



# HM INSPECTORATE OF PRISONS

## Report on HMP Barlinnie

October 2006

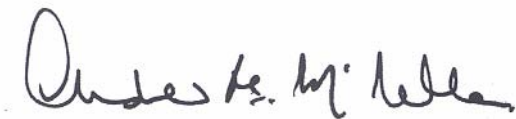


SCOTTISH EXECUTIVE

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 Barlinnie between 9-18 August 2006.

Seven recommendations and a number of other observations are made.

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

ANDREW R C McLELLAN  
HM Chief Inspector of Prisons  
for Scotland

October 2006

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## **1. PREAMBLE**

1.1 Barlinnie numbers are very high. One Scottish prisoner in every five is held there. At the time of inspection there were 1430 prisoners living in Barlinnie. At the time of the last full inspection three years ago there were 1129, although there are 178 more cells now than there were in 2003. There are nearly twice as many prisoners in Barlinnie as there are in any other Scottish prison. Indeed, Barlinnie alone holds as many prisoners as the six smallest prisons in the country.

1.2 Overcrowding is not the same issue as high numbers, but they are often connected, and they are connected in Barlinnie. The design capacity is 1018, which means that the prison is regularly 40% overcrowded. The effects of this overcrowding were obvious throughout the inspection: for example, most prisoners do not have single cells, staff do not have the time they need to spend with individual prisoners, and prisoners spend too long locked in their cells. HMCIP Annual Report 2005-2006 lists nine evils of overcrowding – Barlinnie provides illustrations of many of them.

1.3 There is a link between the high numbers in Barlinnie and the rebuilding programme being carried out in other Scottish prisons, particularly in Perth. Barlinnie makes it possible for rebuilding to take place by providing room for the prisoners who need to be moved before the rebuilding can begin. It is very good that poor accommodation is being replaced with good accommodation, but it comes at a cost.

1.4 Within the high numbers are three particular groups of prisoners which should be considered. i) At the time of the inspection there were 460 prisoners on remand, which is nearly one third of the prisoner population. ii) Over the past few years an average of 7000 prisoners per year were admitted to Barlinnie. iii) There were more than 150 prisoners serving sentences for the non-payment of fines of less than £300 at the time of inspection, ie over 10%. These are discussed below.

1.5 Perhaps remand prisoners in Barlinnie suffer most from the high numbers and the overcrowding. They certainly had the most negative view of the prison among all prisoners interviewed. In general, they spend the longest time in cell, they have the least to do out of cell, they describe the least good relationships with staff, they have very little access to

addiction support, and they have not benefited from the very significant improvement in the quality of food which a change in the method of serving has produced in almost every other part of the prison. In 1999 the then HMCIP published a report on conditions for remand prisoners *Punishment First – Verdict Later?* The title is still relevant. At the time of that report over 45% of remand prisoners did not subsequently receive a custodial sentence.

1.6 An average of 7000 admissions each year means an average of 135 in a week. Most of these come in to the prison on a Monday night. During the inspection 120 prisoners were admitted on a Monday. The report recognises the good work done in the Reception (although the holding cubicles are still in use and the conditions of the building are not fit for purpose) and in the First Night Centre. But the pressures on staff and the pressures on prisoners resulting from that scale of admissions (with procedures often extending until 11.00 p.m.) are bad for everyone.

1.7 It is not in keeping with the Criminal Justice Plan published by the Scottish Executive in 2004 that there should be well over one hundred prisoners in Barlinnie convicted for non-payment of fines of less than £300. The Plan states *Given the growing concern about the use of short term sentences for petty and repeat offenders, we will take a more imaginative approach to addressing the problem of short prison sentences, by combining community and custodial sentences.* The cost of a prison sentence for these fine defaulters is far in excess of the amount of the unpaid fine.

1.8 The last full inspection report on Barlinnie (2003) began “Barlinnie is changing, but Barlinnie has not yet changed enough”. By 2006 it has changed a great deal more. The most obvious changes are the refurbishment of the halls and the end of slopping out. The living conditions for prisoners and the working conditions for prison staff are very much better. The Governor spoke of the “significant, positive influence on all other aspects of the prison”. A representative of the POA(S) said during the inspection “the prison has made a gigantic leap”. Prisoners regularly told inspectors “this place is much better than it used to be”.

1.9 Of course they were speaking about decent toilet arrangements; but they were speaking about more than that. It was repeatedly said by prisoners and staff that Barlinnie feels safer, looks cleaner, serves better food, has better relationships and a more calm atmosphere. Inspectors saw with their own eyes confirmation of these claims, both in

statistical evidence and in the day-to-day life of the prison. Against the background of high numbers and overcrowding these are impressive achievements.

1.10 Moreover, the report provides evidence that Barlinnie has taken advantage of the new opportunity provided by the transformation of the living conditions to make progress in the “care” agenda. Advances in provision as diverse as chaplaincy and psychology; the vigour of the Listeners’ Scheme; the emerging strength of the links between social work agencies and the prison under the umbrella of the new Integrated Case Management system; the development of these links in the “Routes out of Prison” programme; and the First Night Centre – all of these are welcome signs of improvement.

1.11 The First Night Centre is an excellent initiative, especially in the context of the very high numbers being received weekly, or even daily, into Barlinnie. The report says *It is difficult to overestimate the difference this initiative has made*. Even for those who have been in prison before, the large numbers arriving at once is likely to increase the tension and anxiety. For those who arrive for the first time, the experience can be terrifying. The First Night Centre is designed to make introduction to prison life as safe, reassuring and straightforward as possible: the report provides evidence of its success.

1.12 When there is so much change for the better, it is very disappointing to find no change in two matters commented on in previous reports. The conditions in the reception area are no better: the use of holding cubicles on the scale and with the frequency they are used in Barlinnie is completely inconsistent with the improvements in decency throughout the rest of the prison. In 1994 the Committee for the Prevention of Torture said after their visit to Barlinnie *to subject a newly arrived prisoner to three successive spells in them [the reception cubicles] is unlikely to alleviate the feelings of anxiety and/or depression that he might well be experiencing. Many must find the process extremely humiliating*. In 2003, finding no change, the committee called for the replacement of these cubicles *without further delay*. The last HMCIP report said the same thing.

1.13 Previous inspection reports have also commented on the great length of time visitors have to spend in the prison waiting for a visit with a prisoner to begin. This report confirms that this situation is also unchanged.

1.14 Perhaps the most serious consequence of high numbers and overcrowding for prisoners in Barlinnie is the lack of opportunity for all prisoners to take part in useful work. Even when remand prisoners are excluded from opportunities for work (and it is regrettable that they are) the number of prisoners engaging in daily work is very low. During the inspection the average figure for those leaving their halls to go to work was 127. The same can be said for education. Whatever the quality of education provision, in the context of the very high numbers of prisoners in Barlinnie, the number taking part in education is also very low (average 27). The absence of opportunities for work and education was deemed particularly important by representatives of the Visiting Committee when they met inspectors.

1.15 Reference has already been made to the improvement in the meals in most parts of the prison. However, for some prisoners food is still served in enclosed plastic trays. It is impossible for food to remain good when kept in these trays for any length of time. Two inspectors ate the same meal on the same day: one from the new hot plate, the other from the plastic tray. The meal from the hot plate was much better.

1.16 Barlinnie is very unusual among Scottish prisons in that convicted prisoners are never allowed to wear their own clothes. The underwear might fit or not, it might be unstained or it might not. This is entirely out of keeping with the clean and decent atmosphere which is in other respects the norm in Barlinnie since the end of slopping out.

1.17 Barlinnie has the highest number of prisoners in Scotland from ethnic minorities. It is unsatisfactory, therefore, that there is less provision for comprehensive planning and managing good race relations than there was at the time of the last inspection. The Multi-Disciplinary Race Relations Monitoring Group has not met for some time: this should be addressed.

1.18 It may be coincidence that several concerns raised in the report appear to arise from the relationship between outside contractors and the SPS; or it may mean that there is something in the contractual relationship which needs further examination. Here are four examples:



- Doctors are not always in the prison when they should be.
- Prisoners regularly arrive in prison from court very late at night.
- There is no addiction service for sex offenders.
- The document designed to encourage prisoners to take up education is very unlikely to achieve that effect.

1.19 It is clear that these examples all represent treatment of prisoners which is less good than it should be. Whether contractual arrangements make it difficult for these issues to be improved remains to be seen.

## 2. POPULATION, ACCOMMODATION AND ROUTINES

### Population

2.1 Barlinnie is the largest prison in Scotland. The prisoners living there account for 20% of the total population in the system. One hall in Barlinnie can hold more prisoners than many other prisons.

2.2 The prison has a design capacity of 1018. In the period 1 April 2006 to 28 July 2006 the average daily population was 1456: 43% above the design capacity. The highest population in this period was 1525 on 3 July. SPS now contracts prisons to take a specified number of prisoners. Barlinnie is contracted to take up to 1222 prisoners. On top of this there is an agreed additional 417 prisoner places: a total of 1639. The design capacity remains 1018.

2.3 During the inspection (on 14 August) the population was as follows:-

Area	No. of Prisoners
'A' Hall	261
'B' Hall	270
'C' Hall	295
'D' Hall	230
'E' Hall	269
Letham	94
Segregation	11
<b>Total</b>	<b>1430</b>

2.4 The damage caused by overcrowding and high prisoner numbers has been well documented in previous Inspectorate reports. Barlinnie has tried to manage these problems but there is no obvious respite in the short-term. Over and above the sheer volume of prisoners, two other points are worth mentioning. Barlinnie has a complex population of various sentence types including 450–500 prisoners on remand at any one time. It also has to cope with an extremely 'needy' population of prisoners; many of the prisoners have a combination of addiction, behavioural and physical and mental health problems. The prison is currently coping with these issues.

## **Accommodation and Routines**

### **‘A’ Hall**

2.5 ‘A’ Hall holds remand and convicted prisoners. Prison Rules state that, as far as possible, these two groups should be held separately. It can also contain prisoners recalled on licence, immigration detainees and long-term prisoners: all co-located together. It does not hold any prisoners on protection except when they need to be located in one of the four high-risk cells or the one disabled cell on the ground floor.

2.6 There are 187 cells on four floors. Two hundred and sixty one prisoners were living in 181 of these cells at the time of inspection. The floor space in each cell has been reduced because they have all been fitted with a toilet inside a cubicle. There is also a sink in each cell as well as a power point, television and kettle. The refurbishment of the hall was completed in 2004 and the reopening of ‘A’ Hall signalled the end of slopping out in Barlinnie. Many of the cells are very cramped with two prisoners living in them. A formal system of cell allocation should be introduced which identifies an acceptable amount of space for a prisoner to live in.

2.7 Windows in the cells are high and do not let in much natural light. They are grilled over and have broad slats on the outside. Whilst this has the benefit of stopping prisoners throwing litter out of the windows and making the exercise yard untidy, it also restricts the amount of natural light and fresh air that can get into a cell.

2.8 The general standard of decoration in the cells is acceptable. Indeed the communal areas are much brighter than they were during the previous full inspection in 2003. This makes the hall a much lighter, less oppressive environment. There is very little space for interviewing available in the hall. A few cells have been converted into interview rooms but getting access to them can be difficult because the demand from specialist staff is great. This should be addressed.

2.9 There are three telephones on each floor. Some of the telephones do not have canopies, which can make it difficult for prisoners to hold a conversation when the hall is busy. This should be addressed.

2.10 New showers and ablutions were fitted in the old slopping out areas during refurbishment. There are an adequate number of showers for the population and, two years after coming into use, they are still maintained to an excellent standard.

2.11 Outside exercise is taken in a large yard adjacent to the hall. All prisoners can exercise in the yard at the same time. The yard is spacious and clean. The recreation room consists of snooker, pool, table tennis and a television. There are also four telephones, two of which do not have canopies. The room is a converted workshop and whilst it is quite bleak it is clean and functional.

2.12 The week after the inspection, 'A' Hall introduced a servery system for meal times. This is a significant event, moving as it does away from the old plastic trays. Inspectors returned to see how the new system worked. The improvements in the quality and presentation of the food were obvious. Prisoners commented very favourably on the new system. A rotating system is in place to allow all prisoners a fair chance at selecting their first choice. It is intended to introduce an advance choice menu system in the near future. This will bring 'A' Hall into line with most of the rest of the prison.

2.13 There is no opportunity for communal eating in the hall. Prisoners collect their meals and return to their cell to eat. Cells are locked while they eat. The cramped nature of many of the cells means that many prisoners eat their meals sitting on their bed with their plates on their laps.

#### 'B' Hall

2.14 'B' Hall houses convicted prisoners. It does not hold any prisoners on protection except when they need to be located in one of the seven high-risk cells or the one disabled cell on the ground floor.

2.15 There are 191 cells on four floors. Two hundred and seventy prisoners were living in 181 of these cells at the time of inspection. The floor space in each cell has been reduced because all cells have been fitted with a toilet inside a cubicle. There is also a sink in each cell as well as a power point, television and kettle.

2.16 Many of the cells are very cramped with two prisoners living there. A formal system of cell allocation should be introduced which identifies an acceptable amount of space for a prisoner to live in. As in 'A' Hall, windows in the cells are high and do not let in much natural light.

2.17 The general standard of decoration in the hall is poor. The hall does not have a painting and decorating work party, which might help to improve standards. Other prisons have used prisoners to resolve this problem, most successfully in Aberdeen where they have redecorated the entire accommodation area. There is very little interview space available.

2.18 There are 15 telephones, three on the ground floor and four on each of the other floors. Some of the telephones do not have canopies.

2.19 New showers and ablutions have been fitted in the old slopping out areas. There is an adequate number of showers for the population and they are in good condition. There is a shower for people with disability on the ground floor.

2.20 Outside exercise is taken in a large yard adjacent to the hall. There are two sessions per day. Prisoners from two floors at a time can exercise in the yard at the same time with a maximum of 120 prisoners being allowed in the yard at a time. The yard is spacious and clean.

2.21 The 'B' Hall recreation area is the Activities Centre in the industrial complex. The room is a converted workshop and is adjacent to a well-stocked library with an extensive range of books, magazines, periodicals and computer games.

2.22 'B' Hall has now introduced a servery system for meals. This is a major improvement. Prisoners commented very favourably on the new system. An advance choice menu system is also now well established and works well.

2.23 There is no opportunity for communal eating in 'B' Hall. Prisoners collect their meals and return to their cell to eat. The doors are locked while they eat. The cramped nature of many of the cells means that many prisoners eat their meals sitting on their bed with their plates on their laps. Officers in 'B' Hall said that because there wasn't enough time at

the weekend to collect the plates and cutlery from prisoners to be washed in the hall dishwasher, they use paper plates instead. Prisoners do not get the opportunity to get rid of the dirty paper plates before being locked up.

#### ‘C’ Hall

2.24 ‘C’ Hall is the main remand hall. The turnover of prisoners is significant. Officers provided records that showed that there can be up to 100 movements (50 in and 50 out) on any given day.

2.25 There are 190 cells on four floors. There were 295 prisoners living in these cells at the time of inspection. The floor space in each cell has been reduced because all cells have been fitted with a toilet inside a cubicle. There is also a sink in each cell as well as a power point, television and kettle. The refurbishment of the hall was completed in early 2003.

2.26 Many of the cells are very cramped with two prisoners living there. A formal system of cell allocation should be introduced which identifies an acceptable amount of space for a prisoner to live in.

2.27 Windows in the cells are high as in ‘A’ and ‘B’ Halls.

2.28 The general standard of decoration in the cells and communal areas is acceptable. There is very little interview space available in the hall.

2.29 There are three telephones on each floor. Some of the telephones do not have canopies.

2.30 New showers and ablutions were built into the old slopping out areas during the refurbishment of the hall and these areas were refurbished again in 2005. There is an adequate number of showers for the population and they are still maintained to an excellent standard.

2.31 Outside exercise is taken in a large yard adjacent to the hall. There are two sessions per day. The yard is spacious and clean.

2.32 'C' Hall uses two separate recreation areas. One is adjacent to the hall and doubles as the area where prisoners queue to receive their medication. The other is the Activities Centre in the industrial complex. There are telephones in the recreation areas, as well as snooker, pool, table tennis and a television. The recreation facilities for 'C' Hall are adequate.

2.33 'C' Hall is the last hall in Barlinnie to use the plated meals system. There are plans to introduce a servery system for 'C' Hall, and this should be expedited as soon as possible.

2.34 There is no opportunity for communal eating. Prisoners collect their meals and return to their cell to eat. The cells are locked while they eat. The cramped nature of many of the cells means that many prisoners eat their meals sitting on their bed with their plastic trays on their laps.

#### 'D' Hall

2.35 'D' Hall has four separate sections, all of which have access to in cell sanitation and in cell electrical power. All prisoners have access to time in the fresh air and inside recreation, as well as the opportunity to visit the Activity Centre. Each section has a minimum of two telephones. All meals are served from the new servery trolleys: food was hot and well presented. The four sections are:

2.36 The Residential Care Unit, which has 42 cells. On the day of inspection there were 43 prisoners living there. These are usually short-term prisoners who have mental health issues or require some form of support. There is one disabled cell which was occupied. There is a link with the Health Centre and prisoners can self refer. The Unit is occasionally used as a 'stepping stone' back into the mainstream system. The facility itself is maintained to a good standard of decoration and cleanliness and relationships between staff and prisoners are good. However, prisoners within this regime spend a significant part of their day locked up in their cells due to a lack of opportunity to participate in any work or structured activity.

2.37 The Sex Offender Unit has 44 cells and on the day of inspection 65 prisoners were living there. The decoration and cleanliness was to a good standard. There was a good atmosphere within the area and both staff and prisoners reported positive relationships. On

the day of inspection there was a large number of prisoners locked in cells, despite the fact that education was on offer.

2.38 The two remaining sections house a range of prisoners serving different lengths of sentence. They are of similar design to the rest of the hall, although they need to be redecorated and cleaned.

2.39 Overall, although prisoners and staff were generally content with facilities and regime in 'D' Hall there is little to do and prisoners spend much of their time locked within their cells. This was due to lack of work opportunities and structured activities being available. This should be addressed.

#### 'E' Hall

2.40 'E' Hall fulfils two very important functions for Barlinnie. It houses the First Night Centre (FNC) on the top floor and the other three floors house most of the prisoners on protection.

2.41 There are 175 cells on four floors. Two hundred and sixty nine prisoners were living in 172 of these cells at the time of inspection. The floor space in each cell has been reduced because all cells have been fitted with a toilet inside a cubicle. There is also a sink in each cell as well as a power point, television and kettle. The refurbishment of the hall was completed in 2005. Many of the cells are very cramped with two prisoners living there. A formal system of cell allocation should be introduced which identifies an acceptable amount of space for a prisoner to live in.

2.42 Windows in the cells are as described in the other halls.

2.43 The general standard of decoration in the cells and communal areas is excellent. This may be expected given this hall was recently refurbished. It makes the hall a much lighter and less oppressive environment. There is very little interview space available.

2.44 There are three telephones on each floor. Some of the telephones do not have canopies.



2.45 New showers and ablutions were fitted into the old slopping out areas during the refurbishment of the hall. There are an adequate number of showers for the population and they are maintained to an excellent standard.

2.46 Outside exercise is taken in a large yard adjacent to the hall. All protection prisoners can exercise in the yard at the same time. The yard is spacious and clean. FNC prisoners move to their hall of allocation and attend exercise when they get there. If they stay in the FNC more than one day other arrangements are put in place.

2.47 There are four telephones in the recreation area. There is also snooker, pool, table tennis and a television. The room is a converted workshop and whilst it is again quite bleak it is clean and functional.

2.48 'E' Hall prisoners have a pre-selection choice menu system (except those in the FNC). Everyone is served his meals from a servery. The improvements in the quality and presentation of the food are obvious. Prisoners commented very favourably on the new system.

2.49 There is no opportunity for communal eating in 'E' Hall. Prisoners collect their meals and return to their cell to eat. The cells are locked while they eat. The cramped nature of many of the cells means that many prisoners eat their meals sitting on their bed with their plates on their laps.

2.50 Prisoners in 'E' Hall retain their own plates and cutlery. They are provided with the necessary materials and access to the appropriate facilities to wash their utensils.

#### Letham Hall

2.51 Letham Hall is a prefabricated style building which acts as the local 'top-end' hall for Barlinnie. The building is clean and provides decent accommodation.

2.52 Letham houses convicted prisoners who have been assessed as suitable for the 'local top-end' having been through 'A' Hall, 'B' Hall, 'D' Hall or 'E' Hall. It does not hold any prisoners on protection. There are no special cells.

2.53 There were 64 out of 76 cells in use in five sections on two floors, (three upstairs two downstairs). Only one section in the hall has single occupancy, although all of the cells are the same size. The prisoners in the single cells are designated to these cells because they work in certain work parties that require some shift working.

2.54 Many of the cells are very cramped with two prisoners living there. A formal system of cell allocation should be introduced which identifies an acceptable amount of space for a prisoner to live in.

2.55 Prisoners have a key to their own door and can access night sanitation and shower facilities during lock up periods. The hall is segmented into the five sections for control purposes by the use of grille gates during these periods. There is CCTV coverage in all communal areas.

2.56 Each cell has a power point, television and kettle. There are telephones in each section. The telephones are never switched off so prisoners who work long hours can use them during lock up periods.

2.57 Windows in the cells in Letham Hall are large and not blocked in any way and therefore let in a lot of natural light. The general standard of decoration in the cells is good. However, interview space is limited although most of the prisoners are out at work most of the day so a quiet area can usually be found.

2.58 There is a shower and ablutions area in each section. Whilst there are an adequate number of showers some were in need of repair or replacement.

2.59 Outside exercise is taken in a large yard adjacent to the hall. All prisoners can have access to the exercise yard at any time during periods of unlock. The yard is spacious and clean. The recreation room can be accessed between 10.30am and 8.30pm each weekday and during all periods of unlock at the weekends. There is snooker, pool and table tennis.

2.60 Prisoners in Letham have a pre-selection choice menu system and their meals are served from a servery. This has been in place for more than a year. The improvements in the

quality and presentation of the food were obvious. Prisoners commented very favourably on the new system.

2.61 There is no opportunity for communal eating in Letham Hall. Prisoners collect their meals and return to their cell to eat. The cramped nature of many of the cells means that many prisoners eat their meals sitting on their bed with their plates on their laps. Given its status as the local top end, the opportunity to dine in association should be offered.

### **3. CUSTODY AND GOOD ORDER**

#### **Security and Safety**

3.1 There have been no escapes since the last inspection.

3.2 In 2005-06 there were 12 serious prisoner-on-prisoner assaults. While this is reducing, it still breaches the performance target. In the same period there had been 34 minor assaults. In 2005-06 there had been no serious prisoner-on-staff assaults. In the same period there had been 12 minor staff assaults. There had been five serious prisoner-on-prisoner assaults between 1 April and 31 July 2006, and no prisoner-on-staff assaults. There had been 19 minor prisoner-on-prisoner and six minor prisoner-on-staff assaults in the same period.

3.3 There had been six suicides in 2005-06 (several still subject to Fatal Accident Inquiries) and three between 1 April 2006 and the inspection (subject to FAI). ACT documents were initiated 113 times in 2005-06 and on 46 occasions from April to July 2006. Initiatives such as the 'First Night Centre' and the Residential Care Unit within 'D' Hall support the ACT Strategy. The Multi-Disciplinary Mental Health Team meets weekly and the ACT Group meets every two months. Two Listeners attend each meeting, but not for the full duration due to the confidential nature of some of the discussions. Eighty six percent of staff are trained in the new ACT procedures.

3.4 Relationships between staff and prisoners were very good. This was confirmed in discussions with both groups.

3.5 Management have restructured the Residential hall functions and the demographics of the prisoners within them to tackle and reduce the impact of certain groups coming into contact with each other. The introduction of the First Night Centre provides an initial assessment of individual risk as well of its impact on other areas of the prison.

3.6 There is a general feeling that Barlinnie is a safer place than it has been in the past. This was reported by staff and prisoners.

## **Prisoner Complaints Procedure**

3.7 Prisoners can access complaint forms in each hall without having to ask a member of staff. In line with SPS guidance an officer provides the initial response to a complaint and if the complaint proceeds to the next level a First Line Manager answers it. In the past it was perceived by managers that too many complaints were going to the Internal Complaints Committee (ICC). This has been reduced significantly by raising staff awareness. A paper or electronic guide to good complaints management would also be a useful tool to maintain standards. No such training pack exists.

3.8 The ICC's are very well organised. A weekly rotation is published of ICC Chairpersons. The list is made up of Unit Managers and the Chaplain. It is encouraging to see the Chaplain involved in this element of the life of the prison. The Business Improvement Assistant (BIA), who organises the ICC hearings, collates any complaints that have reached the ICC stage. The BIA also participates as an ICC member along with an officer or other member of staff.

3.9 A sample of complaint forms from each stage of the process was examined. The answers were of good quality and timescales were met. Record keeping is excellent. The BIA keeps a paper copy of each complaint and another copy is placed in each prisoner's record. As is the case in other establishments the logging of complaints onto PR2 is inconsistent. The BIA maintains a 'standalone' computer record tracking each complaint to maintain the data needed for management information.

3.10 The CP system in Barlinnie is very good. This was also reflected in comments made in the 2005-06 Annual Report of the Prisons Complaints Commissioner.

## **Prisoner Disciplinary System**

3.11 When prisoners are charged with breaches of prison discipline, depending on the seriousness of the charge they are either dealt with in the hall where they live or in the main Orderly Room. Minor offences are dealt with in the hall by the Unit manager or the Duty Manager. Serious cases are dealt with in the main Orderly Room, which is located in the office in the Segregation Unit. One Unit Manager conducts most of these disciplinary

hearings, which has the advantage of ensuring consistency. Paperwork for all hearings is prepared, managed and recorded in the Segregation Unit.

3.12 A number of adjudications were observed during the inspection. These were conducted in a relaxed manner, and most SPS procedures were followed. However, staff stood in the eye line of the prisoner who was seated. Staff should follow the normal SPS practice and be seated during adjudications.

3.13 From the adjudications observed and from an examination of records some inconsistencies were identified. It was also apparent that little detail of the hearing was recorded. It was observed that evidence was not presented in a sealed evidence bag and that evidence was routinely disposed of, even though one case was subsequently referred to the police. SPS instructions on the preservation of evidence should be adhered to. Evidence should also be presented in sealed evidence bags. Adjudications are carried out at an appropriate management level, although there are some inconsistencies in practice. Senior management should audit adjudication proceedings on a regular basis.

### **Night Duty**

3.14 One First Line Manager, 14 Operations Officers and one Nurse Practitioner provide night duty. An inspector spent some time in the prison during the night. Night duty instructions were found to be of good quality: essential information is set out in sufficient detail and is user friendly.

3.15 The officers on night duty are a mix of those who do night duty only and some who are on night shift as part of their overall shift rotation. Officers were competent and confident when asked about their responsibilities. They had a good grasp of emergency procedures.

3.16 Barlinnie is the last prison in Scotland to have a nurse on the night shift. This means that prisoners with medical problems during the night can be seen by a nursing professional more quickly than in other prisons.

3.17 Night duty is well organised.

## **Segregation Unit**

3.18 There have been no structural alterations to the Segregation Unit since the last Inspection. There are 17 cells, 14 of which have integral sanitation. Facilities are adequate, although the whole area is in need of decoration. During the visit one prisoner was on a “dirty protest” which was causing the staff some difficulties, but through a pragmatic approach they were minimising the effect on themselves and other prisoners.

3.19 Twelve prisoners were being held within the Unit at the time of inspection: eight from other establishments. Of the four prisoners from Barlinnie three were untried and awaiting a court appearance. They had been held within the Segregation Unit for approximately 11 months. There was no record of any interventions or support. Consideration should be given to holding structured Case Conferences for all segregation prisoners, which addresses individual aspects of their management.

3.20 All paperwork for holding authority was correct and readily available.

## **4. ADDICTIONS**

### **Introduction**

4.1 The Barlinnie Drug Services team consists of eight officers who are managed by the drug strategy co-ordinator. They are responsible for delivering addiction related programmes and for the supervision and management of the mandatory drug testing process. The drug services team also support the work of the addictions nurses and their responsibilities include the management and supervision of:

- The doctor's admission process
- Addiction nurses screening and urinalysis assessments
- Blood borne virus clinics
- Smoking cessation advice clinics

4.2 The Drug Services team work closely with the Enhanced Addiction Casework Team (Phoenix House). The drug strategy co-ordinator oversees the contract and the team manager (Phoenix House) links with him on a day-to-day basis.

### **Addiction Services**

4.3 There is a good range of services provided for prisoners with addictions. All prisoners are provided with a harm reduction session at induction. All prisoners serving more than two years will also be offered a pre-release harm reduction session. Those prisoners serving more than 30 days have access to the full range of services. Those who are assessed as having an identified need, and who wish it, are referred to Phoenix House who will complete the Common Addiction Assessment Recording Tool and draw up a care plan.

4.4 There is however an exception to this. Phoenix House are not contracted to work with sex offenders. There is an expectation that this will change when the contract is changed in 2007, and Barlinnie have partly addressed this gap by offering an alcohol awareness group to these prisoners. During a focus group from this hall prisoners said that this alcohol awareness group was valued and helpful.



4.5 Motivational interviewing is provided to prisoners, working on a one-to-one basis with Phoenix House. This is also provided to prisoners when they are being assessed for entry to programmes.

4.6 There are two programmes offered:

- First Steps
- Lifeline

4.7 First Steps targets those in the early stages of drug taking. This programme was devised by Barlinnie. Lifeline is an approved activity and is supported by psychologists. All convicted prisoners are eligible to be referred to these programmes. Referrals come via the core screening system on PR2, from hall staff, or through Phoenix House. Referrals are subject to a local sift board. The length of sentence is taken into account to ensure that the prisoner has enough time left to serve in order to complete the programme. There are waiting lists for both programmes.

4.8 Phoenix House provides individual sessions to prisoners based on identified need, outlined in their care plan. This work is carried out in the halls. The frequency of these sessions is based on individual needs, but is on average every four to six weeks. Phoenix House staff recognise this is not always enough. They would prefer to have enough time to be able to see people every two weeks.

4.9 Methadone is prescribed to those prisoners who have been receiving it in the community when they are admitted. This is checked by contacting the community service and by testing the prisoner's urine. The doctor can prescribe methadone to prisoners who have not been receiving it prior to admission but this is not common. Numbers of prisoners receiving methadone have been increasing. This reflects what is happening in the community.

4.10 Random drug testing is to be carried out in September, October and November 2006. Thereafter it will move to anonymous addiction prevalence testing. The addictions team and health centre were preparing for this at the time of inspection. Progression drug testing is

also offered to prisoners being considered for open conditions. Testing is also carried out if prison staff have suspicions that a prisoner is misusing drugs.

4.11 Advice on smoking cessation is currently being offered by Phoenix House. Four Phoenix staff and two addiction nurses are undertaking training to allow them to offer a more comprehensive service, including groups. There is already a waiting list for this but they hope to be able to start groups soon.

4.12 Alcoholics Anonymous come to Barlinnie twice a week and hold meetings in the halls. These are open to all prisoners who want to attend. Narcotics Anonymous have recently re-established their relationship with the prison. They plan to run sessions every second week. It will be made available discretely and admission will not be limited in any way.

### **Partnership Working**

4.13 There are good working relationships between all the partners involved in delivering addiction services in Barlinnie. Staff share information and co-ordinate their work with prisoners. The inspection team heard that there was currently no multi-disciplinary addictions meeting where all of the agencies involved could get together to discuss cases. There is, however, a plan to restart the Addictions Monitoring Group which would fulfil this role.

### **Throughcare Addiction Service**

4.14 Phoenix House refers prisoners to Throughcare Addiction Services (TAS) for voluntary aftercare. If the prisoner was receiving an addictions service before they came into prison they are referred back to that service. If the prisoner is taking methadone they will do this jointly with the addiction nurses. Some prisoners do not want to be referred to TAS and addictions staff believe this to be due to the intensity of the service. When prisoners do want to be referred, however, they do not always get the service they require. The community services are not yet available in all areas.

## **HOPE Family and Addictions Support Project**

4.15 This project provides input to the First Steps and Lifeline programmes. It focuses on prisoners' relationships with their families, in particular with their children. The material is sourced from a number of existing parenting programmes. It has been adapted to make it more appropriate for prisoners on the addiction programmes.

### **Accommodation**

4.16 The accommodation in the addictions unit is very good. The rooms used for programmes and groups are comfortable and offer an appropriate environment for the work. Accommodation for individual work, however, is not as good. Due to overcrowding in the halls there is very limited space to work with prisoners individually. The perspex booths which have to be used for this purpose do not offer sufficient confidentiality or comfort. As they lack ventilation the door should be opened at least every 15 minutes. Phoenix House staff regularly carry out individual sessions which last forty minutes.

## 5. PRISONER MANAGEMENT

### Reception

5.1 It is very disappointing to note that little has changed in the reception area since the last inspection. That inspection **recommended**: “The holding cubicles in Reception should be discontinued and a decent and proper Reception facility created.”

5.2 Some efforts have been made to improve the facility. The cubicles are clean and are regularly re-painted by prisoners who work in the area. The introduction of a no smoking policy means that the cubicles are free from cigarette ends and the smell of smoke. The provision for individuals who do not speak English as a first language has been improved with the introduction of notices in a range of languages and the introduction of the telephone language line service.

5.3 Two areas within one of the Reception spurs are being converted into communal rooms. The design of these differs considerably from the holding rooms in most prisons. Rather than bench seating around a table or central area, the rooms have a shelf around the walls with fixed stools facing the walls. This has the disadvantage of limiting interaction and, on first impressions, means the number of prisoners who can use the room is more limited than with a more usual design.

5.4 It was noticeable that despite the physical conditions, staff clearly made an effort to treat admissions decently. A number of interactions were observed where staff dealt promptly and sensitively with prisoner’s issues. The transactions observed were appropriately managed.

5.5 However, among the issues which remain to be addressed are:

- The use of the cubicles (essentially cupboards to hold admissions)
- Multiple occupancy of these inadequate spaces at time of peak demands, often by prisoners who are physically or mentally unwell

- Poor levels of cleanliness and housekeeping in the general reception area, particularly the cleaners' rest room, showers, toilets and storerooms
- No provision for hot food for prisoners: prisoners may have gone 24 hours without receiving a hot meal
- No provision to sit and eat the food which is provided
- Lack of privacy and decency when changing clothing at the "strip desks"

**5.6 It is recommended again that the holding cubicles in Reception should be discontinued as a matter of priority and a decent and proper Reception facility created.**

5.7 In terms of process, all prisoners are interviewed in one of two offices. These offer an appropriate level of privacy and sensitive and personal matters can be raised. It is here that the ACT system for those deemed to be at risk of self-harm can be initiated. This aspect of prisoner management is done well.

5.8 Prisoners then go directly from Reception to the adjacent health centre for an admission interview with a nurse. This can lead to further medical referral as appropriate. It is also another opportunity for any risk to be assessed by trained health care staff in an appropriate environment. This procedure continues to be a model of **good practice**.

5.9 As an additional service, two prisoners who work in reception are also members of the Listener Scheme. The Listeners are prisoners who have been trained by The Samaritans to provide a listening service to other prisoners. These prisoners can be available on an informal or formal basis.

5.10 In the last inspection report it was noted that there was no particular provision for young people or first offenders. While this is still true in reception, the creation of the First Night Centre mentioned below, and elsewhere in this report has changed this.

5.11 The storeroom for prisoners' private clothing has been extensively renovated. There is now a modern system of storage. This area is now much brighter and airier and is free from the smell which used to exist.

5.12 While there is a system for the disposal of unclaimed clothing, one of the storerooms contained an astonishing amount of unclaimed valuable property (including jewellery, watches and electronic items etc). Some of the property has been unclaimed for a number of years. A system for disposing of valuable property should be put in place.

5.13 Barlinnie is the largest prison in Scotland and has therefore the busiest reception. It is not unusual for the Reception to be admitting prisoners after 22.00hrs. There is some frustration within the prison that the bulk of escorts from courts arrive in the evening rather than being spread throughout the day. SPS, RCS and the Court Service should review the management of escorts to try to control the flow of admissions into the prison.

### **First Night Centre**

5.14 An area has been identified on the top floor of 'E' Hall where all admissions are now located for their first night – the First Night Centre (FNC). It is difficult to overestimate the difference this initiative has made. In the past Barlinnie has struggled to locate admissions. Halls moved prisoners around on an 'ad hoc' basis to free up spaces. Sometimes spaces were not appropriate. The time spent finding spaces was huge. The situation is now much better.

5.15 While perhaps not located in the ideal place (top of 'E' Hall which is the hall furthest away from the Reception and the Induction Unit), any inconvenience is more than compensated for by the fact that the unit is in operation. There are 46 cells with the capacity to have double occupancy.

5.16 The SPS Cell Sharing Risk Assessment is initiated at the reception interview and at the subsequent interview in the health centre. This is completed in the FNC. All prisoners who arrive are given an induction (usually in groups of about six) covering what they need to know for the first 24 hours. Additionally each prisoner is seen by an officer and a checklist completed and signed to ensure they understand basic procedures and have had an opportunity to raise any concerns. Given that many of the admissions arrive late in the evening, it is encouraging to see such a comprehensive system in place.

5.17 Prisoners can usually access a telephone (they are given a PIN number and initial credit in reception) and can also access the official prison telephone in emergencies. They

are then allocated rooms dependent on the Risk Assessment. To date the maximum number of prisoners admitted has been 70, so single room allocation is possible.

5.18 A feature of the FNC is the preparation made for admissions. Since they all go to induction the following working day and thereafter to their allocated accommodation, the Centre is emptied each morning. A prisoner party cleans and re-equips each cell. Cells are made ready for occupancy with a complete kit of bedding, towel, toiletries etc. The cells were inspected prior to admissions arriving and the standard was both high and consistent. A feature of this Centre is the high standard of cleanliness.

5.19 Prisoners too unwell to be located on the top floor or those subject to ACT are seen by staff from the FNC wherever they are located.

5.20 One oversight is the lack of provision for non-English speakers. The induction forms are in English only and there is a reliance on reception staff initiating contact with the interpreter service. Anecdotally however staff also indicated they would use other prisoners to interpret. A first night briefing sheet in the most common languages should be prepared.

5.21 The creation of the First Night Centre is an excellent initiative and is an area of **good practice**.

## **Induction**

5.22 At the last full inspection, Barlinnie had established an area for induction in a former workshop. There is now a well-appointed Links Centre which provides a range of office and interview facilities for prison staff, agencies based in the prison and external agencies who provide services.

5.23 An advantage of the setting up of the First Night Centre referred to above is that all prisoners are encouraged to take part in Induction. Additionally, the First Night Checklist covers some of the National Induction material, and in saving time at Induction, allows staff to engage in more pressing or urgent issues.

5.24 It is becoming common in SPS for the national Core Screening Instrument to be used with all prisoners. This provides an initial assessment of need, and is also a mechanism for referrals to providers both within and outwith the prison. This is happening in Barlinnie. For untried or very short-term prisoners, it is likely that only emergency or acute needs can be addressed, however the Core Screen is in place if the untried prisoner is subsequently convicted. The Core Screen is entered on the SPS Prisoner Record System (PR2) and referrals to service providers are made. These service providers include, Jobcentre Plus, Careers Service, housing services, Chaplaincy and a number of voluntary/non statutory bodies including Hope and The Wise Group.

5.25 Prisoners who have been in prison in the last six months receive a short Induction. All others are seen in groups by an induction officer, who delivers the National Induction programme over 2.5 days. Some prisons have developed a lengthier induction programme involving a range of inputs from service providers and families. A review of induction should take place to examine whether such a programme would be appropriate.

5.26 The Core Screen process triggers any needs referrals via PR2 and a synopsis of any issues raised at Induction is sent to the prisoner's allocated residential area. In terms of Throughcare, for those serving up to four years a Community Integration Plan (CIP) is developed. This should identify which referrals have been made and what action took place. The Plan is reviewed prior to liberation. This review is to ensure that any referrals made have been actioned and that there is a plan for referral to any appropriate Throughcare or community agencies

5.27 For long-term prisoners, serving over four years, a CIP is also developed, but the Integrated Case Management system referred to below applies.

### **Integrated Case Management**

5.28 The SPS Sentence Management System has been replaced by Integrated Case Management (ICM). The same processes of Risk and Needs Assessment, Case Conference and Action Plan still occur although the management of this is slightly different.



5.29 Prisoners who are managed by this process are long-term prisoners; sex offenders; short-term prisoners whose disposal at Court included a supervision element on release; and prisoners subject to supervision on release who have been recalled to prison. At the time of inspection, 194 prisoners at Barlinnie were being managed under this system.

5.30 There are two Case Co-ordinators who also do the majority of Risk and Needs Assessments. The co-ordinators liaise with all areas in the prison responsible for input to either the Assessment or the subsequent Case Conference, A major difference between ICM and Sentence Management is that the prison social work unit now liaises with the community social work departments and a community social worker is identified at the start of the sentence who will follow the prisoner through the process. Under the previous system a community social worker was usually only identified close to liberation.

5.31 A Case Conference is held six months after the Assessment: the prisoner and all of the interested parties attend, including the community social worker. An Action Plan is then agreed and, depending on circumstances, is reviewed at least annually. The benefit of ICM is that there is now one Case Conference rather than different agencies dealing with the prisoner in isolation: it provides a more 'joined up approach' to the management of the individual. There have been some problems with community-based social workers attending, usually due to distance from the prison. Video conferencing is being made available to help ease this situation.

### **'Routes out of Prison'**

5.32 During the week of the Inspection a new development was starting in the prison. The Wise Group were implementing a 'Routes out of Prison' project, initially funded for two years. This project seeks to engage prisoners serving between three months and four years and provide a support worker who will work with the prisoner both in prison and then in the community. The core of this work is identifying acute needs and then engaging with the prisoner and with other agencies. The project workers include ex-offenders who will have an appreciation of the issues facing prisoners on release.

## **Home Detention Curfew**

5.33 On 3 July 2006 Home Detention Curfews (HDC) were introduced at Barlinnie following *'The Home Detention Curfew Licence (Prescribed Standard Conditions) (Scotland) Order 2006'*.

5.34 Candidates for HDC's are highlighted by PR2. A check of the prisoner's Warrant, previous offences and file information is conducted and a summary report completed. A manager reviews this and, if appropriate, the community social work department is asked to carry out a Community Assessment. If the individual is suitable, there is liaison between Social Work, Police and SERCO (who manage electronic tagging). A licence is then prepared with any applicable conditions and arrangements made for an electronic tag to be put on.

5.35 The process is a straightforward one and well organised. At the time of inspection 46 prisoners at Barlinnie had been released on Home Detention Curfews.

## 6. HEALTHCARE

### Physical Environment

6.1 The Health Centre has adequate equipment to meet the needs of the prison population. Two new defibrillators are now in place and staff have been trained in their use. However the age and layout of the building means that there is limited space to see prisoners and that privacy is compromised. The Health Centre was being redecorated at the time of inspection.

### Access to Healthcare

6.2 In line with practice throughout the SPS, prisoners have to complete a form requesting a medical appointment. They are then triaged in the halls by nursing staff. Prisoners will usually be seen by nursing staff on the day of referral and if they require to see a doctor it will normally be the next day. Due to the poor general health of the prisoner population, referrals to the health centre are increasing month by month and this is becoming a major issue in terms of meeting needs.

6.3 Medications, including drug detoxification and maintenance programmes, are dispensed in the halls. The dispensing of medication takes up a significant amount of the nursing resource. Three hundred and five prisoners are receiving methadone each day in the prison.

6.4 The First Night Centre is an excellent facility, but being situated on the top floor of 'E' Hall has created some challenges for health care staff: for example, prisoners who have restricted mobility need to be located on the ground floor. This takes place when appropriate.

6.5 An initiative to identify the expressed health needs of prisoners in Barlinnie has been carried out in conjunction with the health promotion department of Greater Glasgow NHS Board. The outcomes of this work should inform future health care developments within the prison. It is an area of **good practice**.

6.6 Fifteen per cent of the prisoners in Barlinnie have tested positive for Hepatitis C. There are currently no Hepatitis Clinics in place and this should be addressed.

6.7 Prisoners reported difficulties in accessing the dentist and podiatrist. This was particularly the case for prisoners on remand. Although it is recognised that there are high levels of turnover of remand prisoners, all prisoners should have equal access based on need.

### **Nursing Services**

6.8 The prison has a nursing staff complement of 35, which includes eight addictions nurses. However, there were 12 vacancies at the time of inspection and a further six nurses were on some form of leave. Three key factors are impacting on the nursing resource; i) the recruitment and retention of healthcare staff, ii) high levels of dispensing supervised medications; and iii) an increase in the number of referrals. **It is recommended that the system of recruiting nursing staff, and the possibility of increasing unsupervised medications are reviewed.**

6.9 Nurse led clinics are in place for diabetes, asthma, sexual health and cardiovascular problems. These nurse led clinics should run every day to meet the needs of prisoners but this cannot be sustained due to staff shortages. All of the nurses leading the clinics have specialist training. Training and staff development for nurses is good.

### **Medical Services**

6.10 General medical care is arranged through the central SPS Medacs contract. This provides cover for 126.5 hours per week in Barlinnie. However, the actual hours of attendance of doctors falls well short of the contracted hours. On occasion doctors have failed to appear for scheduled sessions as they also have been scheduled to be at another prison at the same time. Medacs have also on occasion failed to provide medical cover to the prison despite having advance notice that doctors will be on annual leave. There have been several complaints made by the prison to Medacs about these issues. Although there are processes in place to re-establish the complaints system, nothing seemed to be done to address these complaints. Provision to prisoners has suffered as a result. **It is recommended that the provision of care by doctors to prisoners is improved and complaints made to the healthcare provider are dealt with.**

6.11 Three-monthly reviews of medication prescriptions are not carried out by medical staff. Medications prescribed by GPs in the community are not routinely confirmed with the GP in the prison prior to being prescribed in the prison. This should be addressed.

6.12 There is no system for continuous professional development of the doctors. This should be addressed by Medacs.

### **Mental Health Services**

6.13 A Multidisciplinary Mental Health Team (MDMHT) meets every week and oversees the mental health provision for the prison. All referrals to the MDMHT are reviewed by mental health nurses within 2-3 days.

6.14 NHS Greater Glasgow provides psychiatric input through three consultant forensic psychiatrists. Liaison between the forensic psychiatrists and the MDMHT is good. This liaison also extends to the courts and local authority social work departments.

6.15 Several good initiatives have been set up to offer support to prisoners who have mental health problems. These include the Residential Care Unit in 'D' Hall; a Day Services Unit with approximately 200 contacts per week; the 'Life Coaching Project' which trains ex-prisoners to be Life Coaches to support vulnerable prisoners on liberation; theatre Nemo where drama and multi media are used; and the Royston Stress Centre to provide relaxation and one-to-one support.

6.16 Overall, mental health service provision is good. The staff are proactive and innovative. One member of the mental health team has received the Butler Trust Development Award for work in this area.

### **Suicide Prevention**

6.17 There were six deaths in custody, apparent suicides, in 2005-06 (several still subject to FAIs) and three between 1 April 2006 and the inspection (subject to FAI). An ACT meeting is held bi-monthly and this is chaired by the Deputy Governor. Eighty six percent of

staff are now trained in the new Act procedures, with mechanisms in place to address the rest by the end of the year.

6.18 The management of prisoners who are assessed and placed on ACT is generally very good. However, prisoners who are assessed as high risk are moved from the Residential Care Unit to an anti-ligature cell. Although a safe environment is crucial, the prison should examine the procedure of moving a prisoner to unfamiliar surroundings when he is at his most vulnerable.

6.19 The Listener Scheme is in operation, with 16 prisoners trained. The Scheme is very well run and there is good liaison between the prison and the Samaritans.

### **Dental Services**

6.20 In Glasgow itself dental problems are four times worse than the Scottish average, and this is reflected in the prisoner population. The dental equipment in the Health Centre is equivalent to that in a community based dental practice except for work surfaces and storage cupboards which are not fit for purpose. There is a lack of planning for the future provision of dental equipment and this should be addressed.

6.21 Two dentists from the same practice provide six half day sessions per week. The Dental Health Survey recommends that there should be one session per 100 prisoners and Barlinnie provides one session per 200 prisoners. As described above, prisoners on remand are seen only in emergencies. Convicted prisoners are usually seen within 4-6 weeks.

### **Pharmacy**

6.22 Pharmacy is organised through a contract with 'Alliance' and provides 25 hours per week. The contract covers advice on the storage, administration and handling of drugs; maintenance of the emergency equipment; and reviews of the pharmacy financial reports.

### **Optician**

6.23 The optician holds a three hour clinic every fortnight. The service is comparable with NHS provision.

## **Podiatry**

6.24 The Podiatrist holds a two hour clinic every week. The service is comparable with NHS provision.

## **Physiotherapy**

6.25 Physiotherapy services are provided by the NHS and prisoners are escorted to local services in the community.

## **7. LEARNING, SKILLS AND EMPLOYABILITY**

### **Introduction**

7.1 Aspects of responsibility for learning, skills and employability rest with the Interventions Manager and the Employability and Catering Manager who reports to the Deputy Governor. A full time manager and deputy manager are employed by Motherwell College to organise the activities in the learning centre (LC) and to provide learning support to the vocational training (VT) workshops. The SPS contract for the provision of LSE in Barlinnie started on 1 April 2005, and is held by Motherwell College.

### **Access to Learning Skills and Employability Provision**

7.2 Prisoners have access to the range of LSE provision through Links Centre induction which includes assessment of training and educational needs. VT programmes are advertised on notice boards in the halls, although currently there is no follow up promotion of learning centre opportunities. Word-of-mouth from other prisoners already enrolled in activities was one of the main reasons given by prisoners for participating. Many prisoners also self-refer to education, vocational training and production workshops.

7.3 Currently, staff in the learning centre do not systematically follow up prisoners shortly after induction to interest them in learning provision. The regular programme in the learning centre is poorly promoted. A photocopied 'prospectus' describes opportunities in Basic English, IT (Computing), Communication, Modern Studies, Art, Creative Writing and Introduction to Food Handling. These classes are timetabled in morning and afternoon blocks to provide opportunities for all categories of prisoner.

7.4 The vocational training provision includes industrial cleaning, hairdressing, bricklaying and joinery. A Scottish Progression Award (SPA) in Building Crafts, consisting of units in plumbing, painting and decorating, bricklaying and carpentry is planned to commence in the near future. There are production workshops for concrete and woodwork products. A successful partnership project with a major construction company had been discontinued because prisoners could not be accredited for training delivered in a simulated work environment. In the laundry, some prisoners had opportunities to access a machine



operator certificate and were about to commence SVQs. Prisoners working in the kitchen and passmen distributing food in the halls can access the basic food hygiene certificate. Prisoners in the garden party could access SQA modules in basic gardening and working with petrol driven machines.

7.5 The library has ten networked PCs which prisoners can access during programmed activity sessions. These PCs carry some 50 short courses which are selected for the prisoner population and provided by Learndirect Scotland. Prisoners had access to these facilities during programmed activity sessions. However, during the inspection the computers were being used more for recreational than educational purposes. The Governor had suggested that additional software should be purchased to enable prisoners to develop knowledge and skills for parenting. This proposal should be pursued.

### **Assessment of Need**

7.6 All prisoners have their learning needs assessed by Links Centre staff on admission to the prison. The Links Centre staff meet prisoners within 72 hours of arrival and prepare a Community Integration Plan with them. Prisoner aspirations for education or vocational training and work party opportunities are outlined in the plan with a review by Links Centre staff six months later. Prisoners who refuse education or training initially are not re-interviewed after their first assessment. Prisoners can self-refer for courses or training by speaking to staff on the wings or approaching staff in the halls. Induction also includes completion of an alerting tool to identify literacy and numeracy needs. The LC had processed 3,363 alerting tools since April 2005.

### **Delivery of Learning**

7.7 Teachers in the LC have positive relationships with prisoners that supports their learning well. In most classes, approaches ensure that learning activities are relevant to the needs of individual prisoners and are delivered at an appropriate pace. Where class sizes permitted, for example, in the REHIS food hygiene course, teachers use an appropriate range of methods that engage prisoners well. The lack of continuity of prisoners' attendance at classes presented significant challenges for teaching staff in preparing, planning and delivering learning activities. PE staff engage effectively with prisoners to create a positive

learning environment. The programmes are well-structured and utilise the range of resources effectively.

7.8 Well structured and organised teaching and learning plans were available in almost all VT classes. Materials used in the classes were from the SQA, private training providers and home produced. They were of good quality. A variety of methods are used in the delivery of learning. These include demonstrations and extensive one-to-one discussions between trainers and learner. All learners were focused on purposeful activities. Learners were happy with the range of methods employed.

### **Prisoners' Learning Experiences**

7.9 Prisoners in the learning centre responded well to the supportive approach adopted by teaching staff. They generally worked on tasks that had direct relevance to their lives and spoke positively about the support they received from teaching staff. However, the Prisoner Survey shows that only 22% of prisoners used the learning centre in Barlinnie, the lowest figure for a Scottish prison. This could perhaps be accounted for by the high level of remand prisoners who do not have access to the learning centre and the very high prisoner turnover. It does, however, highlight the need for more careful consideration to be given to how education integrates with VT, PE and the library to promote learning more coherently.

7.10 Prisoners were very positive about the learning experience in the VT workshops. They are well supported by staff in the workshops and almost all prisoners are complimentary about the staff and the way the courses are delivered. This is reflected in the high retention and achievement rates. Prisoners felt the courses are preparing them well for future employment opportunities and would be of use to them on liberation. A successful industrial cleaning course offered pre-release prisoners the opportunity to achieve eight certificates which would prove valuable in the job market. The training groups were also called upon regularly to clean difficult spillages throughout the prison and gain valuable work-related experience. Learners from the hairdressing class were able to develop their hairdressing skills on approximately 40 to 50 other prisoners who attended the salon on a daily basis.

## **Achievement**

7.11 Prisoners attending the Learning Centre had achieved qualifications accredited by the Scottish Qualifications Authority in 11 subject areas. In 2005-06, 618 units had been awarded and these ranged from Access Level 2 to Intermediate 2. In addition, 627 prisoners had achieved the introductory food hygiene certificate awarded by REHIS.

7.12 The majority of learners in vocational training were achieving their coursework. In physical education and industrial cleaning achievement rates were very high. These departments celebrate achievement by holding award ceremonies for successful participants.

## **Ethos and Values**

7.13 Relationships between the staff and learners were very positive. The atmosphere in the workshops is relaxed but purposeful. Courses in vocational training and the workshops have a clear focus on improving potential employment opportunities for prisoners on their release. Both staff and prisoners were very positive about using the courses and training available to help prepare prisoners for release. In a few cases the local community had come into the prison to take part in activities prepared and organised by prisoners. These had proved very successful. Teachers in the Learning Centre have positive working relationships with prisoners and the atmosphere in the centre is relaxed and purposeful. The atmosphere in the library is welcoming and the librarian encourages prisoners to make good use of the facility.

## **Staffing and Resources**

7.14 All staff involved in LSE are qualified and experienced. The LC employs two full time managers and five full time equivalent teachers. However, these teaching posts are shared by 14 different teachers, only two of whom work for more than half of any week. As a result, it is not practical for the teaching staff to meet as a team. An appropriate number of prison officers/instructors manage the workshops where hairdressing, physical education, industrial cleaning, bricklaying and joinery take place. Uniquely for a Scottish prison, the library is managed by a qualified librarian. He is particularly enthusiastic and forward-thinking in his approach.

7.15 Accommodation in the LC is limited by the number and size of rooms. It is very small in relation to the size of the prison. A portacabin is used for work with protection prisoners. The LC is well situated in a central position between the halls and the VT workshops. It is poorly decorated and staff made little use of prisoners' artwork or publicly available posters to brighten up the area. The computer room is cramped and is uncomfortably hot in the afternoons. Accommodation and resources for vocational training supported learning well. All workshops were equipped with machinery and equipment to industry standards and prisoners had full access to these resources. PE staff use accommodation and equipment well to create a positive environment for learning. The prison had invested heavily in exercise machines offering learners the opportunity to use equipment that is as good as commercial provision in the community.

7.16 The library is an integral part of the activity centre which is a converted workshop used for recreational purposes on a timetabled basis. The library makes provision equivalent to that of a small but modern library in the community. It has ten networked computers which can provide intranet access to 50 short courses which are selected for the prisoner population and provided by Learndirect Scotland. Books are very well displayed and catalogued and prisoners have access to a range of CDs and DVDs. Very good provision is made for prisoners with additional needs such as poor literacy, short-sightedness or who are speakers of minority languages. Strong links with Glasgow City Council museums and libraries ensures that some promotional events are available to the prisoner population.

### **Quality Assurance**

7.17 Staff in the workshops did not systematically deploy a formal quality improvement and enhancement framework. Informal discussions led to improvement but there was no evidence of formal meetings or minutes to discuss quality improvement and no action plans with appropriate timescales to monitor improvements. Motherwell College had begun to include Prison Education Managers in its Curriculum Quality and Review Group. However, there had been no systematic self-evaluation activity in relation to provision in the learning centre and no impact evaluations conducted in relation to any recent project work.

## Conclusions

7.18 Aspects of LSE provision such as VT, PE and the library are of a high quality. The library is an example of **good practice**. The Learning Centre is poorly promoted and is the least well-integrated aspect of provision. Whilst well located, the premises are too small and unattractive.

7.19 However, the current LSE provision does not take sufficient account of the large, varied and transient nature of the prisoner population. As a result, a majority of prisoners receive no support or particular encouragement to access learning or vocational training. Providers of LSE are not yet working sufficiently together. Managers have not yet led the development of the strategic and operational plans that should provide the vision and practical actions needed to maximise the impact of LSE provision for all Barlinnie prisoners. All providers need to improve their links with learning providers and employers in the community so that all prisoners on release have, as a minimum entitlement, information to help them access resources in the community should they so choose.

7.20 None of the LSE providers have adopted systematic approaches to quality improvement as is now common practice in colleges and community learning providers.

## 8. CARE

### Family Contact

8.1 The arrangements for visits form a major part of the day-to-day logistics of the prison. Remand prisoners are entitled to one 30-minute visit Mondays to Fridays and an additional visit at the weekend. Visitors book these visits. Convicted prisoners are entitled to three 40 minute visits each month. Prisoners book these visits. A visitor information leaflet is available.

8.2 Visitors to remand prisoners book their visit through a dedicated telephone number. However, the situation remains much the same as three years ago: the line is very often engaged, particularly in the mornings, and it is very frustrating for visitors who have to continually hold the line or 'phone back. **It is recommended that delays in booking remand visits are reduced.**

8.3 The process from the time when visitors book into the visit desk, to the start of the visit remains unacceptably long. Little has changed since the last full inspection three years ago. On the day inspected, one of the visit sessions for convicted prisoners was due to start at 14.15. Visitors started moving to the visits room from the waiting room at 14.35, some of whom had already waited for 30 minutes. The session ended at 15.25 and visitors left the visits room at 15.35. **It is recommended again that the process from the time when visitors book in at the visit desk, to the start of the visit is improved.**

8.4 The visit room is bright and spacious and facilities are good. Supervision is discreet. The crèche was not open when inspectors observed a visit session. The canteen was well used. There are two "compassionate visiting rooms" used in exceptional circumstances.

8.5 There are two full-time Family Contact Officer posts in place, but not the people: the posts were vacant. Three other officers were covering the two FCO posts on a part-time basis, in addition to other duties. The FCOs have a dedicated office and telephone line with an answering machine. The FCOs pick up the messages when they can.

8.6 The FCOs will become involved in the 'Routes out of Prison' initiative as it develops and are developing plans for a parenting course. They are also addressing issues relating to childcare and money.

8.7 The availability of car parking spaces for visitors is an issue. The car park is relatively small and fills up quickly. This should be addressed.

## **Social Work**

8.8 Glasgow City Council provide social work services in Barlinnie. The service is provided to all prisoners, not just those from the Glasgow area. The team is currently managed by the Operations Manager (criminal justice) who also manages throughcare services for ex-prisoners within Glasgow. The team is comprised of two practice team leaders and eight qualified social workers. Currently two of these posts are vacant. The team is complemented by the 'Open Doors' project, which consists of one qualified worker and two social care workers and has a specific function relating to mental health. The team has its own administrative support although there are currently two vacancies.

8.9 The team is located in the main area of the prison within easy reach of the rest of the estate. The building is shared with housing staff provided by Glasgow City Council's homeless partnership. The team recently lost the use of a room due to the need to relocate staff so there is limited opportunity to see prisoners in the unit. The shortage of accommodation in Barlinnie makes it difficult for social workers to get space to interview prisoners in their halls. As there are now a range of services operating within Barlinnie, all needing confidential space to interview prisoners, a lot of time is wasted seeking out the space and waiting for it to become free.

8.10 The ongoing work of the team tends to be statutory work or the 'Open Doors' project. They run a duty system for dealing with referrals. Referrals come from within the prison and from outside. The team finds that many of the internal referrals are inappropriate and have to be passed back to the referrer or on to another agency. This takes up a lot of staff time.

8.11 The 'Open Doors' project runs support groups for vulnerable prisoners with low level mental health issues. They have run other groups in the past including an art therapy group.

This was successful but was on short term funding. The 'Open Doors' project is part of the multi-disciplinary mental health group.

8.12 Contact with families is mostly over the telephone. Prior to the new visitors' complex opening, family visits took place in the social work unit. The prison team do less family work now. Community social workers, however, now use the visiting facilities for access visits. Social workers are sometimes asked to attend the visiting area if an issue arises. The social work team also provides child protection training to prison staff.

8.13 The introduction of ICM has led to more active joined up working between the social work service and the prison. Both social work personnel and the prison officers tasked with its implementation were very positive about the difference it was already making. One of the challenges facing Barlinnie is that prisoners come from all over Scotland which makes it more difficult to ensure that the community social worker attends case conferences. They are planning to deal with this by making use of video conferencing.

8.14 Communication was highlighted as an issue. Social work are not always informed of the admission of prisoners for whom they have statutory responsibility. The inspection team was also concerned to hear of an example where social work had not been informed of the release of a sex offender. This meant there was a delay in informing the community services that this individual was back in their locality. It was reassuring that ICM was identified as being able improve communication and prevent further omissions.

8.15 Overall, the social work team in Barlinnie are a stable and experienced group. Many of the social workers have specialist qualifications. There are particular challenges in Barlinnie due to its ever-changing population and the fact that it serves the whole of Scotland. The team are currently short staffed. The implementation of ICM has been welcomed by the team and they were clearly extremely committed to making it work. They are well integrated into the wider prison and have established good working relationships with other staff within the prison.



## **Psychology**

8.16 The Psychology Department comprises one senior, one team leader and two psychologists. Accommodation and facilities for the team are very good.

8.17 The senior psychologist is responsible for risk management and dedicates one day each week to mental health issues in Barlinnie. One day each week is shared with Greenock and one day on wider SPS HQ issues. The team Leader has specific responsibility for the delivery and supervision of programmes, Integrated Case Management and approved activities.

8.18 The psychologists are involved in seven main areas of work:

- Risk Management
- Mental Health (including one-to-one)
- Programmes
- Research, Development and Audit
- Integrated Case Management
- Approved Activities

8.19 However, the bulk of time is focused on the core areas of risk management, offending behaviour interventions and mental health.

8.20 A significant amount of time is allocated to the Rolling STOP Programme for sex offenders. There were 104 sex offenders living in Barlinnie at the time of inspection. Five were participating in Rolling STOP, 32 were regarded as unsuitable based on their short sentence length, 58 were unsuitable as they were untried and nine were eligible but could not participate due to their current level of cognitive functioning or they were appealing their sentence.

8.21 The psychologists feel very well supported by management and are well integrated within the prison. They are involved in a range of meetings including the Senior Management Team meeting; the Risk Management Group; the Local Rehabilitation and Care

Group; and the Multi-Disciplinary Mental Health Meeting. They are also involved in the Case Conferences for sex offenders.

8.22 It was very encouraging that the psychologists were able to be very proactive in their work and this had improved greatly since management arrangements moved from central Headquarters to local management. The psychologists are now able to identify specific population needs and work with others to address these. The previous focus on Sentence Management “Collateral File Reviews” has disappeared.

8.23 Unfortunately, the situation regarding interviewing space in the halls has not changed. There is a shortage of interview rooms in the halls and this should be addressed.

8.24 While turnover of psychology staff has reduced, it still presents a problem in terms of continuity of work. Not all psychologists have a set of keys, which can make it awkward to get around the prison. In fact there are only two keys to the door of their office. This should be addressed.

8.25 Overall, the Psychology Department is operating well and is proactive in identifying and addressing the needs of the Barlinnie prisoner population.

### **Programmes**

8.26 There is no dedicated Programmes Group at Barlinnie: all programmes are delivered by 16 trained officers who are released from normal duties. The programmes are delivered in Letham Hall, ‘D’ Hall Porta Cabin, and the Activity Centre. Addictions programmes are delivered in the addictions unit. Accommodation for delivering programmes is good.

8.27 At the time of inspection the following programmes were being delivered:

	<b>Status</b>	<b>Number attending</b>	<b>Local Target</b>
Cognitive Skills <i>(for prisoners who have problems with self control, interpersonal problem solving and reasoning)</i>	Accredited	70	50

Anger Management <i>(for prisoners who have problems controlling their temper)</i>	Non Accredited	40	30
Rolling STOP <i>(For low, medium and high risk sex offenders)</i>	Non Accredited	19	12
Lifeline <i>(an adapted version of the Drug Relapse Prevention Programme)</i>	Approved	30	30
First Step <i>(to provide prisoners who misuse drugs with the opportunity to develop and maintain a drug free lifestyle)</i>	Approved	60	45
Access <i>(for prisoners referred from the Mental Health Team who have low self esteem and confidence and lack social skills and assertiveness)</i>	Pilot	8	-

8.28 An alcohol awareness course is also run, by officers, in ‘D’ Hall. There is no input from psychology or social work.

8.29 Programme participation, progress and completion are well monitored and there were no difficulties or problems at the time of inspection.

### **Race Relations**

8.30 There is one Race Relations Manager (RRM), one Deputy RRM and a Race Relation Officer in each hall. These duties are in addition to other duties. A ‘Race Relations Association Period’ takes place in the Activity Centre every Thursday morning. This is an informal session and seems to work well. An ethnic minority prisoner focus group is in place, and the catering department meets with this group on a regular basis. However, the Multi-Disciplinary Race Relations Monitoring Group which was set up after the last full inspection did not meet. **It is recommended that the Multi-Disciplinary Race Relations Monitoring Group meets.**

8.31 There were 41 ethnic minority prisoners living in Barlinnie at the time of inspection. However, it was not a straightforward task to identify these prisoners. This is partly as a result of how information is recorded in the SPS Prisoner Record System (PR2), and partly because of classification at Reception. **It is recommended that SPS ensures consistent systems are in place to identify ethnic minority prisoners.**

8.32 When a prisoner is admitted to the prison he is given a card with relevant information about services, translation services and seeking information about dietary requirements. There are clearly situated notices in core languages in the Reception. Interpreter services are available as are religious books and prayer mats. There is also an opportunity for prisoners to borrow CD players to play items from the library. There is a selection of films in non-English languages available in the library.

8.33 There had been two race relations complaints made in the past year. One was ongoing at the time of inspection, the other had been dealt with appropriately.

8.34 Appropriate systems were in place to provide special diets and times of religious observance. During certain celebrations, guests are invited from the local Mosque.

### **Long-Term Prisoners**

8.35 There were 62 Section 17 recalls, 5 life recalls and 18 prisoners serving an extended sentence living in the prison at the time of inspection. There was one Lifer Liaison Officer and two Deputies, who carried out these roles in addition to other duties. On average five or six Tribunals are held each month.

8.36 The main issue for long-term and life sentence prisoners is that Barlinnie is not resourced to meet their needs. They share cells and do not have the same advantages or quality of life as they would have in a long-term prison. They are not treated any differently from someone serving a very short sentence. They should be moved to a long-term prison as quickly as possible.

### **Chaplaincy**

8.37 There were eight chaplains in post at the time of inspection, and the team was in the process of securing a ninth. One of the chaplains is full-time (Church of Scotland) with three part-time Church of Scotland and four part-time Roman Catholic chaplains. The prison contracts 143 chaplain hours per week. Accommodation is good.

8.38 The chaplains work to a weekly roster. They see every prisoner during induction. They visit accommodation areas including the Health Centre and Segregation Unit. They also organise Pastoral visits and study groups. The fact that the chaplains see every prisoner during induction is an area of **good practice**.

8.39 Chaplains officiate Services: both Church of Scotland and Roman Catholic services are held on a Sunday morning, and Muslim prayers on a Friday. Other faith groups are facilitated when required or requested. There are currently no problems in getting prisoners to services and officer supervision is good.

8.40 The chaplains feel well integrated into the prison and very well supported by management. They have very good access to the Governor and Deputy Governor. They are involved in the ACT Group and meet regularly with the Listeners. One of the chaplains is a member of the Multi-Disciplinary Mental Health Team and attends meetings with other agencies. He also acts as the ICC Chair in the prisoner complaints procedure.

8.41 The chaplains have a small fund raised from churches outside and from Pastoral visits. This fund is mainly for remand prisoners with little or no money of their own. It provides cards for special occasions and a supply of reading glasses for prisoners who have not managed to arrange an appointment with the optician.

8.42 The chaplains have introduced a computer system to monitor requests from the halls. This is analysed once a year and allows the team to identify peaks and troughs during the year, and to target resources or areas of need within the halls. It allows them to focus on key issues and is an area of **good practice**.

8.43 The high prisoner numbers are however starting to stretch chaplaincy resources. The practice of seeing every prisoner during induction is becoming more difficult, partly because of the high numbers and partly because the ever-increasing number of agencies using the Links Centre means that space is tight. There are also some difficulties in obtaining officer supervision to allow study groups and religious courses to proceed. The toilets in the chapel need to be upgraded.

## **9. SERVICES**

### **Estates and Facilities**

9.1 The in-house estate management team manages two external contractors. The estates manager submits business cases to SPS Headquarters for approval and funding. Several business cases have recently been approved for work that required to be completed under new legislation for the Disability Discrimination Act.

9.2 Other recently completed work has included:

- New storage area for Reception
- New communal holding areas within Reception
- A new methadone centre
- New serveries in the halls
- Upgrading of showers in 'B' and 'C' Halls
- New flooring in Letham
- An updated gymnasium
- A new astro turf football pitch
- An electronic gate in Letham Hall to allow Listeners better access.

### **Health and Safety**

9.3 Barlinnie has one H&S Manager who also has responsibility for Fire Safety and Infection Control; he is supported by one administrative officer and several deputies throughout the establishment. The H&S manager is well supported by the Governor who on a fortnightly basis examines chosen areas of the prison. A report is provided highlighting areas of good practice and areas which require improvement. The manager and the administrative officer run a database for "accidents at work" which is very accessible. However, risk assessments within the prison are not as robust as they could be, and consistency of quality in accident reports is a problem for the H&S Department. Since April 2006, Barlinnie has reported 12 accidents and have had 47 non-reportable accidents.

## **Human Resources and Staff Training**

9.4 There are currently 581 staff in post, against a complement of 612. Staff absence is on average 18 days a year against a target of 14. There has been a high turnover of nursing staff within the Health Centre but attempts were being made to fill vacancies.

9.5 The Staff Reward & Recognition Group was reinvigorated last year. One member of staff has received a Butler Trust Award. Immediately prior to the inspection, Barlinnie was successful in retaining Investors In people (IIP) status. The establishment also achieved the Scottish Health at Work Gold Award in July 2005.

## **Catering**

9.6 There have been significant improvements in the quality of the catering service since the last full inspection in 2003. In the most recent Prisoner Survey perceptions of choice, quantity, presentation and nutritional quality have all improved by more than 10%.

9.7 Serveries have been installed in most residential areas and the prison has purchased new heated trolleys and a new delivery vehicle. This means that most food is transported more efficiently to the residential areas and the food stays hotter as well as looking much better than it used to. The group of prisoners who have not received the full benefit of these changes are the remand prisoners in 'C' Hall. They still receive their meals in plastic trays with the same effect as before: food becomes soggy and unappetising. This should be addressed.

9.8 No prisoners in Barlinnie are able to eat in association. In Letham Hall in particular this would seem to be entirely possible. The prison should introduce the opportunity for prisoners to eat their meals in association, when appropriate.

9.9 The prison has a three-weekly rotating menu system. Fresh fruit and vegetables are available within the choices available but even if a prisoner took every opportunity to choose an option with fresh fruit or vegetables they could not reach the Scottish Executives recommended level of five portions every day.

9.10 Medical, religious and other special dietary needs are catered for in the menu. When possible the kitchen will invite a prisoner with particular requirements to the kitchen to discuss his menu choices. An individualised menu can be created for particularly complex cases.

9.11 Muslim prisoners are employed in the kitchen to prepare menu choices for other Muslim prisoners. They are provided with a separate work area and their equipment and utensils are kept in a discrete part of the kitchen.

9.12 The kitchen employs 42 prisoners on a three shift system. It is a popular workplace for prisoners. All prisoners employed are given a workplace induction and undertake an elementary health and hygiene qualification. Prisoners working in the hall serveries are also given this training. Other training opportunities for prisoners working in the kitchen are manual handling and vehicle driving. Prisoners drive the new food delivery vehicle.

9.13 A Food Focus Group meets every two months. These meetings can influence menu choices. There are representatives on the group from throughout the prison. A group of ethnic minority prisoners also meets monthly and will occasionally make suggestions to the catering department on ethnic diets. Senior Managers regularly sample meals in the kitchen and will occasionally do so in one of the halls. There is no formal food complaints system: prisoners use informal contact with catering or hall staff to make complaints or suggestions, or they use the formal CP system. A formal food complaints system should be introduced.

9.14 The high number of prisoners currently in Barlinnie creates problems for the catering department. Local management indicated that the kitchen was designed to cater for up to 1200 prisoners. It regularly caters for over 1500. This means some choices cannot be provided. There are not enough boilers and oven space is at a premium. This is just one of the many effects which overcrowding and high numbers can have on a prison.

### **Clothing and Laundry**

9.15 Convicted prisoners are not allowed any personal clothing, and only a few prisoners on remand have any personal items. Prison clothing, including underwear, is not issued on a personal basis. This should be addressed.



9.16 The laundry is staffed by one First Line Manager (FLM) and two staff, although staff absences have affected this cover. The FLM also covers the re-cycling and garden work party functions.

9.17 There are 20 prisoners employed in the laundry both morning and afternoon. Four are full-time employees and the others are provided on a rotational basis. There are limited qualifications although certification on Laundry Technology is offered to a small number of prisoners. The first prisoner in Scotland to achieve this qualification was within Barlinnie Prison.

9.18 Laundry equipment is designed to cater for 1200 prisoners. This leaves a short fall which is picked up by a private company.

9.19 An ironing machine has been out of commission for nine months which means that no items are ironed and most of the prisoner work party spend their time folding items into bundles to be returned to the halls.

9.20 There is no doubt that the staff within the laundry are attempting to provide a decent service. If all untried prisoners were to have their own clothes in use, the laundry would not cope. The capacity of the laundry should be increased.

## **Canteen**

9.21 There are two canteen procedures in place: a 'Bag & Tag' system for convicted prisoners and a 'shop' for untried prisoners. Convicted offenders have access to the canteen one day per week and can spend all of their earnings and £15 personal cash. Untried prisoners can access the canteen three times per week and can spend £20 at each visit.

9.22 There has been a slight increase in the range of goods offered as a result of prisoner input. However, this input is 'ad hoc' and not part of a formal process. This should be addressed. There is no provision to purchase sundry goods including fresh fruit.

9.23 The canteen procedures have remained static for some time and should be reinvigorated.

## **10. GOOD PRACTICE**

10.1 Prisoners go directly from Reception to the adjacent health centre for an admission interview with a nurse (paragraph 5.8).

10.2 The First Night Centre (paragraph 5.21).

10.3 The initiative to identify the expressed health needs of prisoners which has been carried out in conjunction with the health promotion department of Greater Glasgow NHS Board (paragraph 6.5).

10.4 The library (paragraph 7.18).

10.5 The chaplains see every prisoner during induction (paragraph 8.38).

10.6 The chaplains monitor and analyse requests from the halls, allowing them to target resources or areas of need (paragraph 8.42).

## **11. RECOMMENDATIONS**

11.1 The holding cubicles in Reception should be discontinued as a matter of priority and a decent and proper Reception facility created (paragraph 5.6).

11.2 The system of recruiting nursing staff, and the possibility of increasing unsupervised medications should be reviewed (paragraph 6.8).

11.3 The provision of care by doctors to prisoners should be improved and complaints made to the healthcare provider should be dealt with (paragraph 6.10).

11.4 Delays in booking remand visits should be reduced (paragraph 8.2).

11.5 The process from the time when visitors book in at the visit desk, to the start of the visit should be improved (paragraph 8.3).

11.6 The Multi-Disciplinary Race Relations Monitoring Group should meet (paragraph 8.30).

11.7 SPS should ensure that consistent systems are in place to identify ethnic minority prisoners (paragraph 8.31).

## **12. POINTS OF NOTE**

12.1 A formal system of cell allocation should be introduced which identifies an acceptable amount of space for a prisoner to live in (paragraphs 2.6, 2.16, 2.26, 2.41 and 2.54).

12.2 There should be sufficient interviewing space in the halls (paragraphs 2.8, 2.17, 2.28, 2.43, 4.16, 8.9 and 8.23).

12.3 All telephones should be fitted with canopies (paragraphs 2.9, 2.11, 2.18, 2.29 and 2.44).

12.4 The prison should consider introducing a prisoner painting and decorating work party in 'B' Hall (paragraph 2.17).

12.5 Prisoners should be allowed the opportunity to get rid of the dirty paper plates used at weekends in 'B' Hall (paragraph 2.23).

12.6 A servery should be introduced in 'C' Hall (paragraphs 2.33 and 9.7).

12.7 Prisoners in the Residential Care Unit in 'D' Hall should have more opportunity to participate in work or structured activity (paragraphs 2.36 and 2.39).

12.8 Two sections within 'D' Hall should be redecorated and cleaned (paragraph 2.38).

12.9 Some of the showers in Letham Hall should be repaired or replaced (paragraph 2.58).

12.10 The opportunity to dine in association should be offered to prisoners in Letham Hall and for others when appropriate (paragraphs 2.61 and 9.8).

12.11 A paper or electronic guide to good complaints management should be created (paragraph 3.7).

12.12 Staff should be seated during adjudications in the Orderly Room (paragraph 3.12).

12.13 SPS instructions on the preservation of evidence in the Orderly Room should be adhered to (paragraph 3.13).

12.14 Evidence to the Orderly Room should be presented in sealed bags (paragraph 3.13).

12.15 Senior Management should audit adjudication proceedings on a regular basis (paragraph 3.13).

12.16 The Segregation Unit should be redecorated (paragraph 3.18).

12.17 Consideration should be given to holding structured case conferences for all prisoners in the Segregation Unit (paragraph 3.19).

12.18 The Addictions Monitoring Group should be restarted as planned (paragraph 4.13).

12.19 A number of issues should be addressed in the Reception, as detailed (paragraph 5.5).

12.20 A system of disposing of unclaimed valuable property should be put in place (paragraph 5.12).

12.21 SPS, Reliance Custodial Services and the Court Service should review the management of escorts to try to control the flow of admissions into the prison (paragraph 5.13).

12.22 A first night briefing sheet in the most common languages should be prepared (paragraph 5.20).

12.23 A review of induction arrangements should take place to examine whether input from service providers and families would be appropriate (paragraph 5.25).

12.24 Ways should be found to ensure privacy in the Health Centre (paragraph 6.1).

12.25 Ways of meeting the healthcare needs of prisoners should be found (paragraph 6.2).

- 12.26 Hepatitis C clinics should be established (paragraph 6.6).
- 12.27 All prisoners should have equal access to the dentist and podiatrist based on need (paragraph 6.7).
- 12.28 The nurse led clinics should run every day (paragraph 6.9).
- 12.29 Medications prescribed by GPs in the community should be routinely confirmed with the GP in the prison prior to being prescribed in the prison (paragraph 6.11).
- 12.30 A system for continuous professional development of the doctors should be put in place by Medacs (paragraph 6.12).
- 12.31 The prison should examine the procedure of moving a vulnerable prisoner from the Residential Care Unit to an anti-ligature cell when he is at his most vulnerable (paragraph 6.18).
- 12.32 Planning for the future provision of dental equipment should take place (paragraph 6.20).
- 12.33 There should be follow up promotion of learning centre opportunities after induction (paragraphs 7.2, 7.3, 7.18 and 7.19).
- 12.34 Additional computer software should be purchased to enable prisoners to develop knowledge and skills for parenting (paragraph 7.5).
- 12.35 Careful consideration should be given to how education integrates with VT, PE and the library to promote learning more coherently (paragraph 7.9).
- 12.36 The learning centre should be redecorated and brightened up (paragraph 7.15).
- 12.37 There should be systematic self-evaluation activity in relation to provision in the learning centre (paragraphs 7.17 and 7.20).

12.38 Impact evaluations should be conducted in relation to recent project work in the learning centre (paragraphs 7.17 and 7.20).

12.39 All providers needs to improve their links with learning providers and employers in the community so that all prisoners on release have, as a minimum entitlement, information to help them access resources in the community should they so choose (paragraph 7.19).

12.40 The small number of car parking spaces for prisoners' visitors should be addressed (paragraph 8.7).

12.41 Inappropriate internal referrals to the social work team should stop (paragraph 8.10).

12.42 Social workers should always be informed of the admission of prisoners for whom they have statutory responsibility (paragraph 8.14).

12.43 There should be no delay in informing community based social workers of the release of high risk offenders (paragraph 8.14).

12.44 All psychologists should be provided with keys to allow access to all parts of the prison where they need to be. They should also have a key to the door to their office (paragraph 8.24).

12.45 Long-term prisoners should be moved to a long-term prison as quickly as possible (paragraph 8.36).

12.46 The toilets in the chapel should be upgraded (paragraph 8.43).

12.47 Health and Safety risk assessments should be more robust (paragraph 9.3).

12.48 A formal food complaints system should be introduced (paragraph 9.13).

12.49 Prison clothing, including underwear, should be issued on a personal basis (paragraph 9.15).

12.50 The capacity of the laundry should be increased (paragraph 9.20).

12.51 Prisoners should have an input into the range of goods sold through the canteen (paragraph 9.22).

12.52 The canteen procedures should be reinvigorated (paragraph 9.23).



**SOURCES OF EVIDENCE**

Written material and statistics received from the prison prior to Inspection

Prison's self-assessment

Governor's briefing

SPS Prisoner Survey

Prison Records

SPS background material

Discussions with prisoners

Discussions with prisoners' families

Focus groups with prisoners

Interviews with prisoners

Interviews with prison staff

Focus groups with staff

Observations

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HM Chief Inspector  
HM Deputy Chief Inspector  
HM Assistant Chief Inspector of Prisons  
Inspector  
Associate Inspector  
Education Adviser  
Education Adviser  
Education Adviser  
Healthcare Adviser  
Healthcare Adviser  
Addictions and Social Work Adviser