



HM INSPECTORATE OF PRISONS

HMP GREENOCK

INSPECTION: 25-26 FEBRUARY 2003

LAST FULL INSPECTION 5 FEBRUARY 2002



SCOTTISH EXECUTIVE

ROLE/CHARTER OF HM INSPECTORATE OF PRISONS FOR SCOTLAND

Section 7 of the Prisons (Scotland) Act 1989, as amended by the Scotland Act 1998, provides the statutory basis for the Chief Inspector of Prisons for Scotland, and in particular the requirement to submit an Annual Report to the Scottish Ministers. This is laid before the Scottish Parliament and published.

It is the duty of the Chief Inspector to inspect or arrange for the inspection of prisons in Scotland and to report to the Scottish Ministers on them. Each of Scotland's 16 penal establishments currently receives a full formal inspection, on a cyclical basis, every 3¹/₂-4 years. Full inspections take between a week and a fortnight depending on the size and complexity of the establishment, during which all aspects of the establishment are examined from the point of view of safety, decency, and the establishment's contribution to crime prevention. Security, discipline, control and efficiency are also examined. The Inspectorate also takes account of requirements, policies and concepts applying to the Scottish Prison Service.

Inspection reports aim to give a balanced account of conditions in the establishment, reflecting good practice and areas for improvement, as they are found.

When completed, the reports are sent directly to Scottish Ministers and are not subject to negotiation with Governors or the Scottish Prison Service. In due course, a Ministerial response is normally published along with the report. The Chief Inspector has no executive powers but is able to draw Ministers' attention to any aspects of a penal establishment which call for comment, whilst the publicity which the Chief Inspector's reports attract can be an instrument for change.

Full inspection reports are followed up in subsequent years by intermediate inspections, and these are sent to the Governor and to the Chief Executive of the Scottish Prison Service. The Inspectorate also undertakes occasional studies on a theme common to all or several penal establishments.

The Chief Inspector receives professional support from 2 senior Governors from the Scottish Prison Service who are seconded to the posts of Deputy Chief Inspector and Inspector. A Scottish Executive civil servant completes the main Inspectorate team. A number of lay consultants and researchers also contribute to the inspection process.

The Inspectorate is also responsible for inspecting legalised police cells which are used to hold prisoners awaiting trial locally in isolated areas or, following conviction, pending transfer to a main prison. Inspections are carried out every 3 years, with reports being submitted to the Scottish Ministers sent to all Chief Constables concerned and published.

The Chief Inspector is not an Ombudsman and cannot deal with individual complaints by prisoners or staff. But groups of prisoners and groups of staff are interviewed during each formal inspection, their general views are recorded, and may form a basis for recommendations or suggestions for improvement.

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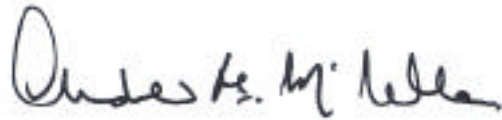
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1. INTRODUCTION

1.1 The visit to Greenock 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 visits 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 establishment.

1.2 The Inspection Team comprised:

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May 2003

ANDREW R C McLELLAN
HM CHIEF INSPECTOR OF PRISONS

2. PREAMBLE

2.1 This was the second follow up inspection since our formal inspection of January 2001. Since then numbers had continued to soar, and the Governor noted in his briefing that while resources were adequate for the prison operating at its capacity it was ill equipped to deal with these numbers. Since the formal inspection female prisoners had been transferred from Cornton Vale to Darroch Hall and during the inspection there were 41 females located in a Hall which has a capacity of 57. The prison now holds all categories of prisoner.

2.2 Every space for one person in Ailsa Hall ('A' Hall) in Greenock Prison often has two people living in it. Most days the overcrowding rate approaches one hundred per cent. Since the prison has no control over the numbers it has to accommodate, this actually means that there are times of crisis overcrowding when three people share a cell meant for one. In these circumstances it is to the great credit of staff and prisoners that any kind of normal activity at all can be carried on. The pressures are still greater because of the mix of different kinds of prisoners to be found in 'A' Hall: remand and convicted, adult and young offenders. In fact safety and cleanliness, staff prisoner relationships and opportunities for purposeful activity - all of which are made much more difficult by overcrowding - are much more satisfactory than might be expected.

2.3 The statistics for Greenock prison as a whole mask the extent of overcrowding in 'A' Hall, because all of the excess numbers are in that Hall and there is at present no overcrowding in the other two Halls. The Governor has suggested that Greenock is really three prisons in one. Conditions and arrangements for prisoners in Chrisswell House, a national top-end facility for long-term prisoners approaching the end of their sentences are quite different from those in 'A' Hall. There is always much public concern about the release of prisoners who have been convicted of crimes which are of such a nature as to result in long sentences.

2.4 The situation is different again in Darroch Hall. The presence of the 41 females there is one more illustration of the problems caused by overcrowding for the Scottish Prison Service. It was as a result of the high numbers at Cornton Vale that a group of women were required to move to Greenock in November 2002. It is to be hoped that when prisoners are moved from one prison to another the question of what is best for them is always asked. At the time of their move there was some public discussion of the proper provision of health care

for women in a prison which had previously contained only men. Considerable resources (nursing resources in particular) have been brought in to Greenock Prison with the arrival of the women; and no serious anxiety over provision of health care has in fact emerged.

2.5 It is not surprising that some women imprisoned in Greenock would prefer to be in Cornton Vale, and some prefer to be in Greenock. Family circumstances, length of sentence, previous prison history and the location of friends are different for different prisoners; and these factors may be as important to prisoners as the conditions and treatment in each prison. However, this report does refer to appreciation by women of several features of Greenock prison. There is nevertheless some feeling that they are denied some facilities which are provided for men; there is some feeling among male prisoners that every good thing in the prison is reserved for women. There was no evidence that either group was being treated unfairly.

3. ASSESSMENT

3.1 In carrying out the inspection of Greenock, it was not always possible to refer to the prison as a whole since the Halls and the prisoner mix within these Halls are very different. It is essentially three prisons in one and this report reflects that position.

Safety

Violence

3.2 The target for KPI purposes for prisoner on prisoner assaults was three and at the time of inspection that target had been reached. Similarly the target of one prisoner on staff assaults had been reached but it should be noted that both targets are relatively low and may in fact be indicative of the establishment's record of safety, given its diverse prisoner mix. The three serious assaults recorded for KPI purpose were primarily drug related.

Bullying

3.3 There was one recorded incident of bullying for the year, when the SPS strategy had to be put into action. While this is not necessarily an accurate reflection of the level of bullying it was interesting to note that both staff and prisoners have few concerns regarding this issue. Indeed prisoners in Ailsa Hall said that bullying would not be tolerated and there tended to be an environment in which vulnerable prisoners were assisted by other prisoners.

Addictions/MDT

3.4 The Addictions Unit was staffed by two addiction workers, three Cranstoun drugs workers and one administrative support worker. An addictions nurse was based in the Health Centre. Drug strategy co-ordination was part of the Programme Manager's remit at the time of inspection.

3.5 There was a wide range of interventions available and the fact that the Unit was able to carry out one-to-one work, albeit on a limited basis, was commendable. Interventions and assessments were proactive and follow up assistance to those initially refusing help was

available. A wide range of contacts with community based agencies were also in place. The local drug strategy document had not been updated since July 2002 and given recent changes to the prisoner population it might be a useful time to do this.

3.6 The MDT unit is staffed by two officers, and a feature of the Unit is the extremely flexible attendance pattern deployed in order to secure a broad sample for testing. Currently the random underlying rate is 12.4% positive (mostly cannabis). Although the establishment has diverse groups of prisoners, random testing is done for the prison as a whole and consequently it was difficult to establish which particular group (if any) accounted for the 12.4%.

Decency

Accommodation

Chrisswell House

3.7 Chrisswell is a modern, bright, well-maintained Hall designed to hold 64 long term prisoners in single cells on two levels (it is a 'Top End' facility). During the inspection there were 59 prisoners housed there, all serving a life sentence. At night and during periods of lock-up, Chrisswell is divided into four sections. All cells have electric power, and prisoners have their own keys which in turn allows access to free association, toilets and showers during the period of lock-up. There were no problems raised in this area.

3.8 Of the 59 prisoners, 15 were sex offenders. While they were safe in Chrisswell, they tended to associate within their own peer group and there remained an element of toleration from other prisoners rather than integration. Given the fact that long term sex offenders are housed in Chrisswell, it would be sensible to ensure that staff working there are fully trained to deal with their specific needs.

3.9 Chrisswell has remained an attractive Top End facility and there were few issues of concern either in relation to the general quality of the accommodation or the regime provided.

Darroch Hall

3.10 Darroch Hall is a traditional galleried hall on two levels and has a design capacity of 57 single cells. Cells have electric power and toilets, although the latter are not screened off. In November 2002, SPS moved female prisoners from Cornton Vale to Darroch Hall to alleviate overcrowding at Cornton Vale. Male prisoners were moved out of the Hall. Although Inverness, Dumfries and Aberdeen Prisons have small units for female prisoners, this is the first time male and female prisoners have shared a site in Scotland in modern times. At the time of Inspection, there were 41 women held in Darroch. In the main conditions in the Hall are fair, if untidy. Some minor arrangements for the housing of female prisoners were discussed with the Governor and acted upon by him. Although there is power in cell, the cell light is controlled from outside and is switched off at around 2200 hours. There was some suggestion that control of the light could be used as an unofficial sanction. Given that the prison provides kettles, a lamp in each cell could also be made available.

Ailsa Hall

3.11 Ailsa is a traditional galleried hall on four levels. It has a design capacity of 131 with two anti-ligature cells and an adjacent area with four separate cells and a silent cell. With only Long Term Prisoners in Chrisswell in single cell accommodation and Darroch under capacity, all of Greenock's overcrowding is concentrated in Ailsa. The average daily number of prisoners held in Ailsa over the past year has been between 230 and 240. It is not unusual for this Hall to be over 100% above single cell capacity. Like Darroch there is electric power and a toilet in cell. However, where the toilets are not screened there is no privacy while using the toilet in a shared cell. This needs to be addressed since it is not unusual for three prisoners to share.

3.12 At the time of inspection, Ailsa was holding 236 prisoners and the population profile reflected the complete range of those prisoners held within the whole of the SPS Estate. A breakdown of the population and the type of prisoner being held was as follows:-

62 short term prisoners
28 long term prisoners (including 6 “Rule 80” prisoners from Shotts)
102 adult remands
33 under 21 remands
5 Immigration Detainees
2 convicted young offenders
4 adult lodgers awaiting transfer

3.13 Given the range of population types held in Ailsa and the high turnover of short term prisoners, the Hall was subjected to considerable usage. That said however, most of the accommodation was in a reasonable state of repair.

3.14 A feature of the Hall was the constant movement of prisoners, and staff attempting to ensure equity of access to the range of activities available. Despite the mix and competition for limited resources the atmosphere was extremely positive with little evidence of tensions. Developing the regime was extremely difficult, but staff were coping. Work opportunities were limited to the spray shop (seven), the kitchen (14), joineries (11) and the pantry (five). An assortment of pass jobs within the Hall added to the limited opportunities for work which were characterised by limited access to skills training for the short term convicted population. Prisoners within the Hall also expressed a view that there was not enough purposeful activity or meaningful employment that would enhance their chances of employment on release.

3.15 Induction was provided within part of the bottom level and there was a considerable demand for the limited interviewing rooms from the variety of agents within the establishment that engaged with prisoners such as social workers, Cranstoun Drug Services, and nursing staff.

Association

Chrisswell House

3.16 Prisoners in Chrisswell have their own room keys and free access to the area around the Hall which is fenced off from the rest of the prison. This includes two all-weather five-a-side football pitches. Within the Hall there is access to pool tables.

3.17 Until fairly recently, prisoners in Chrisswell had access to a range of supervised external activities, including running, walking for older prisoners, mountain biking and swimming. These were seen as distinct privileges for long term prisoners and were a starting point for reintroducing people who had served lengthy sentences back into the community. These have now been stopped under the Prison Rules.

Darroch Hall

3.18 Association in Darroch is limited. Women can either come out or be locked in their cells during recreation. If they come out of their cells, they are required to be on the ground floor where there is little in the way of recreation equipment beyond a pool table, and where there are insufficient seats for more than six or seven people to sit together. Association for women is limited and unimaginative.

Ailsa Hall

3.19 Due to the high numbers in Ailsa, association is taken in turn, therefore not everyone is out during each recreation period. It also means people sharing cells are locked up together for longer periods of time. There is no doubt that staff do their best to ensure prisoners get access both to exercise and recreation: however there is considerable pressure just to ensure the basics are available.

Laundry

3.20 Female prisoners are now employed in the laundry, which continued to operate very effectively. It was encouraging to note that a quiet area had been built to offer some respite from the noise from the machines.

Food

3.21 Food at Greenock is of a high standard. Prisoners eat in association in two cafeterias, one adjacent to the kitchen and one close to it. This means that food is served fresh and hot.

3.22 Due to the high numbers, it takes up to one and a half hours for prisoners in Ailsa Hall to get their meals. The cafeteria holds 72, which means three sittings. This causes problems at lunchtime when the staff from the dining area also have to provide the staffing for the visits (see paragraph 3.25).

Visits

3.23 The visits facility at Greenock is excellent, providing good quality visits. It has a snack bar and a play area which is staffed at the weekend. Visitors describe the atmosphere as generally relaxed, and despite the prisoner mix and high numbers, the prison provides more than the minimum allowance of visits. Women prisoners can have up to four visits per week which compares favourably to the four per month they had at Cornton Vale.

3.24 Visitors, prisoners and staff were, however, all frustrated by the regular delay in starting the first afternoon session. Delays in excess of 20 minutes were not unusual. Sometimes sessions were extended, sometimes not. The cause appears to be that the same staff who supervise the Ailsa Hall lunchtime meal are also the staff who escort prisoners to visits and supervise these visits. The time required for three sittings at lunch inevitably spills over to the time when prisoners should be collected for visits. On the first day of the Inspection the first session started almost 25 minutes late. No explanation was offered to either visitors or prisoners. Management plan to review visits arrangements, but these need to be resolved urgently.

Physical Education

3.25 The total staff complement for the Physical Education Department was three but there was only one on duty at any given period. Since the previous inspection the programme had been re-structured to take account of the female prisoners, who are provided with four sessions per week (total four hours). A maximum of 16 prisoners at any time have access to the PT facility and there were no complaints from prisoners regarding this arrangement. The programme was varied and included healthy lifestyle checks. The main issue for instructors and Chrisswell House prisoners was the recent restriction placed on outside walking and running.

3.26 It was encouraging that a new shower area for female staff had been built, although the toilet for females was still inappropriately located.

Race Relations

3.27 There were five immigration detainees located in the top flat of Ailsa, as a result of them not being considered suitable for Dungavel Detention Centre. Whilst the prison does not have to cope with the same numbers of detainees it had to prior to the opening of Dungavel, staff are still well trained and able to cope with the needs of these prisoners and others from ethnic minority groups.

Health Care

3.28 Previous HMIP reports have expressed concerns about health care at Greenock. These concerns largely revolved around the problems which the health centre had in recruiting and retaining nursing staff. The situation in respect to staffing had imposed strains on individual members of the health care team and in particular on the clinical manager. It had also prevented the development of health care services as well as giving rise to a lack of job satisfaction for members of the nursing team. It was against this background, and the fact that health care was now expected to provide services for women prisoners, that this visit took place.

3.29 The accommodation remains as before, with the notable addition of an interview room following an earlier Inspectorate recommendation. One result of the introduction of female prisoners was that there was occasionally some disruption to the health centre when females were in attendance because of the need to keep male and female prisoners separate. Health care had however received additional resources to allow it to provide appropriate services for female prisoners. This mainly amounted to an increase in the nursing complement from eight to fourteen. There had also been plans to provide a health care manager as part of this increase in resources but after failing to recruit a suitable applicant this appointment was being reviewed. In addition, a female doctor had been employed to run a fortnightly clinic specifically for female prisoners. At the time of inspection one of the nursing staff was on secondment to Dumfries Prison. The increase in staff had produced some inconsistencies in staff pay and this was causing some unease.

3.30 Another change which had resulted from the arrival of female prisoners was an alteration to the nurses shift patterns. They now work a twelve hour shift which includes night cover. One of the downsides of this arrangement is that the arrangement for days off can lead to a lack of continuity in nursing provision. It also appears that the nurse on duty at night has little to do and this is being reviewed by Management.

3.31 Overall, the prison's healthcare services have coped well with the arrival of female prisoners, and SPS has ensured that there are adequate resources to manage the extra demands on health care. In practice these demands have not been excessive and certainly appear to have been less than might have been expected.

3.32 A review of nursing arrangements as they are currently organised could offer the opportunity to enhance the effectiveness of health care generally in the prison. While it is good that a mental health nurse was appointed more than a year ago (in keeping with an earlier HMCIP observation), this service could be further enhanced. The work which the mental health nurse carries out as part of the Mental Health Team and in supporting the implementation of ACT is impressive. There are however considerable demands on his time and it would be useful if one of the other the nurse practitioners who has mental health training could use this expertise part-time to support this work, and provide continuity. In addition one of the nurses spends the bulk of each week-day dealing with pharmacy issues. While the pharmacy arrangements in the prison work well this is not a good use of skilled nursing time. The employment of a part-time pharmacy assistant, which is the solution other establishments have found to this problem, would seem sensible.

3.33 The lack of provision of clinics in the prison to deal with chronic disease management, for example asthma and diabetes mellitus persists. If nursing arrangements are to be reviewed, this should be examined.

3.34 The medical arrangements generally appeared to be adequate, with the doctor dealing only with the consultation list with which he was presented.

3.35 Psychiatric services are currently being revised. It is proposed that there should be two forensic psychiatrists serving the prison, supported by five community forensic mental health nurses. This seems to be a very satisfactory arrangement.

3.36 Finally, there is still no database of health care activities or attempts to collect routine information on health care. This is a deficiency which ought to be addressed when circumstances permit.

Suicide Prevention

3.37 As part of the inspection of the working of ACT in the prison, the ACT Co-ordinator, the Mental Health nurse and one of the Listeners were interviewed. The minutes of the ACT Group meetings were also made available, as was a copy of the ACT Audit Report carried out in 2002 along with the Samaritans Risk 1 Project document.

3.38 Since the last inspection, the camera monitoring facilities have been improved in the accommodation provided for prisoners on ACT. This makes the environment safer. The Mental Health nurse works closely with the “at risk” unit. Free association is encouraged and it means the two anti-ligature cells are very rarely used. The situation for women is different in that any female prisoner at risk is returned to Cornton Vale, (which has happened twice). The Mental Health nurse follows up every prisoner who comes off ACT as part of the care plan.

3.39 Eighty per cent of staff had undergone ACT training and there were plans to train four new trainers including a member of the health care team.

3.40 There have been no suicides in the establishment for two years. This is very encouraging and is a reflection on the good work being done by staff. Apart from staff awareness, the ACT Co-ordinator believed that the other factors which contributed to this record were TV in cells, the detoxification programme, and the work carried out by the drug workers.

3.41 The ACT Monitoring Database indicated that there had been 137 High Risk cases between January 2002 and January 2003. Out of this total two were the female prisoners who

had been returned to Cornton Vale. Two prisoners had been “Sectioned” under the Mental Health Act. On these figures the prison has about 13 cases of ACT per month on average, or just over three every week which is some indication that risk of self harm remains a challenge.

3.42 A study of the ACT minutes showed that there had been a gap in the regular meetings due to the long-term absence of the previous Co-ordinator. With the appointment of the new Co-ordinator this had been addressed. Over the period January 2002 to January 2003 there had been five meetings. The last three had been held since the appointment of the new ACT Co-ordinator in November. The Minutes were well maintained and informative. They indicated that the Listener Scheme had ceased to function during a part of 2002. This been remedied and there are currently three female Listeners in Darroch hall and two Listeners in Ailsa Hall with ongoing attempts to recruit more. The minutes also recorded the introduction of an improved camera arrangement for the three-bedded area. Very importantly they recorded the introduction of a dedicated “hotline” in Ailsa Hall to allow prisoners to contact the Samaritans. This is a very welcome development.

3.43 On the basis of the information obtained, ACT was being well implemented.

Substance Abuse: The Role of Health Care

3.44 An addictions nurse was appointed in October 2002. This has been a major advance in the prison’s potential to deal with the issues surrounding prisoners with drug addiction problems. The prison now approaches substance abuse in a very positive way, and the appointment of a specialist drug addiction’s nurse is a very clear indicator of this change.

3.45 The dedicated nurse, who is a member of the multi-disciplinary drugs team, works a five day week and is able to concentrate on the whole range of work connected with detoxification. This work includes close liaison with outside agencies. Close liaison is also required with the prison’s drug workers who are now in post as well as the Cranstoun drug workers, not to mention the rest of the health care team. HMIP reports in the past expressed concern about the communications between health care and the drug strategy co-ordinator. On this visit there were no serious failings in communications although there were suggestions that sometimes the role of the addictions nurse was not always clearly understood

by some of the other staff working with prisoners who have addiction problems. In this context, there was sometimes a readiness to refer to the nurse prisoners who should not be considered for detoxification. This should be monitored.

3.46 At the time of inspection there were 80 prisoners undergoing detoxification and another 15 on methadone. The protocols used were in accordance with SPS Health Care Standard 10. The lofexidine protocol of this standard was used for long term prisoners. In the case of the methadone protocol the prison followed the policy of the community drug agencies who pursued 'harm reduction'. The agencies maintained their clients on methadone, even if urine tests showed contamination, provided there was clear evidence of harm reduction. The prison adopted the same policy for the first three weeks after admission for these clients but after this period required clean urine tests. In pursuit of this harm reduction approach it was interesting to note that prisoners' suitability for methadone maintenance was initiated by the multi-disciplinary drugs team as an alternative to high risk behaviour within the prison. This shows a very proactive and realistic attitude to the very challenging issues raised by drug abuse.

3.47 The health care team was making a positive contribution to addressing substance abuse in the prison. However, the workload which the addictions nurse has to cope with is significant, coupled with the potential problems of continuity. For this reason Management might look at the possibility of providing part-time additional addictions nursing support especially when nursing arrangements are likely to be reviewed in the near future.

Contribution to Preventing Re-offending

Induction

Chrisswell House

3.48 There is no formal induction in Chrisswell. Although each prisoner is assigned a personal officer on arrival and has an informal meeting, no checklist is in place to ensure that a standard induction occurs. Prisoners tend to seek information from other prisoners. A standardised induction process needs to be put in place.

3.49 The sentence management scheme for LTPs is well established and maintained. A random check revealed files up to date; assessments carried out; and Action Plans completed. Those involved are to be commended for their work.

Darroch Hall

3.50 The induction in place for women is well thought out and working. It consists of a formal group meeting; a tour of the prison; then a series of one-to-one meetings and interviews during the first week. When asked, women were able to describe their induction and were aware of routines, support available, etc. Staff admitted that there was slippage from time to time and they did not always achieve 100% completion.

3.51 A Personal Officer Scheme had been introduced but this had not succeeded because of issues related to the Staff Attendance System. Despite this, an examination of Hall Records showed them to be generally of a good standard and with regular and appropriate entries. Each file had a Transitional Care Plan to manage the move to Greenock, unfortunately, of the sample examined, only 25% were completed.

Ailsa Hall

3.52 Ailsa has an Induction Unit where new prisoners stay for their first night (and for up to three days if required). Each prisoner should be seen for a one hour interview within 24 hours and generally this was happening. This should then be followed eight days later by a formal two day induction. Staff admitted that this rarely occurred due to the pressures of managing numbers.

3.53 A review of the induction process, by way of survey, has been carried out by the prison. This survey of 100 prisoners makes for very depressing reading with only two per cent responding positively about the usefulness of the induction programme. Generally the material available was seen as poor and inappropriate, the delivery uninteresting and the facilities inadequate. A new induction programme is being planned. This work requires to be completed as a matter of urgency.

Throughcare

3.54 Once again, the prisoner mix at Greenock means that very different sets of needs have to be considered. As well as LTPs and women in Chrisswell and Darroch, Ailsa Hall has approximately 50% Remand Prisoners and 50% Short Term Prisoners. Of the Remand population there are a significant number of Young Adults. The short term population is mainly held at Greenock until a space is available at another prison (usually Low Moss or Kilmarnock), although some will serve their whole sentence at Greenock. Given these complexities, Greenock is still energetically pursuing its Throughcare provision.

3.55 Needs are assessed via the Sentence Management Scheme for Chrisswell House prisoners. In Darroch Hall a local Needs Assessment is being piloted. Assessment in Ailsa Hall is not so structured and access to programmes, agencies and support relies on one-to-one interviews.

3.56 Cranstoun Drugs Services provides the main initial assessment, and Greenock also has two full time workers from APEX and one from the Rough Sleepers Initiative. The Jobcentre has plans to provide a service within the prison. There are two Drug Workers plus uniformed officer who has recently taken up a two year secondment to work with the drugs team.

3.57 Strong links have been made with both statutory and voluntary agencies. The range of services offered and planned is impressive, but Management needs to closely monitor the actual delivery of services in this area and how they are working together. This is, once again, due to the diversity of population and their associated needs.

3.58 It is difficult to make any assessment of the impact of Throughcare because of the range of prisoner needs in Greenock. Beyond programmes, the LTP population does not appear to use much of the services provided. Perhaps because most LTPs will progress to the Open Estate, little preparation for release appears to occur, in the belief that this will happen on transfer. LTPs also pointed out that the programmes available were mostly ones which they had already done but felt that doing the programmes again was one of the “hoops” they had to go through. Management should consider the pre release needs of all prisoner groups at Greenock.

Programmes

3.59 The programmes team was based in the new Social Inclusion Group area. It comprised three staff and one administrative assistant (shared with others based in the block). The three drugs workers were also closely involved in the delivery of certain programmes.

3.60 The team was delivering the following programmes:

Cognitive Skills	Accredited
Anger Management	Accredited
21 Hour Drug Awareness	Approved
Guide to Sensible Drinking	Approved
Parenting	Local
Motivation for change	Local
Steps	Local

3.61 It is to the credit of the Programmes Team that courses were already available for the female prisoners in Darroch. They were also very proactive in identifying the need for new programmes tailored to the specific requirements of the population. These included alcohol, parenting and motivation to change. With the arrival of the female prisoners they were also examining the possibility of adapting the sleep and anxiety course, as well as the self esteem programme currently being run at Cornton Vale. All new local programmes were developed in conjunction with the Psychologists. The Unit was well supported by management and able to introduce innovative courses if the need was there. As everywhere in the prison, space was tight and access to classrooms was an issue. One classroom at the back of Darroch Hall was now only available for female prisoners, leaving one in the main 'industrial' corridor. Negotiations took place with the neighbouring Education Unit for the use of space there, but a longer term, less ad hoc, arrangement should be made.

Work

3.62 The main industrial work parties were as follows:

The timber complex (work efficiency scheme)	35 (includes 15 female places)
Spray Shop	10
Industrial Cleaning BICS	10
Laundry	13 (all females)
Gardens	10 (all Chrisswell)
Kitchen	22

3.63 In addition to the above, there was the opportunity for Chrisswell prisoners to access external work placements. At the time of the visit 14 prisoners were engaged in these placements. However, securing placements for sex offenders remained a problem and only one of the 15 located in Chrisswell House was on a work placement. The timber complex work efficiency scheme was able to offer 15 places to female prisoners. However, there were few work opportunities which led to specific skill development and which might enhance the possibility of employment. The spray shop was finding it difficult to secure contracts and often relied upon other establishments helping out when they were unable to deliver their allocation of work. It was encouraging to note that approval from the Board had been given to reinstating the VT hairdressers.

Social Work

3.64 The Social Work Unit is now located in the new Social Inclusion Group area, and although the facilities are vastly superior to those in the previous porta cabin, space was still tight. IT systems had improved but it appeared that access to professional development and training remained limited. Access to adequate and appropriate interview facilities in the Halls also remained a problem.

3.65 Staffing levels still posed some difficulties, albeit that an additional Social Worker had been recruited since the last formal inspection of January 2001. Increasing numbers in Ailsa, including lifer recalls, and the number of lifer tribunals emanating from Chrisswell were putting the resource under strain. Females in Darroch were not seen routinely, only on an emergency basis, and short term prisoners were relatively low priority.

Education

3.66 The new Education Unit was fully operational at the time of the visit. The Unit was a considerable improvement to that previously available. It was on course to deliver its target of 25,000 training hours which was expected to increase the following year to 25,500. Approximately 33% of education time is devoted to long term prisoners and on average there is a restriction of 20 prisoners from Ailsa although individual learning plans are provided for all STPs.

3.67 Education was in competition with other activities, and evening classes were less attractive than watching television in cell and participating in other activities such as football.

3.68 The curriculum was made up as follows:

Communications	20%
Numeracy	20%
Information technology	20%
Problem solving	20%
Art/music/working with others	20%

3.69 In addition, 'Higher Still', Open University, access to local colleges for engineering, catering, performance and media studies were all supported by the education department.

3.70 The staffing equivalent is 6.5 full time equivalents. The head of the Unit felt very much part of the establishment management team and was able to influence the overall curriculum to ensure it was based on individual needs.