HM INSPECTORATE OF PRISONS

HMP KILMARNOCK

INSPECTION: 13-14 AUGUST 2003

LAST FULL INSPECTION 20-30 MARCH 2000

SCOTTISH EXECUTIVE

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1. INTRODUCTION

1.1 The visit to Kilmarnock was made as part of a programme to visit every prison each year in which a full inspection is not being made. In the course of such inspections the purpose is to follow up points of note from previous inspections, to examine any significant changes, and to explore issues arising from the establishment's own assessment of itself. It should not be seen as an attempt to inspect the whole life of the prison.

1.2 The inspection team comprised:

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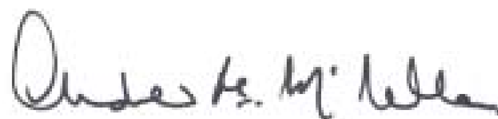
Rod MacCowan	HMDCIP
David McAllister	HMACIP
David Abernethy	Inspector
Dr Mike Ryan	Medical Adviser
Jane Thomson	Addictions Adviser



September 2003

ANDREW R C McLELLAN
HM CHIEF INSPECTOR OF PRISONS

2. PREAMBLE

2.1 Since the last inspection the prisoner population has increased. This has resulted in the further doubling-up of a number of Short Term and Remand prisoners. The report suggests that this development has been well managed: complaints from prisoners about it were hardly heard during the visit. It is significant that the prison has taken on new staff amounting to an increase of 11% to cope with the higher number of prisoners. This is the only prison in Scotland, which has been inspected in this reporting year, where an increase in the number of prisoners has been met with this level of increase in staffing.

2.2 The report on the inspection visit in 2002 raised certain concerns about safety. In particular, levels of prisoner-on-prisoner violence had been rising considerably. This report indicates that there has been improvement. The statistics, conversations with individual prisoners and groups of prisoners, and with prison staff, the Prison Survey, and the prison's own self-assessment all point to a decrease in fear of prisoner-on-prisoner violence. Certain steps taken by the prison management in this connection are outlined in the report.

2.3 Improvement is also recognised in another major consideration raised last year. It may be too early to say with clarity, but there are signs that the poor provision for programmes for addressing offending behaviour is becoming better. This is also reflected in the section of the report which deals with drug addiction. The establishment of a new Throughcare Centre (still in its infancy) is also promising.

2.4 The area of the prison which is perhaps least effective is the provision made for Remand prisoners. The self-assessment recognises this weakness. Boredom is a constant feature of the lives of Remand prisoners: and that is certainly true of those in Kilmarnock. Over recent years there have been real developments in the conditions in which Remand prisoners live in all Scottish prisons: and these conditions in Kilmarnock are good. But the lack of access to facilities and opportunities is a serious concern.

2.5 Two questions lie behind different parts of the report. One is about control. It was alleged on several occasions by prisoners, that inexperienced staff sometimes find it difficult to assert their authority.

2.6 The other question is about equity of provision across the different prisons in Scotland. The opening of new houseblocks means that there are prisoners in SPS prisons who live in conditions at least as good as those in Kilmarnock: but there are other kinds of differences. There are differences in wages and in the availability and provision of Programmes, and in Sentence Management. Whether the better provision is in SPS prisons or in Kilmarnock the question remains the same: is it fair that the treatment prisoners receive depends on the prison to which they are sent?

3. ASSESSMENT

Safety

Escapes

3.1 There had been no escapes since the last inspection.

Assaults

3.2 This year so far (1 April – 30 June 2003) there had been two KPI prisoner-on-prisoner assaults and no KPI prisoner-on-staff assaults. While some prisoners said that they had concerns that staffing levels on wings did not always provide enough supervisory cover to make them feel safe (in terms of assault, accidental injury, or illness), this contrasted with the recent SPS Prisoner Survey results which indicated that 4 out of 5 prisoners felt safe everywhere in the prison and only 1 in 10 said they were concerned for their safety on the wings.

3.3 All of the signs were that the prison was managing to reduce the levels of assaults. It has introduced an Anti-Violence Strategy, in addition to the Anti-Bullying Strategy. This seeks to identify incidents of violence and analyse them with the objective of identifying common factors or trends. In turn this allows pro-active responses to be developed. The introduction of this strategy, resulting in more analysis, discussion and action, appears to be having a positive impact on the level of inter-personal violence in the prison as this year's data indicates. The prison has also introduced more metal detection portals and a new metal detector at Reception, both of which appear to have helped reduce the level of violence with weapons.

Staffing

3.4 Staff turnover continues to be very high compared to SPS, having increased since the last inspection report to a rate of 18.6% (from 14%) per annum. Nursing continues to be a particular area of concern. Overall staff numbers in the prison have increased from 292 to

325 (11%), but at the time of inspection the number of staff in post was 320.5. The prison has tried to retain staff by increasing pay, improving benefits, reducing contracted hours, paying bonuses for “extra” training or skills and creating a staff support group. Unfortunately these actions are not proving to be as successful as hoped. Staff absence levels were 12.1 days in the current year, compared to 16.9 days in 2002. Staff attendance arrangements are being reviewed again. Although there was clear evidence of an improving commitment to training and development there are no plans to replicate the system of vocational qualifications for newly recruited officers that exists in SPS.

3.5 Kilmarnock staff continue to present a positive approach; and in particular a culture of problem solving. This is particularly evident where they have adopted practices which are different from the SPS. But the culture can lead to concerns. Both staff and prisoners indicated that it was not unusual for wing staff to leave the wing (e.g. to escort prisoners elsewhere). With two staff per wing this can mean there may only be one member of staff left, and it is not unusual for both members of staff to be out. Since prisoners on the wings are in association for most of the day, there can be occasions when prisoners have no direct officer supervision. The Controller confirmed that this had been raised with the Director.

3.6 Staff and prisoners also raised the issue of newly trained staff being deployed to wing duties on completion of training and being left to their own devices. Prisoners gave accounts of some staff being threatened when in this situation. Although unable to observe such intimidation at first hand, the number of times such claims were made was of concern to the Inspectorate and should be fully investigated by Management.

Prevention of Suicide

3.7 There have been four deaths in custody since the last inspection. Incidents of serious self harm have fallen from 34 in 1999 to nine last year, and three so far this year.

3.8 The prison operates a strategy for the prevention of suicide: High Risk Assessment (HRA). The operation of this remains essentially the same as described in the Inspectorate’s 2000 report although there have been some modifications made in the light of experience gained from incidents.

3.9 While it mirrors the ACT strategy operating in SPS prisons, there are certain differences, largely of process. The Senior Psychologist takes the lead role in the operation of the strategy and chairs the High Risk Assessment Team (HRAT). One of the other ways it differs from ACT is the requirement of two nurses to assess the level of risk. There are a number of strict criteria for placing a prisoner on observations on admission such as a history of self harm within the preceding six months.

3.10 The arrangements in place to monitor HRA are good. The watch logs are checked every night and there is a report to the management morning meeting. In addition there is a monthly report on the duration of watches along with various analyses and outputs relating to the working of the process such as reasons for observations, and a 10% monthly audit of the paperwork involved. A random sample of the documentation, which included some of the 17 prisoners on observation at the time of the visit, showed that it was well maintained. The safe cells, including those in the health centre, were being used appropriately.

3.11 The level of training given to staff and the fact that refresher training is mandatory was welcomed.

3.12 Unfortunately, the Listener Scheme, which the Inspectorate has praised in the past, is not working well and the number of Listeners has fallen from eight to two. The reasons for this should be addressed.

Relationships

3.13 The SPS Prisoner Survey (May 2003) reported that 93% of prisoners in Kilmarnock said they got on OK, quite well or very well with staff in the prison.

Reception

3.14 As in the last Inspectorate report, there were no apparent issues of concern relating to the Reception building or procedures.

Segregation Unit

3.15 The Segregation Unit consists of 14 cells. Prisoners have access to a telephone, showers, outside exercise and an exercise bike. Very occasionally they can access the

gymnasium although this tends to be as part of a re-integration plan preparing them for return to mainstream. This plan would also include attendance at recreation in a wing in the evening. Records in the Segregation Unit were well maintained. Psychology input was a significant factor in the management of prisoners out of association.

Orderly Room

3.16 On the second day of the visit there were 15 prisoners in the Orderly Room with a total of 19 alleged breaches of discipline being adjudicated. The hearings met the requirements of Prison Rules and Orderly Room Guidance. Documentation was completed appropriately and the procedures gave the accused person adequate support and guidance, as well as the opportunity to present his defence.

Decency

Accommodation

3.17 The prisoner population in Kilmarnock has increased since the last inspection but consists of the same prisoner classifications. This increase in numbers has resulted in the further doubling-up of a number of Short Term and Remand prisoners. However, this does not appear to have had a significant negative impact on prisoners. Indeed, in discussions, some who were affected said they preferred to share a cell. The living conditions for prisoners continue to be of a high standard. The prison unlocked a total of 598 prisoners on the first day of the inspection.

3.18 All cells, wing communal areas, corridors, exercise yards and recreation areas were in good condition, both in terms of decoration and their fit for purpose. The recreation facilities are located in the wings. They consist of pool tables, table tennis, snooker, board games and a communal television room with video and satellite capacity. There is a comprehensive refurbishment programme that is keeping the signs of ageing in all areas to a minimum.

3.19 Houseblock 1 contains the long term prisoner population, all in single cells. There is a drug free wing (‘D’ Wing) and a mixture of basic, standard and enhanced regimes available to prisoners, depending on their behaviour. While it is encouraging to see that progression

exists, the differentials between the different levels and the advantages for prisoners in 'D' Wing did not seem significant. In addition to the standard recreation equipment, 'D' Wing has a soft seat area and plans to introduce video games in the near future.

3.20 Access to telephones and showers in the wings was very good and it was encouraging to see that prisoners not at work during the day were not locked in their cells for long periods of time. Facilities for prisoners to launder their personal clothing had recently improved and were now very good. All cells have electrical power and integral sanitation. However, prisoners have no drawers in their cells to put their clothes in.

3.21 Houseblock 2 is divided into two wings of short-term prisoners, one of remands and one of prisoners seeking protection. Numbers meant that on occasion, prisoners would sleep in one wing but associate in another. This was usually because there were too many remands to fit into one wing. The doubling up outlined above has recently started in Houseblock 2 but it appears this has been achieved without any obvious adverse affect on the conditions, atmosphere or general running of the block.

3.22 Whilst there is reasonable time out of cell, remands and protections receive less than other prisoners. Remands have some access to education and the gym but little else and protections have the same as remands plus one work party. The protection wing contained young adult convicted and remand prisoners, as well as adult remands, short-term and long-term prisoners.

3.23 There were sufficient telephones and showers in Houseblock 2 to meet demand. All prisoners with televisions have access to a channel that transmits the video of the most recent Prisoner Information and Activities Committee (PIAC) meeting. This keeps prisoners informed of issues being discussed between their representatives and local management.

Visits

3.24 The visits room is bright, busy and welcoming. There is a well equipped crèche and the tea shop, while small, appeared well used. Visitors and prisoners indicated that visits were easy to book and that the number of visits available was very good. Visitors were very positive about the way they were treated by staff and said that they were very polite and

helpful. Observations confirmed that this was the case. Visitors did not raise any issues concerning arrangements for searching and security.

3.25 The only issue raised was the length of time which visitors had to wait in the visits room before the prisoner arrived. During inspection it was observed that one group of visitors had to wait for 15 minutes and another 20. The length of visit is not adjusted accordingly and prisoners and their visitors can therefore lose out.

Social Work

3.26 The arrangements for Social Work have improved considerably since the last follow up inspection. The team is now operating with a staffing of one Senior Social Worker, three Social Workers, one Administrative Support and one part time back up Administrative Support. One Social Work Assistant is also planned for the Throughcare Centre.

3.27 While accommodation still remains an issue this has also improved. Nevertheless, four individuals are located in a small office next to the gymnasium (which can be noisy). The windows cannot be opened and there is no air conditioning. As with other areas in the prison, (such as visits), there is a problem associated with delivering prisoners to arranged locations on time, and social work interviews have been cancelled as a result. Interview space for specialists was inadequate at time of inspection.

Race Relations

3.28 Kilmarnock Prison has in place a robust system for monitoring and addressing race relations issues. A multi disciplinary Race Relations Committee meets every two weeks or so, a race incident reporting system is in place, interpreters are available if required, and posters and other information are widely available. There had been no major difficulties and examination of the racial incident forms revealed that any incidents reported had been dealt with appropriately.

Clothing

3.29 Remand prisoners reported difficulties in accessing and washing clothing. They indicated that they had to borrow clothes from other prisoners, while they washed their own.

Of particular concern was a difficulty in obtaining clean underwear and prison clothing. This was raised during the course of inspection with the Director.

Healthcare

3.30 The first two inspections of Kilmarnock, in 2000 and 2001, reported the high standards which the health care arrangements were achieving. During the third inspection in 2002, following changes in senior health care staff, there were signs that health care services were coming under strain. Even so, at this time, the SPS Prisoner Survey showed that 59% of prisoners were satisfied with health care.

3.31 During this latest inspection the prisoners interviewed in groups were quite vociferous in their criticism of health care. The 2003 Prisoner Survey showed that the satisfaction rating with health care in the prison had fallen to 39%. Seventeen prisoners were also interviewed by the Inspectorate on a one-to-one basis and again the majority were critical. However, when the specific reasons for this dissatisfaction were explored, it became clear that much of the criticism revolved around the prescribing of drugs and issues relating to detoxification rather than the provision of health care itself. It was a tribute to the prison's information system that it was able to provide the Inspectorate with information on all of the 451 complaints about medical care received this year. These data confirmed that more than half (54%) were related to drugs and detoxification issues rather than health care. A study of the complaints where information on the results of adjudication were available showed that one in ten were upheld.

Accommodation

3.32 The health centre accommodation remains much as has been described in previous reports. One change, however, is that the Health Care Manager's office has been moved to bring the Manager closer to the work location. The previous accommodation has been converted into an administration office.

3.33 The health centre remains a well equipped facility but the ward area looks somewhat drab and could be redecorated. The emergency equipment is satisfactory, and this was routinely checked every day. A random sample of the medical records contained in the health centre showed they were maintained to a satisfactory standard.

3.34 The quality of high risk accommodation in the health centre has been improved.

Nursing

3.35 At the time of inspection a new Assistant Director of Health Care (Health Care Manager) had been in post for two months. The nursing team was now structured in such a way that under the Health Care Manager there were two senior nurses who supervised the team of 10 practitioner nurses. There were in addition two addictions nurses. There is also a nursing assistant and two administrative assistants one of whom is part-time and who also works with the addictions team.

3.36 Apart from the Health Care Manager none of the nursing team possessed mental health qualifications, though one had been trained to treat patients with learning difficulties. There were two vacancies for nursing staff and a practitioner nurse with mental health training was due to start the week after the inspection. Another with the same background was also in the process of being recruited but a start date had not been agreed. In the meantime, use was being made of agency staff to make up any shortfall.

3.37 One of the complaints of prisoners, both in the groups and in interview, was that the nursing team was occasionally seen as obstructive, particularly when it came to accessing the prison doctor. From observations over two days in the health centre this did not seem to be the case and the atmosphere was relaxed and professional despite the challenging behaviour of some prisoners.

3.38 The last inspection report noted: "We judge the pressure on nursing services at Kilmarnock to be serious in the light of what we have seen and heard during this inspection". Those concerns were well founded. The months which followed the last inspection, up until the appointment of the Health Care Manager appear to have been very difficult for the health care team. These strains led to high staff sickness absence as well as high staff turnover. It is clear that the pressures on those staff trying to cope were considerable. What is also clear is that the poor rating which the prisoners have given health care in the recent survey are likely to be attributable in some part, but not all, to the staffing problems referred to above. There are now two addictions nurses in post in keeping with a suggestion in an earlier report, and this has helped deal with the heavy workload which drug abusing prisoners place on services.

Medical Officers

3.39 The medical cover for the prison is in the process of changing. The original MO has retired from his full-time post and is due to be replaced in November by the MO who is currently sharing the work with him. Both doctors confirmed the difficult period that health care in the prison had recently experienced.

Pharmacy

3.40 The pharmacy is as previously described. The last inspection report commented critically on the use of specialist anti-psychotic drugs for reasons which were not always clear and which can create problems when prisoners are transferred to other prisons. To this end during this inspection every kardex of every prisoner on medication was examined to establish the range of drugs being prescribed in the prison. There appears to be a higher number of prescriptions for anti-psychotic drugs than one would expect. The reasons for this should be examined.

Mental Health

3.41 At the time of inspection the only member of the nursing team with mental health training was the Health Care Manager. While it is difficult as an inspection team to measure the incidence or prevalence of mental health problems within the prison in the time available it is unlikely that it differs greatly from other prisons. There is therefore a gap in health care provision. There was, however, comprehensive clinical psychology provision, and it seems likely that two new nurses with mental health training would be recruited.

Other Services

3.42 The prison provides dental care, optical services, chiropody, physiotherapy and a radiography service.

3.43 The dental suite has been checked for the prevention of cross infection though with the introduction of stricter criteria relating to BSE the steriliser should be re-assessed. There is a seven week waiting time for non-urgent appointments with the dentist but more urgent cases are seen within a week. The good practice of including dental information in the medical records continues.

3.44 The waiting times for the other specialists mentioned above is two to six weeks though more urgent cases are less. There was also a clinic for the management of blood borne diseases.

3.45 One very positive development is the introduction of a team of officers dedicated to the support of the health centre. These officers have volunteered to do this work and show a keen interest in the security arrangements for the health centre and the smooth running of health care services. This certainly appears to be a contributory factor in ensuring health centre clinics run to time and is an approach which is commended.

Reducing Re-offending

Induction

3.46 Kilmarnock has an extensive induction programme. Prisoners are issued with a handbook at Reception, and then allocated a wing where there is a wing induction and cell allocation. Within 72 hours the prisoner's level of supervision is reviewed, using the SPS PSS system.

3.47 The two week Induction Programme is run by an Induction Officer based in the Education Unit. There are a mix of classroom-based topics and inputs from a range of specialists, as well as a number of Educational Assessments. Part of the time is spent on work allocation and work related activities including health and safety, and workplace training. The second week is mainly work-based training. The time available in a follow up inspection did not allow an in depth examination of Induction: however the system appears to be both comprehensive and consistently managed.

Sentence Management

3.48 Both Long and Short Term prisoners, and Fully Committed Untried prisoners (ie those held for 110 days), have a Needs Assessment carried out. In neither case is the SPS system used. The LTP Needs Assessment used is based on one used in prisons in England and Wales. A welcome development is the Needs Assessment for STPs which is a locally

developed one introduced in February 2003. While both follow broadly what is contained in the SPS Assessment instruments, they are not the same. This has implications for parity of treatment of prisoners sent to Kilmarnock and continuity for prisoners transferring out of Kilmarnock.

3.49 The Personal Officer scheme is not yet operating as intended by management. A central team of Sentence Management Officers carries out assessments and initiates the Sentence Management folders. While these are detailed and give targets for contacts and reviews, a random examination of wing folders revealed that many were incomplete. The main reasons offered were lack of regular staff on the wings, inexperience of staff and, consequently, a lack of a relevant skills base. The Inspectorate was informed that dedicated Prison Custody Officer Teams had been put in place in each wing. The impact of this will be examined in the Inspectorate's next full inspection. The patchy nature of Sentence Management means that fully integrated plans are not being made and followed. This is unfortunate given the investment in Programmes.

Throughcare

3.50 A temporary Throughcare Centre has been created in the Industrial area, and has been in use since February. At present the Throughcare Centre has representation from Jobcentreplus, Rowan Alba, Cranstoun, Local Authority Housing Liaison, SACRO as well as internal services such as Chaplaincy and Addictions. A pre-release course is run but at present does not deal with all releases. A Pre-release Clinic (dealing with housing, benefits and addictions issues) is in place to deal with those due for release who do not attend the Pre-release Course. A joint bid with Apex secured Lottery funding for the development of the Throughcare centre and its operation. Apex will assume lead responsibility for pre-release work.

3.51 The innovative approach to funding Throughcare, which has seen lottery money being bid for is to be commended. This work is still at a relatively early stage.

Programmes

3.52 Programmes at Kilmarnock are delivered mainly by the Psychology Department and include:

- Problem Solving
- Anger Management
- Basic Drug Awareness
- Advanced Drug Awareness
- Alcohol Awareness
- Short Term Prisoner Instrumental Violence.

3.53 Additionally the Chaplaincy Service runs ‘Alternatives to Violence’ and ‘Overcomers’ and the Social Work Unit runs ‘Constructs’. Programmes being developed include Long Term Prisoner Instrumental Violence and a Drug Abstinence and Management Programme.

3.54 At present the focus is still mainly on Long Term prisoners, although there is an increasing awareness of the need to address issues among short termers. The Prison exceeded its KPI for programme delivery in 2002/3, (target 103 Programmes, outturn 129 Programmes completed of which 53 were Accredited). It is recognised that the Psychology Department has been built up fairly rapidly and that a period of planning and transition has now moved into an implementation phase. What has been put in place seems very encouraging.

Addictions

3.55 In January 2002, reception testing was conducted and approximately 88% of individuals tested proved positive for drugs on admission and/or reported illegal drug usage. In the year April 2002 – March 2003 a total of 1066 tests were carried out.

3.56 The SPS Mandatory Drug Testing Policy requires that a random sample of 10% of the prison population is tested each month. In the above reporting period, 673 random tests were conducted accounting for 63.13% of all tests. The underlying positive rate for random testing was 21.40%. Within random testing the most common failure is for opiates (118 positive results); Benzodiazepines are recorded in 13 results; cannabis shows in 30 results and methadone in 5.

3.57 The establishment has one permanent drug testing co-ordinator and approximately 20 trained staff. Two individuals awaiting testing can be held within the unit at any one time. The MDT Co-ordinator works one weekend in four, and testing on those weeks is routinely conducted over the seven day period. On other weekends of the month testing can be carried out if staff are available. A constant seven-day a week test pattern would be desirable as a challenge to illegal drug usage.

3.58 Requests for suspicion testing are treated as priority and in the reporting year 2002-2003, 117 such tests were conducted (10.98% of all tests). Most requests for suspicion testing are received from staff working in the visits area. All individuals who test positive are automatically referred to the Addictions Team for assessment.

3.59 In the reporting year 2002-2003 there were 100 refusals for testing. The majority refused random testing (64), although there were refusals across all types of test. Test refusals continue to pose a problem. In the month prior to inspection, 26 individuals refused testing. All refusals result in a referral to the Addictions Team and the individual is placed on the Frequent Test Programme.

3.60 The MDT unit records information to a high standard, though the format differs from that used in SPS establishments. The statistics provided are extensive, but no information has been given as to drugs detected in tests apart from random – this should be reviewed.

Assessment and Treatment

3.61 A local addiction strategy has recently been produced following the appointment of a Drug Strategy Co-ordinator in June 2003. This is a robust document and is a direct response to ‘Tackling Drugs in Scotland – Action in Partnership’, the Scottish Executive, 2000 and the

Government White Paper 'Tackling Drugs to Build a Better Britain', 1999. A new Addictions Team has also been established, comprising the Drug Strategy Co-ordinator; Senior Counsellor; Addictions Psychologist; Community Re-integration Worker; and Cranstoun Drugs Services Worker. Additionally, two Addictions Nurses are in post and are based within the health centre. This team meets informally on a monthly basis to discuss practice based issues. The Drug Strategy Group also meets monthly to discuss overall strategy implementation.

Referrals

3.62 The Addictions Team currently receives between 15-20 referrals each day. Self-referrals are most common with very few coming from Sentence Management or wing staff. Referral forms are nevertheless located in each wing and internally 'posted' to the Addictions Team. Requests for detoxification also go through this team and not health centre staff. Acknowledgement of referrals is made using a tear-off section of sheet and returned to the prisoner. This is an area of good practice.

3.63 Normally an individual will be assessed within 10 days. At present the time between referral and assessment is three days. All members of the Addictions Team conduct assessments using a locally developed Assessment Form. As the establishment does not have a Cranstoun Drug Services Caseworker, the CAART (Common Addictions Assessment Recording Tool) is not used. Each assessment takes approximately 40 minutes to complete and ends with recommendations including options for prescribed medication; individual work; or programmes. In the initial recording period of June 23rd – July 25th 2003, 220 new client assessments had been completed.

3.64 Two difficulties with this system exist. The first is that an individual who is transferred from another establishment to Kilmarnock will have had a CAART assessment conducted in the first establishment. He will then be reassessed in Kilmarnock using the local assessment tool and vice versa. This seems to be duplication of work and of little benefit to the prisoner.

3.65 The second difficulty exists with the documentation. On transfer from Kilmarnock, the assessment paperwork does not leave the prison and is archived (as receiving establishments would not use this assessment information but conduct their own assessment

using CAART). On transfer into Kilmarnock the CAART document is sent as part of the case management file and can arrive a week after the prisoner, by which time the individual has been reassessed using local documentation.

Cranstoun Drug Services

3.66 The establishment has a part-time Transitional Care Worker. This worker will see an individual six weeks prior to liberation in order to forge links with transitional care partners in the community.

Detoxification

3.67 Prescribed detoxification is available to all new prisoners should they present with a drug problem on admission. Prescribed detoxification is also available to individuals presenting with an alcohol problem. Planned detoxification is also provided to Long Term prisoners, subject to urinalysis. This consists of a 14 day detoxification of dihydrocodeine and diazepam. This cannot be given again within a six month period. Ten individuals are commenced on this programme fortnightly.

3.68 The establishment also offers a seven day prescribed detoxification pre-release. Ideally this commences 14 days pre-liberation, thus allowing seven days drug free at the end of the prisoner's period of custody.

Substitute Prescribing

3.69 HMP Kilmarnock will continue an individual's methadone prescription provided they continue to test negative for other substances. If an individual tests positive for methadone and opiates, the amount of methadone will be reviewed. If an individual tests positive for any other substance they will be assessed and may be removed from the programme.

3.70 At the time of inspection there were 84 individuals in receipt of prescribed methadone with 18 individuals assessed as suitable, on a waiting list. The addictions nurses dispense methadone within the health centre and the house blocks.

Individual Counselling/Support

3.71 All members of the Addictions Team carry a caseload for counselling/support work. This work is not time limited. When an individual signs a compact for methadone or naltrexone prescribing they also sign for one-to-one support sessions. In the period 23rd June – 25th July 2003, 266 one-to-one sessions were conducted, as were 94 individual sessions with individuals participating in detoxification programmes. A waiting list for counselling is in place and allocations within the addictions team take place weekly.

Blood Borne Virus Clinic

3.72 This clinic is facilitated by general nurses who conduct pre- and post-test counselling and education. Hepatitis B vaccinations are also administered by general nurses.

Drug Free Areas

3.73 'D' Wing in House Block 1 is deemed a drug-free area. Individuals sign a compact for the voluntary testing programme and approximately 60 of these tests are conducted each month. Presently there are enhanced prisoners who are waiting to be moved on to 'D' wing.

Overall

3.74 Significant effort has been made to address addiction issues within HMP Kilmarnock. The establishment of the Addictions Team and the appointment of the Drug Strategy Co-ordinator prove the importance which has been attached to this issue. The MDT unit is now offering a much more comprehensive range of tests which challenge illegal drug usage. At the same time referral to the Addiction Team for assessment facilitates positive change. The provision of a group programme relating to alcohol is a welcome development, as are a range of proposed developments such as the holding of focus groups; circulation of posters and leaflets; a well man clinic; and a confidential helpline aimed at family and friends.

Access to Regimes, Employment and Employability

3.75 An increase in prisoner numbers has created difficulties in accessing different elements of the regime such as work, programmes, education and the gymnasium. Clear efforts have been made to address this.

3.76 In the gymnasium the former weights room has been turned into a classroom and the equipment has been relocated to the floor of the gym itself. Whilst this has reduced the floor space for team games, the number of prisoners able to use the equipment has increased and supervision has been made easier. Consequently, the chances of staff being available to supervise prisoners on the sports field are enhanced. The problem with the drainage of the football pitch has been resolved. The timetable in the gym has also been extended, especially at weekends, and some SQA accredited activities are now being undertaken.

3.77 However, there has been no significant change to the workshops since the last visit. Most of the work available is manual and repetitive. Whilst this facilitates the needs of prisoners in respect of time out of cell and services some of the needs of the population like laundry, catering and cleaning, it does little to enhance the possibility of obtaining skills and qualifications.

Education

3.78 The Adult Learning Centre continues to provide a good, spacious, well equipped learning environment. The range of courses available has increased since the last follow up inspection and Prisoner Learning Hour targets were being exceeded. The Centre was flexible in its provision and if a skill was not available attempts were made to provide for that need, sometimes by setting up prisoner self help groups. Individual Learning Plans were in place and these were reviewed regularly. Twenty four prisoners were involved in full time education and 138 part-time. Distance learning was also available. The library was well stocked with books reflecting appropriate reading requests, and every effort was made to survey these requests and obtain the books. Prisoners involved in education rated it very highly.