residential areas by senior managers within the prison was taking place. The daily catering diary was unsigned for several weeks prior to inspection.

9.15 The kitchen itself is fairly compact. It has certainly helped that the conveyor belt needed for the plated meals has now gone, creating some additional space. This is being converted into a training area for prisoners. Staff are D32 competent but training has stalled in the last year. Some BICS certificates have been achieved but most notably a fish filleting course in partnership with a local company has started and the prison hopes that this will boost employment prospects on liberation.

9.16 Staff and management are to be commended for the improvements they have made in the catering function.

Laundry

9.17 The laundry is located next to the Links Centre. It is part of an old workshop, and does not have the capacity to cope with the present needs of the prison.

9.18 Bedding and denims are transported to Peterhead to be laundered. 'A' Hall's dirty bedding and denims go to Peterhead on a Monday and comes back on the Wednesday. 'B' Hall's go on the Wednesday and are back the following Monday.

9.19 Items of dirty clothing can be submitted daily in a numbered laundry bag. Prisoners can put prison or personal clothing in the bags. Thefts and losses are rare. There is also washing of non-personalised prison items every day. Sheets, socks, t-shirts, pillow slips, duvets, towels and underwear are washed in bulk. They are then issued on a one-for-one basis in the halls. It is a 'first come first served system' so it is apparent that more strident prisoners might have more access.

9.20 Worn or damaged prison issue stock is replaced in the laundry. The washing process is particularly hard on towels and the cost of replacement is quite high. Again high numbers means more expense on prison issue clothing and other kit.

Canteen

9.21 A bag and tag system is in place and the Inspectorate heard no complaints about how it was operating. The store room is fairly small and cannot hold large amounts of stock. A good range of goods was nevertheless available, and prices were reasonable.

10. GOOD PRACTICE

10.1 The outside patrol officer during night duty checks the inner perimeter for “packages” thrown over the wall. This has been successful in intercepting drugs and other illicit articles (paragraph 3.13).

10.2 Staff actively employ prisoners on protection within the Segregation Unit on cleaning duties which allows them more time out of cell and keeps the Unit clean (paragraph 3.17).

10.3 Prisoners being escorted to court were briefed fully by escort staff about where they were going and why (paragraph 3.22).

10.4 The prison provides education, training and work opportunities for students from the community (paragraph 9.8).

10.5 All senior managers are part of the evening and weekend duty roster (paragraph 9.9).

10.6 New admissions are able to receive a choice from the menu almost immediately, and certainly within 24 hours (paragraph 9.12).

11. RECOMMENDATIONS

For SPS/HQ

11.1 Formal risk assessments should be carried out prior to allocating prisoners to shared cells (paragraph 2.5).

11.2 SPS should urgently reconsider the non-provision of Sentence Management to long-term prisoners being held in Aberdeen (paragraph 5.15).

11.3 The Health Centre should be upgraded as a matter of urgency (paragraph 6.6).

For Establishment

11.4 Staff on night duty should be trained to use the emergency first aid crash pack (paragraph 3.12).

11.5 At least one member of staff on night duty should be qualified to undertake first aid (paragraph 3.12).

11.6 The Reception area should be re-developed or replaced in order to discontinue the use of the cubicles (paragraph 5.4).

12. POINTS OF NOTE

For SPS/HQ

12.1 Windows with broken panes should be replaced (paragraphs 2.13 and 2.17).

For Establishment

12.2 Remand prisoners should be allowed more time out of cell (paragraph 2.7).

12.3 The regime for prisoners on protection should be improved (paragraph 2.8).

12.4 Old and unsuitable mattresses should be replaced in the financial year 2004-05 (paragraphs 2.13 and 2.17).

12.5 The bedrooms and dormitories in the Female Unit are starting to look shabby and are in need of redecoration (paragraph 2.20).

12.6 A consistent approach to Induction within the Segregation Unit should be adopted (paragraph 3.18).

12.7 The costs associated with the redeployment of drug testing staff had led to a number of problems as outlined. These should be resolved as soon as possible (paragraph 4.7).

12.8 Female prisoners should be subject to MDT and female staff should be trained to do this (paragraph 4.8).

12.9 The prison would benefit from having an addictions clinic run by a doctor trained in addictions (paragraph 4.10).

12.10 There should be improved communication between Cranstoun Drug Services and the Health Centre in terms of respective roles and functions (paragraph 4.14).

12.11 The reasons for the “Couple Counselling” service not being used in its first six months should be examined (paragraph 4.15).

12.12 The role of ‘B’ Hall in relation to supporting prisoners with addiction problems needs to be clarified (paragraph 4.16).

12.13 The prison should consider re-introducing the one-to-one alcohol counselling service previously provided by a local alcohol agency (paragraph 4.17).

12.14 In the short-term provision should be made for confidential interviewing in Reception (paragraph 5.2).

12.15 Management should decide whether or not the “Prisoner Violence Risk Assessment” form should be continued (paragraph 5.3).

12.16 The induction of female prisoners requires to be addressed as a matter of urgency (paragraph 5.10).

12.17 Consideration should be given to the use of the Links Centre for female admissions (paragraph 5.11).

12.18 The future use of the dental room in the Health Centre needs to be agreed (paragraph 6.3).

12.19 Access to the doctors is limited due to overcrowding (paragraphs 6.7).

12.20 Rising prisoner numbers make it difficult for nursing staff to provide anything but a basic service (paragraph 6.10).

12.21 A safer way of dispensing methadone should be found (paragraph 6.18).

12.22 Early evening and night-time medication at weekends should not be administered at the same time (paragraph 6.19).

12.23 Steps should be taken to reduce the risk of infection and cross infection in the treatment room in the Health Centre (paragraph 6.21).

12.24 Furnishings and fittings in the Learning Centre require some upgrading to provide a more attractive learning environment (paragraph 7.2).

12.25 The heating in the Learning Centre should be effective in maintaining an appropriate temperature for learning (paragraph 7.2).

12.26 The office space in the Learning Centre is inadequate (paragraph 7.2).

12.27 Prison Management, with Learning Centre staff, should improve the co-ordination of prisoners' attendance at education (paragraph 7.3).

12.28 The evening computing group for remand prisoners was not working effectively (paragraph 7.4).

12.29 Aberdeen College should establish more robust systems for tracking, with prisoners, the progress they make through their involvement in education (paragraph 7.6).

12.30 Plans to improve learning and employability opportunities need to take full account of the short-term nature of the convicted population (paragraph 7.7).

12.31 Greater attention needs to be paid to how all prisoners are supported to engage with or continue learning on release or transfer (paragraph 7.7).

12.32 Staff need to apply more systematic approaches to self-evaluation as part of planning for improvement (paragraph 7.8).

12.33 Opportunities for prisoners to secure relevant work experience and vocational training need to be improved (paragraphs 7.10-7.12).

12.34 The development of the library needs to be taken forward alongside other plans to improve learning and employability (paragraph 7.13).

12.35 The physical provision for visits is not good. The visits room is too small with little room for toys or food (paragraph 8.1).

12.36 Greater monitoring of the location of attempted suicides and incidents of self-harm should be put in place (paragraph 8.5).

12.37 The prison should seek to escort prisoners at high risk to case conferences out of the sight of other prisoners (paragraph 8.6).

12.38 The prison should look at ways of identifying and training female Listeners (paragraph 8.8).

12.39 Space for Social Workers to interview prisoners and their families is limited (paragraph 8.16 and 8.20).

12.40 The difficulties associated with prisoners being escorted to the Links Centre for Social Work interviews should be addressed (paragraph 8.16).

12.41 There is a need to clarify the role of Social Workers within the prison (paragraph 8.22).

12.42 Senior managers should undertake a systematic sampling of meals in the kitchen or residential areas (paragraph 9.14).

12.43 The laundry does not have the capacity to cope with the present needs of the prison (paragraph 9.17).

SOURCES OF EVIDENCE

Written material and statistics received from Aberdeen prior to Inspection

Prison's self-assessment

Governor's briefing

SPS Prisoner Survey

Aberdeen records

SPS background material

Discussions with prisoners

Discussions with prisoners family

Focus groups with prisoners

Interviews with prisoners

Interviews with prison staff

Focus groups with staff

Observations

INSPECTION TEAM

Andrew R C McLellan

Rod MacCowan

David McAllister

David Abernethy

Stewart Macfarlane

Jim Rooney

Frances Smith

Tom Leckie

HM Chief Inspector

HM Deputy Chief Inspector

HM Assistant Chief Inspector

HM Inspector

Associate Inspector

Education Adviser

Nursing and Medical Adviser

Addictions and Social Work Adviser