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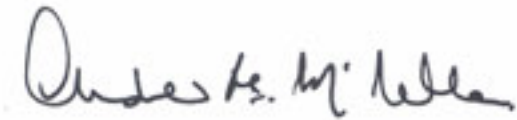
Report on The Open Estate

INSPECTION 15-19 SEPTEMBER 2008

The Scottish Ministers

In accordance with my terms of reference as HM Chief Inspector of Prisons for Scotland, I forward a report of an inspection carried out at The Open Estate between 15-19 September 2008.

Eight recommendations and a number of other points for action are made.

A handwritten signature in black ink, appearing to read "Andrew R C McLellan". The signature is written in a cursive style with a large initial 'A'.

ANDREW R C McLELLAN
HM Chief Inspector of Prisons

October 2008

CONTENTS	PAGE(S)
1. PREAMBLE	1-4
2. SAFETY	5-8
2.1 Outcomes	5
2.4 Assessment for Transfer to the Open Estate	5
2.6 Population	6
2.11 Escapes, Absconds and Physical Security	6-7
2.13 Admission and Induction Procedures	7
2.16 Suicide Risk Management	7-8
2.22 Violence	8
2.23 Relationships	8
3. ACTIVITIES	9-14
3.1 Outcome	9
3.2 Learning, Skills and Employability	9-14
4. HEALTHCARE	15-20
4.1 Outcome	15
4.3 Health Services	15-18
4.21 Addictions	18-20
5. REINTEGRATION	21-27
5.1 Outcomes	21
5.4 Case Studies	21-22
5.7 Social Work	22
5.11 Family Contact	23
5.15 Extended Home Leave	23-24
5.19 Time Banking	24
5.21 Interventions to Address Offending Behaviour	24-25
5.22 Integrated Case Management	25-26
5.34 Community Placements	27
6. GOOD PRACTICE	28
7. RECOMMENDATIONS	29
8. ACTION POINTS	30-32
ANNEX 1 Sources of Evidence	33
ANNEX 2 Inspection Team	34

1. PREAMBLE

1.1 This report concentrates almost entirely on matters connected with the preparation of prisoners for release. The date of this inspection was published almost a year before it took place; but the inspection took place at a particularly appropriate time. No Scottish prison has been the subject of more Press and public concern in the past year than the Open Estate. The focus of the concern was the rape of a young woman by a man who had absconded from Castle Huntly. This crime provoked outrage; and behind the outrage was the frequent suggestion that the criteria for admission to the Open Estate were too lax; and the frequent suggestion that the security at the Open Estate was too lax. The implication was that the Open Estate was too easy to get in to and too easy to get out of.

1.2 The Scottish Prisons Commission ("The McLeish Commission") was asked to investigate these concerns as part of their wider remit to take stock of how Scotland uses imprisonment. Their report was published in July 2008. Despite serious criticism of some of the processes which governed admission of prisoners to, and management of, prisoners within the Open Estate, the Commission declared that "Scotland also needs a well-run open estate because it is not in the public interest to release long-term prisoners from closed institutions without preparing them for release and training them for freedom."

1.3 This current inspection report demonstrates that significant change has taken place this year in the Open Estate. Much of the change can be attributed to reaction to that case of rape by an absconding prisoner. The criteria for admission to the Open Estate have been tightened considerably. So there are far fewer prisoners in the Open Estate than there used to be. In September 2007 the population was 496; by the time of this inspection it had dropped to 350. Among these the proportion of short-term prisoners has dropped.

1.4 Moreover, this report demonstrates that the use and availability of illegal drugs have also been reduced in the past year. This is not merely due to the lower numbers: even proportionately to the lower numbers there is significantly less drug use. Perhaps this may be partly because of the smaller number of short term prisoners. More certainly it is due to the more stringent requirements for admission to the Open Estate.

1.5 The same progress can be seen in the number of absconds. It is still a high number,

but it is lower than it used to be. Most of these absconds are technically "non-returns": it is not that the majority have escaped, but that they have not returned to prison after a period of home leave or community placement.

1.6 Throughout this inspection staff insisted that the more rigorous admission standards for prisoners have resulted in a more positive atmosphere in which they were able to do "better work with better prisoners".

1.7 Nevertheless there are still two faults with the new admission procedure. There is almost no preparation in closed prisons before prisoners move to the Open Estate; and the procedural delays which cause prisoners to spend as much as the first three months after admission waiting for home leave (despite some having had extensive unsupervised community access at previous closed prisons) lead to real frustration.

1.8 Healthcare is very good at both Castle Huntly and Noranside, although the times at which prisoners can access these services is more restricted at Noranside. The administration of controlled medication at Noranside falls outside recommended standards.

1.9 The McLeish Commission re-emphasised the purpose of the Open Estate as rehabilitation and preparation for release. In the last year the processes connected with the management, and in particular the risk management, of prisoners before release have improved considerably. Integrated Case Management and the personal officer scheme are fully operational and effective.

1.10 The main components of preparation for release at Castle Huntly and Noranside are, as they were before, community placements and home leave. The Extended Home Leave scheme is managed very well; and many early hesitations about it have disappeared. Community placements are also managed very well. These schemes provide testing in the community, development of employable skills, connection with local agencies, and family contact for those prisoners approaching the end of their sentences; and these things are most valuable. So is the Independent Living Unit at Noranside.

1.11 But they are not enough. The Governor was right to say "we need to concentrate on the three weeks per month they are in prison, and not just on the one week when they go

home". There is very little activity for prisoners to prepare them for release except home leaves and community placements. There are no accredited programmes to address offending behaviour, and no "top-up" programmes. Education provision is poor and not particularly directed toward preparation for release. Evenings and weekends are unused, wasted time. There is very little attempt to make use of the opportunities provided by extensive grounds and the absence of a fence. If home leave and community placements are all that can be offered to the preparation of prisoners for release, some might argue that these same things simply be offered in closed prisons in the central belt.

1.12 So many reports have stated that sex offenders get the worst preparation for release in Scotland's prisons despite their being the prisoners whom the public would expect to receive the most thorough preparation for release. The number of sex offenders in the Open Estate at the time of inspection was two. Of course it is difficult and dangerous and controversial to give any form of access to the community to imprisoned sex offenders. But it is more difficult and more dangerous, and it should be more controversial, to return them to the community at the end of their sentences without any previous testing in the community and without proper preparation for release.

1.13 If the Open Estate is the best preparation for release to be found in Scottish prisons then the most dangerous prisoners (not just sex offenders) are the ones who need it most. It is not easy to understand why some prisoners are given parole directly from closed prisons. Indeed in this year alone at least 38 prisoners have been released on parole from adult male closed establishments.

1.14 The conclusion of the McLeish Commission was "The Commission recommends that preparing for release and training for freedom be retained and reinforced as the proper purposes of the open estate – not easing overcrowding." Despite the criticisms expressed above, this report makes it clear that the SPS has learned lessons about the Open Estate in the past year and has made considerable improvements. This is a decisive moment for the future of the Open Estate. The conclusion of the McLeish Commission, reached after much study by an expert group, should not be lightly set aside. The evil of overcrowding across all Scottish prisons is very likely to reverse the progress and destroy the improvement demonstrated in this report. Since there is nowhere else to put prisoners it may be that a fence has to be put round the Open Estate and it is forced to become an ordinary prison to

ease overcrowding. Who suffers most when prisoners are released from prison not prepared for safe, decent lives in the community? It will require courage to maintain open prisons which are not full in a time of unprecedented overcrowding: but it is courage which will serve the public good.

2. SAFETY

Outcomes

Appropriate steps are taken to ensure that individual prisoners are protected from harm by themselves and others.

2.1 Met. Prisoners are not exposed to harm and they report feeling safe. However, the immediate post Extended Home Leave Act2Care risk assessment is inadequate.

2.2 The system in closed establishments for assessing suitability for the Open Estate is now much more robust and at the time of inspection there were fewer short-term prisoners and more long-term prisoners preparing for release being sent to the prison. This has improved the atmosphere and reduced tensions.

Prisoners are treated with respect by prison staff.

2.3 Met. Relationships are in general good.

Assessment for Transfer to the Open Estate

2.4 During the past year there has been concern expressed by the press and by the public that the criteria for admission to the Open Estate were too lax. The focus of this concern was the rape of a young woman by a man who had absconded from Castle Huntly.

2.5 Significant change has taken place this year and the criteria for admission to the Open Estate have been tightened considerably. There are now fewer prisoners in the Open Estate than previously. Of particular note is the fact that the number of short-term prisoners has reduced considerably. Both staff and prisoner commented that these two factors have resulted in a more positive atmosphere, with “better prisoners more suited to open conditions.”

Population

2.6 The Open Estate holds low supervision adult male prisoners. On the first day of the inspection there were 227 prisoners being held in Castle Huntly (design capacity 285), and 116 in Noranside (design capacity 140): so the Open Estate is not overcrowded. Due to Continuous Cell Occupancy at Noranside, the Open Estate can accommodate more prisoners than the original design capacity. Numbers at Castle Huntly were below design capacity due to a more stringent assessment process at the sending establishments.

2.7 A breakdown of sentence lengths was as follows:

Life sentence prisoners	37
Long-term prisoners	225
Short-term prisoners	81

2.8 In the six weeks prior to the inspection there were 67 admissions to the Open Estate: 47 long-term prisoners and 20 short-term prisoners. Three out of the 67 were long-term prisoners who were admitted directly into Noranside. Two of these were sex offenders. In the same time period 11 prisoners were transferred from Castle Huntly to Noranside.

2.9 All prisoners are now assessed for suitability for open conditions by Progression Case Management Groups, prior to transfer, within their own closed establishments. However, prisoners, do not, as a matter of course receive, or have, any preparation for transfer to the Open Estate. **It is recommended that prisoners are properly prepared for transfer to the Open Estate from closed conditions.**

2.10 There is no formal process or procedure used to identify which prisoners are selected for onward transfer to Noranside from Castle Huntly or how they are selected.

Escapes, Absconds and Physical Security

2.11 In the past year there were 19 absconds and 19 failures to return to the Open Estate. There are still high numbers, but lower than in previous years. A 'Critical Incident Review Process' has been introduced to examine contributory factors, early warning signs and reasons for each case.

2.12 There is no fence around either Castle Huntly or Noranside.

Admission and Induction Procedures

2.13 The Reception for the Open Estate is located at Castle Huntly. Only in exceptional circumstances will prisoners be admitted directly to Noranside. The Reception does not provide any facilities for interviewing, and the layout lacks flow. The storage area is small and the prisoners' waiting area is drab and unwelcoming.

2.14 Murray House allocates all Admissions and operates a 'First Night in Custody' information sharing meeting. In addition, a 'Buddy' Scheme is in place where a prisoner will orientate and share information with another. All prisoners receive a comprehensive Admission Pack.

2.15 Induction is delivered by Links Centre and Murray House residential staff. Within the first week a 'Prison Progression Assessment' is conducted and the 'Community Access Risk Assessment' is completed. Thereafter a 'Community Risk Assessment Plan' is considered in a multi-disciplinary forum. This system appears to work well and is well established. All relevant information is then presented at the multi-disciplinary Case Management Board.

Suicide Risk Management

2.16 There have been no deaths in custody in the past year. Two prisoners were placed on Act2Care in 2008 to the time of inspection: both from Noranside. These prisoners were not coping with open conditions and were returned to closed prisons. The full Act2Care process is not undertaken at the Open Estate. Following the initial case conference a prisoner considered to be high risk is immediately returned to closed conditions.

2.17 An immediate post Extended Home Leave risk assessment is carried out on all prisoners on return to the Open Estate. An Act2Care Sheet has been adapted for multiple use due to the high number of prisoners who participate in the scheme. This process was observed in the visits area and is inadequate. Prisoners are asked in the vicinity of other prisoners and staff, whilst standing in a queue: "are you suicidal". They then have to sign to

say that they are not suicidal. **It is recommended that the immediate post Extended Home Leave Act2Care risk assessment process is improved.**

2.18 There are two anti ligature cells in Noranside where a prisoner can be held if required. In Castle Huntly the cells which can be used are the “secure cells” in Wallace or Bruce wing.

2.19 An ACT Group Meeting was held in February 2008. A minute of the meeting was available. This was the first meeting for 10 months and the previous meeting “had a very poor turnout, hence no minutes available”. Attendance at the February meeting was also poor with no healthcare, chaplaincy or residential staff input. The ACT Group Meeting should be reinvigorated.

2.20 At the time of the inspection, no member of staff on either site was classed as competent to deliver Act2Care, as their training had lapsed. This should be addressed.

2.21 A Prison Listener Scheme is in operation on both sites. Photographs of Listeners were located throughout in the prison.

Violence

2.22 There have been no serious prisoner-on-prisoner or prisoner-on-staff assaults in the past year, and only one minor prisoner-on-prisoner assault in Castle Huntly. Prisoners report feeling very safe from other prisoners and from staff.

Relationships

2.23 Relationships between staff and prisoners are in general good. Staff call prisoners by their first name or prefix their surname with Mr. However, some prisoners in Noranside believe that they are “threatened” with return to the closed estate for even the most minor misdemeanour.

3. ACTIVITIES

Outcome

Prisoners take part in activities that educate, develop skills and personal qualities and prepare them for life outside prison

3.1 Partly met. Work, Vocational Training and Community Placements are all relevant to current labour market opportunities. However, the range of education courses available is limited and there are very few prisoners undertaking literacy programmes. Arrangements to engage prisoners with literacy and numeracy requirements are not sufficiently proactive.

Learning, Skills and Employability

3.2 The educational activities in the Links Centre are managed by the learning centre manager. Motherwell College holds the contract for delivering education. There is good access to facilities in Castle Huntly but prisoners can access only two sessions of education each week at Noranside. For many prisoners, access to education classes in both establishments, is not at times which are compatible with prisoners' other commitments on work parties or on placements, and there are no evening or weekend classes available. In Castle Huntly, only five prisoners accessed full-time education programmes and none in Noranside.

3.3 There are very few prisoners undertaking basic literacy programmes and apart from programmes in Information Technology (IT), there is a limited range of provision for prisoners to choose from. For example, there are no art or music classes which could provide a creative outlet for prisoners and help support them develop their personal and social skills.

3.4 However, a wide range of work parties is available, and staff make provision for prisoners to access the work parties which interest them. These activities involve work in forestry, gardens, catering, cleaning, waste management, laundry, forklift operators, road works, pest control and passman duties. The garden centre at Noranside has now closed.

3.5 Approximately 40 prisoners access the gymnasiums on a daily basis. Some had entered the Dundee half marathon and the Forfar 10k run. Others had climbed Munros, including Ben Nevis, for charitable causes. Each year approximately 12 prisoners participate successfully in the Prince's Trust programme which focuses on leadership development.

Assessment of Need

3.6 The educational staff in the Links Centre use the ALERT tool with all prisoners at induction to identify literacy and numeracy needs. Prisoners with identified needs in literacy are then invited to be interviewed by the literacy tutor. The results from the diagnostic screening are placed on prisoners records.

3.7 Prisoners receive a short induction on the educational range of provision but most prisoners do not take up the opportunities available, focusing instead on the vocational training (VT) opportunities, work parties and placements. Education staff complained of having limited access to accommodation areas to speak to prisoners and promote education courses. The range of materials placed on notice boards is very limited and dated.

3.8 Arrangements to engage prisoners with literacy and numeracy requirements are not sufficiently proactive. Education staff do not inform their colleagues delivering vocational training of prisoner literacy and numeracy requirements or what types of support would be necessary.

3.9 Only five prisoners were participating in literacy programmes at the time of the inspection. However, Information Technology (IT) programmes are popular and offer prisoners good opportunities to develop an appropriate range of IT skills.

3.10 A comprehensive programme of induction is in place for prisoners wishing to utilise the gymnasiums. There are plans in place to establish learning targets for prisoners using the gym facilities.

Delivery of Learning

3.11 Prisoners attending the Links Centre courses receive high levels of support and this was particularly evident in IT classes. Individual Learning Plans are in place but they do not have sufficiently specific targets for prisoner learning.

3.12 There are good opportunities for prisoners to develop vocational skills and gain qualifications in plumbing, groundwork, forestry, cleaning, forklift operation, laundry services and horticulture. An innovative programme called *Streetworks*, at SVQ level 2, provides relevant training for employees digging up roads and helps to prepare prisoners for realistic job opportunities on release.

3.13 Although resources are in place to deliver SVQ cookery courses, due to a shortage of instructors in the kitchens, prisoners could not engage in these courses.

3.14 There were approximately 150 work placements in operation at the time of the inspection. Prisoners had been given relevant and appropriate placements according to their prior experience, qualifications and aspirations. Placement providers are visited regularly and are encouraged to complete questionnaires on prisoners, commenting on the development of a range of skills. These placements provide very good opportunities for prisoners to develop vocational skills in a realistic environment and extend their interpersonal skills.

Prisoners' Learning Experiences

3.15 There has been a significant reduction in the number of prisoner learning hours delivered by the education unit. Although prisoners value their experiences and felt they were making good progress, some would like to have a greater range of courses available.

3.16 Prisoners attending work placements and engaged in workshop activities felt they were gaining qualifications and valuable experiences which would assist them in getting employment when they were released.

Achievement

3.17 There is a high level of attainment on vocational programmes and almost all prisoners gain their awards. In the education unit, prisoners were gaining awards and units in IT, but no prisoner had gained certification in literacy in the past three years.

3.18 In Noranside, approximately 30 prisoners benefit from a week long Personal and Social Development (PSD) course each year. This course is practical in nature and helps prisoners develop social and personal skills which will support them upon release.

3.19 Staff from the physical education unit at Noranside arrange weekly offsite outdoor education activities for prisoners including mountain biking, beach walks to pick-up litter and charity event fundraising. Similar events had been running at Castle Huntly but were stopped due to long-term staffing difficulties and a perceived increase in the risk of absconding.

Ethos and Values

3.20 Relationships between staff and prisoners are positive and contribute well to ensure a positive learning environment. The relationships between physical education staff at both sites are particularly positive. However, communication between staff delivering education and vocation programmes is often ineffective. There is little sharing of information on prisoners' literacy and numeracy requirements and therefore no coordination of activities.

3.21 Tutors in education believe their programmes are not given the same priority for prisoner time and resources as programmes operated by SPS staff.

Staffing and Resources

3.22 The manager of the education unit is supported by a team of well-qualified tutors. Two Inclusion and Activities Managers in Castle Huntly and Noranside are responsible for the VT workshops, work parties and placements on both sites. Learning, skills and employability (LSE) provision within the prison is delivered by SPS and Motherwell College staff who are well-qualified and experienced to deliver the programme of activity.

3.23 However, where there are instances of uniformed staff absence, this often leads to work parties at Castle Huntly being suspended.

3.24 Accommodation in the Links Centres is good. There are sufficient classrooms equipped with up-to-date computers and ICT equipment. The vocational workshops are well-equipped and provide a realistic working environment. Prisoners were very happy with the quality of provision. Staff were well-prepared and had good resources for the delivery of the courses. An Independent Living Unit helps to prepare prisoners for release by developing a range of skills necessary for reintegration into their communities.

3.25 There are no library facilities at Castle Huntly. At Noranside, a library had recently been created but space and book stock is limited and it had not been made available to prisoners at the time of the inspection. **It is recommended that good library facilities are available in both Castle Huntly and Noranside.**

Quality Assurance

3.26 Discussions between staff and internal verification procedures are the main mechanisms for improvement and had led to good improvements in the level of service to the learners. However, quality assurance and improvement strategies are informal and staff do not deploy systematic processes to plan for improvements. Prisoners had undertaken evaluations of programmes on their completion of the course, but have no formal input to discussions on improvement.

3.27 Placement providers have been asked to complete evaluation forms on prisoners working for them and are visited on a regular basis to ensure the smooth running of the placement.

Conclusions

3.28 Staff on both sites are committed to ensuring prisoners receive relevant training which meets their needs and develops skills to help prepare them for release. The work parties, VT training and placements are relevant to current labour market opportunities.

3.29 However, in most cases, prisoners on work parties and placements do not have access to education programmes. There are no programmes offered at times to suit prisoners who participate in these activities, such as at weekends or evenings. There is no coordination of activities in the VT workshops with relevant courses in education. In addition, apart from IT, the range of courses available in education is limited.

3.30 Significantly, there are very few prisoners undertaking literacy programmes, and arrangements to engage prisoners with literacy and numeracy requirements are not sufficiently proactive.

3.31 The lack of prison library facilities discourages prisoners to develop their literacy skills and the stock of books does not take account of prisoner need.

4. HEALTHCARE

Outcome

Healthcare is provided to the same standard as in the community outside prison, available in response to need, with a full range of preventive services, promoting continuity with health services outside prison.

4.1 Partly met. The range of healthcare services is very good at both sites. However, the times at which prisoners can access these services is more restricted at Noranside than at Castle Huntly.

4.2 Although methadone throughcare is excellent on both sites the administration of this at Noranside falls outside recommended standards.

Health Services

Primary Care Team

4.3 The primary care team delivering services to both sites consists of one Clinical Manager, one Mental Health Nurse, two Addictions Nurses, three Practitioner Nurses and a Health Care Assistant. There is no administrator. Bloodborne virus and sexual health input is delivered by a nurse from HMP Perth. Chronic disease management is delivered by a pharmacist from Alliance Pharmacy. The main healthcare base is Castle Huntly.

4.4 A doctor covers both sites. His clinic is held every afternoon at Castle Huntly and three mornings each week at Noranside. Prisoners can see the doctor without a nurse in attendance; this happens regularly at Castle Huntly but not at Noranside.

4.5 Addictions specialist input is delivered by a doctor and consists of one session each week. This may be on either site depending on need. Considering the number of prisoners receiving methadone (40), the input required to addictions case management and ongoing supervision of the addictions clinical team, this one session a week should be reviewed.

4.6 A psychiatrist provides support from Perth when required.

Secondary Services

4.7 Prisoners access the local community dental service. Ophthalmology and podiatry are delivered on site. Waiting times for these services are similar to waiting times in the community.

Healthcare Facilities

4.8 The healthcare facilities at Castle Huntly are good.

4.9 The facilities at Noranside consist of one clinical room and a waiting room in a state of disrepair. A Chaplains room can also be accessed and this was being used during the inspection for a Chronic Disease Management Clinic. The clinical room is used as sluice, a doctor's surgery, a file storage area, an emergency room, a pharmacy storage area, a computer access for the team, and a tea/coffee preparation area. **It is recommended that the healthcare facilities at Noranside are improved.**

4.10 Medication is also dispensed from this area from a wooden hatch in the door. Controlled drugs keys are kept with the main health centre keys which are held in the central area of the prison when the nurse is not on duty. This does not meet the Standard for Safe Operating Procedure for Controlled Drugs (2008). **It is recommended that the Standard for Safe Operating Procedure for Controlled Drugs (2008) is met at Noranside.**

4.11 Milk and coffee were being stored in the medication fridge: this should stop. There is also a lack of health promotion literature for prisoners at Noranside.

Healthcare Addictions Service

4.12 Forty prisoners were receiving methadone, with over half of those on reducing doses. Prisoners can also receive detoxification, stabilisation and maintenance prescribing. No prisoners have started methadone in the last year - all prisoners taking methadone have been continued on transfer from a closed prison. Input from the Addictions Nurses particularly in

relation to pre-and post home leave, and one-to-one throughcare support for those on methadone is excellent. Close links have been established with community pharmacy services. The team works closely with Phoenix Futures to deliver smoking cessation support.

Bloodborne Virus and Sexual Health Service

4.13 This is delivered by a nurse from Perth prison who visits both sites. Extensive links have been made with hospitals in Tayside, Glasgow, Edinburgh and Stirling to ensure continuity of care and ongoing support for prisoners who require secondary care and ongoing treatment. A nurse from Tayside regularly visits to see BBV prisoners on both sites. The BBV Nurse represents SPS on the Scottish Viral Hepatitis Group and attends the SPS Hepatitis C Forum.

4.14 Since January 2008, 100 referrals have been seen at the Sexual Health Clinic. Support, training and supervision are ongoing from Tayside Sexual Health Services. This is an area of **good practice**.

Mental Health Service

4.15 Prisoners who are acutely mentally ill do not stay at the Open Estate but are transferred back to closed conditions or to a Psychiatric Hospital. Prior to transfer to the Open Estate any prisoner identified as having chronic mental illness is visited and assessed by the Mental Health Nurse, and a member of the local Case Management Board to ensure that he has an awareness of what to expect on transfer and also that the estate can meet the prisoner's health care needs. Home visits and telephone support can also be part of an individual's care plan particularly prior to and during home leave. Over the last year this process resulted in fewer prisoners being returned to closed prisons. This is an area of **good practice**.

4.16 The Mental Health Nurse has a case load of approximately 35 prisoners over both sites. She is a member of the local Case Management Board. Risk assessment is also undertaken and shared with relevant professionals. Supervision and support is received from the Consultant at HMP Perth.

Management of Medicines

4.17 All prisoners in the Open Estate keep their medication in their possession. Methadone is dispensed on a daily basis on both sites. Standards for Medicines Management (Nursing & Midwifery Council) recommend that for the administration of controlled drugs a secondary signatory is required “within secondary care and similar health care settings”. This standard is not always applied in Castle Huntly and is never met at Noranside. **It is recommended that a secondary signatory is always available when controlled drugs are being administered.**

4.18 No officers are trained as ‘Competent Witnesses’. An officer is in attendance on both sites during methadone administration from a security perspective only. At Castle Huntly the officer stands in the healthcare area outside the pharmacy and is able to observe what is happening. However, at Noranside the officer is in the nurse station with the nurse and sight levels are poor. This should be addressed.

4.19 Differing standards of practice are also carried out in relation to urinalyses for Health Care Standard 10. Castle Huntly undertakes urinalyses according to the standard, Noranside does not. This should be addressed.

Chronic Disease Management

4.20 Prisoners diagnosed with a chronic disease (respiratory, cardiac, diabetes) are referred to the pharmacist who looks at the prisoner’s full medical history. The prisoner is then seen on a regular basis depending on need. Investigations, treatment and ongoing support are then organised. This information is written into the patient’s notes. Although a database is held by the pharmacist regarding ongoing care and treatment, this is not shared with the healthcare team and it is not put into GPASS.

Addictions

4.21 The 2005 inspection report noted that: “staff and prisoners stated that there was a high level of drug misuse” in the Open Estate. At that time, on average, 28% of prisoners tested positive for drugs. This inspection is very different. Prisoners and staff spoke of drugs being

available “if you really wanted them”. However this appeared to be significantly less of a problem than in the past.

4.22 Prevalence statistics from April to August 2008 showed that 8% of the population tested positive for illegal drugs. The SPS Prisoner Survey supports these findings: in 2007 9% of prisoners in Castle Huntly and 7% of prisoners in Noranside admitted to using drugs in the prison in the month prior to the survey taking place. This is very different from the 2005 statistics which show that 29% of prisoners in Castle Huntly and 17% of prisoners in Noranside had used drugs during the previous month. The reduction in positive tests may be due to lower numbers of prisoners in the Open Estate, but it could also be due to the smaller number of short-term prisoners, and more likely, due to the more stringent requirements for admission to the Open Estate.

4.23 There has been an increase in the amount of drug testing that is undertaken in open conditions: on average 400 tests per month are now taken between both sites. This increase in testing was introduced in 2006, as a consequence of the introduction of the Extended Home Leave scheme.

4.24 The prison also tests prisoners for alcohol misuse on a random basis when they return from placement or home leave. Results show that 2% of prisoners who were tested were positive during the period April to August 2008.

4.25 Another change in strategy is that prisoners in the Open Estate now have access to the same range of clinical interventions that are available in closed prisons.

4.26 Smoking intervention and support is also now available. Both Phoenix Futures and the Addictions Nurse deliver smoking cessation groupwork sessions and one-to-one support. However, throughout the inspection it was evident that prisoners were smoking outwith their cells. This should be addressed.

Addictions Strategy and Co-ordination

4.27 An Open Estate Addictions Strategy was produced in 2006. It has not been updated since then despite progress in a number of areas. The Addictions Strategy Co-ordinator

retired earlier this year and as yet this post remains vacant. It is being overseen, but no one has attended any SPS Addictions Co-ordinator Meetings or Drug Action Team Meetings this year. The Enhanced Addictions Casework Services (EACS) Team Leader represents the prison at Dundee Substance Misuse Forum.

4.28 An Addictions Management Meeting is held every two months. Minutes from the last few meetings show that the Governor, Head of Inclusion, Representative from Enhanced Addictions Casework Team, Programmes and Interventions Officer and Healthcare regularly attend.

4.29 An Addictions Case Management Meeting takes place every two weeks. Any prisoner receiving care from the Addictions Nurse or EACS team can be discussed. The Addictions Specialist Medical Officer, EACS Team and Addictions Nurses attend. The minutes of the meeting are widely circulated and give the reasons for referral, outcome of the referral, first and second reviews, intervention commencement date and further reviews.

Enhanced Addictions Casework Team

4.30 The Phoenix Futures Team comprises a Team Leader, Senior Practitioner, three Caseworkers and an Administrator. They are based in the Links Centres on both sites. Office space and access to SPIN is satisfactory. Castle Huntly has cover five days each week and Noranside three days each week. Although the majority of their workload is office hour based, evening sessions have been arranged to try and engage with prisoners families or to do one-to-one work with families if this has been requested.

4.31 The team delivers support in the form of drugs, alcohol and smoking interventions. A change from the previous inspection is that this service is now available to sex offenders. Other interventions include the national harm reduction awareness session (on admission); addictions ICM assessment; one-to-one work; care plan reviews; pre release home leave group work sessions; alcohol counselling and groupwork; and smoking cessation sessions.

4.32 Prisoners can self refer to the EACT service, although the referral forms are only available in the Links Centres. Self referral forms and addictions literature should be available in the residential areas as well as in the Links Centres.

5. REINTEGRATION

Outcomes

Appropriate steps are taken to ensure that prisoners are reintegrated safely into the community and where possible into a situation less likely to lead to further crime.

5.1 Partly met. Extended Home Leave and Community Work Placements are the main means of reintegrating prisoners into the community. The Community Placements Scheme is excellent, but there is a lack of proper preparation for EHL's. There is a lack of programmes to address offending behaviour, and no "top up" programmes. Sex offenders receive the worst preparation for release. However, the processes connected to the risk assessment and risk management of prisoners have improved considerably.

Good contact with family and friends is maintained

5.2 Partly met. Extended Home Leaves give prisoners significant periods of time with their families and friends. However, there are very few opportunities for families and prisoners to prepare, together, for the prisoner's return to home life prior to participation in the Extended Home Leave scheme.

5.3 Visiting arrangements within the two establishments are very good and staff are courteous, polite and helpful. There is no formal family strategy in place which encourages family involvement at induction, in addictions, or at other stages of the prisoner's stay in the Open Estate.

Case Studies

5.4 Six case studies were carried out to examine the processes undertaken and paperwork available in relation to assessing risk and preparing prisoners for return to the community. The case studies were based on an examination of files only.

5.5 Paperwork was patchy and disorganised and there was not always a copy of risk assessments, although there might be reference to them. It was not always clear that there

was a distinction made between supervision level allocation and risk assessment and management. There was no evidence of robust and consistent risk assessments.

5.6 There was also no evidence to suggest that prisoners were prepared for coming to the Open Estate.

Social Work

5.7 Social workers work closely with officers to deliver Integrated Case Management. There has been a good culture of information sharing between them for that purpose but reductions in the social work service were beginning to adversely affect communication and good relations. SPS staff spoke about inflexibility and communication barriers from social work. Nevertheless SPS staff said that there was still good co-operation from social workers when dealing with ICM.

5.8 The social work service no longer operates a duty system that allows prisoners to see a social worker without an appointment. Information about the referral system at Castle Huntly is contradictory. A notice on the front desk of the Links Centre states that referrals to social work must go through the personal officer. On the other hand, there are self referral forms and a referral post box available. Arrangements at Noranside appear ad hoc. Referral arrangements should be clarified and better publicised.

5.9 The social work unit prepares assessment reports for the Parole Board and risk assessments generally. The unit is also involved in ICM, tribunals and case management board processes. Risk assessment forms RA1 – 4 were in use for assessing general risk of reconviction and causing serious harm. RM2000 and SA07 were also in use (sex offender risk assessment tools).

5.10 As well as assessments, social work staff are involved in one-to-one work with prisoners who have high levels of need with a view to reducing their risk to the community. However, social workers are not involved in group programmes and have little time for traditional welfare work. They liaise with community based social workers in relation to home leaves.

Family Contact

5.11 There is no family policy in place for either Castle Huntly or Noranside. Families are not involved in the induction process at Castle Huntly, or in the orientation following transfer to Noranside. Some prisoners reported that they had not had an opportunity to advise their families that they were being moved to Noranside. There are identified Family Contact Development Officers in place, although all staff are expected to respond to a prisoner's family should the need arise.

5.12 The visits area in Castle Huntly is located in the Links Centre. Outside picnic tables are also available. Vending machines are available for refreshments and prisoners score visits highly in the SPS Prisoner Survey. Approximately 80% of visits booked are taken, and on average, 75 prisoners take visits each week.

5.13 The visits area in Noranside is basic. There are 17 available places, although take up is very low, mainly due to the availability of Extended Home Leaves. In the six weeks prior to the inspection there had not been any more than 15 visits in any one week.

5.14 Telephones are readily available in both Castle Huntly and Noranside.

Extended Home Leave

5.15 Extended Home Leaves of up to seven nights are now an integral part of the Open Estate regime. All prisoners are carefully assessed by the Case Management Board prior to any unescorted community access. Some prisoners, depending on length of sentence and perceived risk and needs, may start with two or three days leave and build up to seven days over a period of time. In addition to the community access risk assessment conducted by the Case Management Board there are regular random drug and alcohol tests pre- and post Home Leaves.

5.16 Some preparation prior to Home Leave includes information on safe sex and license conditions and implications. There are however very few opportunities for families and prisoners to prepare, together, for the prisoner's return to home life prior to participation in the Extended Home Leave scheme. **It is recommended that opportunities are provided**

for families and prisoners to prepare for the Extended Home Leave scheme. Many prisoners spoke of the difficulty returning home for the first Home Leave, particularly those who had served several years. Prisoners spoke also of the difficulty sharing their pre- or post Extended Home Leave concerns: fearing that this may be interpreted as increased risk, resulting in a removal from the scheme or a return to closed conditions. A further frustration was that procedural delays could cause some prisoners to spend up to three months after admission waiting for home leave, despite the fact that some may have had community access from the sending establishment.

5.17 Part of the Home Leave scheme is Continuous Cell Occupancy (CCO) which was introduced three years ago. This allows maximum occupancy levels to be increased by having cells occupied while other prisoners are on Home Leave. It avoids overcrowding and is now well established and effectively managed.

5.18 The Open Estate staff also process Home Detention Curfew (HDC) release applications and at the time of the inspection 52 prisoners were subject to a HDC.

Time Banking

5.19 ‘Time banking’ is a process whereby people who have signed up to the scheme can undertake voluntary work and put the time in ‘the bank’. This time can then be used to have reciprocal work carried out, or the time can be donated to a ‘collective bank’ which can be used for community causes.

5.20 Some prisoners at Castle Huntly have signed up to the time banking scheme and earn hours by doing voluntary work such as supporting peers as Samaritan Listeners, Literacy Tutors or working on the prison magazine. The time accrued in Castle Huntly has been sent to projects in Campbeltown and Castlemilk. The prisoners have received positive feedback from the projects where their time has been used. This is an area of **good practice**.

Interventions to Address Offending Behaviour

5.21 There are only two offending behaviour programmes delivered. These are “SMART Recovery” (an addiction programme) and “A Sense of Balance” (pre-community access programme). The pre-community access programme should be delivered no more than four

times per week over a four week period. The drop out rate for this programme is much higher than for the addiction programme due mainly to some participants going on Extended Home Leave. There are no 'top-up' programmes. **It is recommended that programmes, and 'top-up' programmes, to address offending behaviour are introduced.**

Integrated Case Management

5.22 Integrated Case Management (ICM) procedures at the Open Estate operate at both Standard and Enhanced levels. Standard is used to support those prisoners serving four years, or less. The Enhanced procedures help support those prisoners serving over four years, and sex offenders serving a sentence of six months or more.

5.23 There are three officers dedicated to ICM and they have access to some shared administrative support. They facilitate approximately 45 case conferences per month across both sites.

5.24 Part of the ICM process is the identification and management of risk. Risk assessments are currently carried out by prison based social workers. Prison officers, where appropriate, should conduct risk assessments jointly with social workers.

5.25 There is a personal officer scheme in place, although there is no record kept of attendance at Case Conferences. This should be addressed. In Noranside, community based social work attendance at Case Conferences is poor.

5.26 Prisoners are offered the opportunity to discuss the content of their ICM dossier with the ICM co-ordinator prior to a Case Conference. Families have attended Case Conferences on approximately seven occasions in the year prior to the inspection.

5.27 The reports provided by work placement providers are not included as part of Integrated Case Management.

5.28 One pre-release case conference in Castle Huntly was observed. The meeting was attended by the prisoner, ICM co-ordinator, prison based and community based social workers and the personal officer. The attendees very effectively addressed the risk areas and

reinforced the risk management supports available. The prisoner was satisfied with the outcome of the meeting and understood the license conditions.

5.29 An additional ICM database is held by the ICM co-ordinators. Critical ICM information should be available to all service providers and prison staff. This database does not meet that requirement.

5.30 Prison based social workers do not input data directly on to the SPS computerised Prisoner Record System (PR2) and this should be addressed.

5.31 Apart from isolated instances of some risk assessments not being fully completed on the electronic version, the case management records were of a good standard. It was possible in most cases to open a prisoner's electronic file and follow the risk identification/management process and identify interventions and programmes undertaken.

5.32 Risk assessment, identification and risk management strategies should be dealt with as part of the ICM process. At the Open Estate there is an additional layer of risk assessment conducted by the Case Management Board (CMB). This board conducts all community access risk assessments and also acts as secondary assurance on the risk assessments conducted by the sending establishments. New risk assessment procedures at the sending establishments were reported as being much more effective than previously, resulting in a better prisoner match with the Open Estate regime. Consideration should be given to bringing the work of the Case Management Board into the Integrated Case Management process. Although risk can never be completely eliminated the focus given to this very important aspect of offender management at the Open Estate now ensures that every effort is made to reduce risk to an acceptable level. The processes connected to the risk assessment and risk management of prisoners have improved considerably.

5.33 There is no formal involvement of the Chaplaincy Team in pre-release activities, although the Team is represented on the Case Management Board which assesses risk and approves community access for prisoners.

Community Placements

5.34 An impressive range of community work placements is available and are matched to prisoner skills and personal preference. For some prisoners these lead to permanent employment on release. The Extended Home Leave scheme presents a challenge to work and college placement continuity but not one that is insurmountable.

5.35 Sex offenders have the least choice of community placements. At the time of the inspection there were two sex offenders in Noranside, neither of whom was on a placement. MAPPA processes are not formally activated prior to a community placement but the establishment risk management group meets with police, social work and other affected parties prior to a high risk offender being placed. The effective assessment of risk prior to placing a sex offender temporarily in the community is critical.

5.36 Previous reports have made very positive observations about the operational running and management of placements. The same applies to this inspection.

5.37 Castle Huntly provides up to 120 placement opportunities for prisoners. Noranside has 30. Seventy five companies offer a work placement. Prisoners are selected following a referral process and a set of structured interviews, both within the prison and latterly with the employer. At the time of inspection there were no prisoners attending a local Further Education College. This is in stark contrast to the situation at previous inspections.

5.38 During the inspection, visits were made to three of Castle Huntly's placements and two of Noranside's placements. The feedback from these was extremely positive, with prisoners being well integrated into the workforce, and often dealing directly with the public. Prisoners confirmed that the placements were of real value to them, and one had already secured a job similar to one he was carrying out on placement for his release.

6. GOOD PRACTICE

6.1 The support, training and supervision available to promote good sexual health (paragraph 4.14).

6.2 The home visits and telephone support provided the Mental Health Nurse (paragraph 4.15).

6.3 The 'Time Banking' scheme (paragraph 5.20).

7. RECOMMENDATIONS

7.1 Prisoners should be properly prepared for transfer to the Open Estate from closed conditions (paragraphs 2.9 and 5.6).

7.2 The immediate post Extended Home Leave Act2Care risk assessment process should be improved (paragraph 2.17).

7.3 Good library facilities should be available in both Castle Huntly and Noranside (paragraph 3.25).

7.4 The healthcare facilities at Noranside should be improved (paragraph 4.9).

7.5 The standard for Safe Operating Procedure for Controlled Drugs (208) should be met at Noranside (paragraph 4.10).

7.6 A secondary signatory should always be available when controlled drugs are being administered (paragraph 4.17).

7.7 Opportunities should be provided which help prepare prisoners for family life prior to participation in the Extended Home Leave scheme (paragraph 5.16).

7.8 Accredited programmes, and ‘top-up’ programmes, to address offending behaviour should be introduced (paragraph 5.21).

8. ACTION POINTS

8.1 A formal procedure should be used to identify prisoners suitable for onward transfer from Castle Huntly to Noranside (paragraph 2.10).

8.2 The Reception area in Castle Huntly should be improved (paragraph 2.13).

8.3 The ACT Group Meeting should be reinvigorated (paragraph 2.19).

8.4 Staff should be competent to deliver Act2Care (paragraph 2.20).

8.5 Access to education should be compatible with prisoners' other commitments on work parties or placements (paragraph 3.2).

8.6 A greater range of basic literacy programmes should be available (paragraph 3.3).

8.7 Education staff should have more access to accommodation areas to speak to prisoners and promote education courses (paragraph 3.7).

8.8 Up-to-date education promotional materials should be placed on notice boards in the accommodation areas (paragraph 3.7).

8.9 Arrangements to engage prisoners with literacy and numeracy requirements should be more proactive (paragraph 3.8).

8.10 Individual Learning Plans should have specific targets for prisoner learning (paragraph 3.11).

8.11 Communication between staff delivering education and vocation programmes should be improved (paragraph 3.20).

8.12 Instances of uniformed staff absence should not mean that work parties at Castle Huntly are cancelled (paragraph 3.23).

- 8.13 Quality assurance and improvement strategies in education should be formalised (paragraph 3.26).
- 8.14 Prisoners at Noranside should be able to see the doctor without a nurse being present (paragraph 4.4).
- 8.15 The level of addictions specialist input should be reviewed (paragraph 4.5).
- 8.16 Milk and coffee should not be stored in the medication fridge at Noranside (paragraph 4.11).
- 8.17 More health promotion literature for prisoners should be available at Noranside (paragraph 4.11).
- 8.18 The operations officer overseeing methadone administration at Noranside should be able to see what is happening (paragraph 4.18).
- 8.19 Noranside should undertake urinalyses according to Healthcare Standard 10 (paragraph 4.19).
- 8.20 The database held by the pharmacist regarding ongoing care of treatment of prisoners with chronic diseases should be shared with the healthcare team and put into GPASS (paragraph 4.20).
- 8.21 Prisoners should not be permitted to smoke outside their cells (paragraph 4.26).
- 8.22 The Open Estate Addictions Strategy should be updated (paragraph 4.27).
- 8.23 Self referral forms to the Enhanced Addictions Casework Team, and addiction literature, should be available in the residential areas as well as in the Links Centres (paragraph 4.32).
- 8.24 Referral arrangements to social workers should be clarified and better publicised (paragraph 5.8).

8.25 Prisoners' families should be offered the opportunity to be involved in the induction process at Castle Huntly and in the orientation following transfer to Noranside (paragraph 5.11).

8.26 A system should be put in place to allow prisoners to share their pre-or post Extended Home Leave concerns (paragraph 5.16).

8.27 The reasons for the delays in allowing some prisoners access to the Extended Home Leave scheme should be examined (paragraph 5.16).

8.28 Risk assessments should be conducted jointly by prison based social workers and prison officers (paragraph 5.24).

8.29 A record should be kept of personal officers' attendance at ICM Case Conferences (paragraph 5.25).

8.30 Community based social work attendance at ICM Case Conferences in Noranside should be improved (paragraph 5.25).

8.31 The reports provided by work placement providers should be included as part of Integrated Case Management (paragraph 5.27).

8.32 Critical ICM information should be available to all service providers and prison staff (paragraph 5.29).

8.33 Prison based social workers should input data directly on to the SPS computerised Prisoner Record System (PR2) (paragraph 5.30).

8.34 Consideration should be given to bringing the work of the Case Management Board into the Integrated Case Management process (paragraph 5.32).

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

Prisoner Records

Prison 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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