

Report on HMP Glenochil

Full Inspection 26 April - 2 May 2010

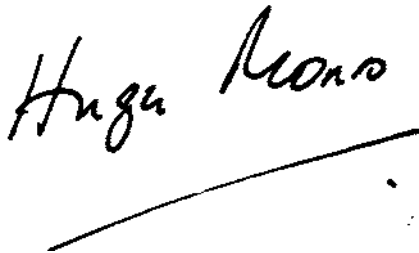
HM Inspectorate of Prisons



The Scottish Ministers

In accordance with my terms of reference as Chief Inspector of Prisons for Scotland, I forward a report of a full inspection carried out at HMP Glenochil between 26 April – 2 May 2010.

Seventeen recommendations are made, nine of which are for SPS HQ to address. The report highlights ten areas of good practice. A number of other points for action are made.

A handwritten signature in black ink that reads "Hugh Monro". The signature is written in a cursive style and is positioned above a solid black horizontal line.

HUGH MONRO
HM Chief Inspector of Prisons
25 June 2010

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KEY FACTS

Location

Glenochil is located near Tullibody in central Scotland.

Role

Glenochil holds long-term and short-term prisoners transferred from other prisons.

History

The prison was built in 1966 as a Detention Centre. In 1975 it became a Young Offenders Institution and Detention Centre following an extension. It started to hold long-term prisoners in the 1980s. Short-term prisoners were introduced in 2007.

Design Capacity

670

Population on First Day of Inspection

On the first day of inspection Glenochil held 284 short-term and 384 long-term prisoners (668 in total).

Accommodation

Glenochil has two multi-storey purpose built residential Halls (Abercrombie and Harviestoun) as well as a Segregation Unit (Devon).

Last Inspected

The last full inspection was carried out in December 2006. A follow up inspection to this was carried out in June 2008.

1. OVERVIEW

1.1 This full inspection of Glenochil focuses on the conditions in which prisoners live and the treatment they receive. The structure of the report reflects the nine outcomes highlighted in “Standards Used in the Inspection of Prisons in Scotland”. As the result of an ongoing review of our inspection methodology, I am also focusing on a number of areas of special interest which I consider to be of fundamental importance to offender management. This inspection of Glenochil is the first to focus on these areas which for this inspecting year are:

- Staff Training and Development.
- Family Strategy.
- Community Partnerships.
- Preparation for Release.
- Addictions.
- Smuggling of illicit and unauthorised items into prisons.

1.2 Glenochil is a large prison which at the time of inspection held 384 long-term prisoners¹ and 284 short-term prisoners. The latter category has been held there since 2007 as part of the process of Glenochil moving towards becoming a “community facing prison”.

1.3 The prison is well advanced in a major modernisation and redevelopment programme. The residential areas Harviestoun and Abercrombie Halls and some other facilities such as the main kitchen, have been completed. Work continues to finish the final phase which includes new Links and Education Centres and a new gymnasium. In the meantime, the prison is providing out of cell activities such as education within temporary facilities and it is acknowledged that this has inevitably impacted to some extent on prisoner access to regime opportunities.

1.4 It is never easy coping with prisoners and providing a meaningful regime when a prison is being reconstructed and I am most impressed with the way in which

¹ Long Term Prisoners are those categorised as serving a sentence of 4 years or more.

Management and staff are managing prisoners and the prison in such testing conditions.

1.5 I found conditions in general to be good with the basic necessities being met. Glenochil is a safe prison with low levels of violence and particularly good staff/prisoner relations. Staff and prisoners perceive that the prison is a safe place in which to live and work (Chapter 3). There are a number of areas where good practice is taking place (Chapter 10).

1.6 However, I am concerned about the number of prisoners remaining in the Halls during the day instead of being involved in gainful activity. As an example of this, on one afternoon of the inspection, 483 prisoners in total remained in the Halls while only 181 were out of the Halls engaged in structured activity or attending visits or other appointments. A similar picture was also found when Inspectors checked numbers on a different day and time. I am aware that this situation should improve once the prison's redevelopment work is complete, but I shall be keen to see a significant increase in the number of prisoners involved in structured out of cell activity when I return for my follow up inspection.

1.7 My report also makes comment about the relative balance of access to activities between short-term and long-term prisoners. I am concerned that the balance is overly skewed towards long termers and that there is a consequent paucity of regime for many short-term prisoners (paragraph 7.6).

1.8 Equally, I was disappointed that the Personal Officer scheme is not working better. This scheme provides for each Residential Officer to have responsibility for up to eight individual prisoners for whom they act as mentor, adviser, advocate and representative at case conferences. Personal Officers can make a significant difference, but the scheme is not working anywhere close to its optimum either at Glenochil or in other prisons. I make a recommendation (paragraphs 3.43, 9.15 and 9.16) that the role of Personal Officers is clarified and appropriate training and support is provided by SPS HQ.

1.9 Glenochil is meeting the minimum core requirements for staff training and development, but little else is achieved. It is clear that access to development opportunities, specialist role training and other personal opportunities is inconsistent. No evidence was found to show the link between the Personal Performance Management Plan, the Personal Learning and Development Plan and a local training and development strategy (paragraph 3.42). It was of concern that staff reported that they had not received training to cope with the prison's change of role to include short-term prisoners. Comprehensive risk assessment, risk management and public protection training must be provided for senior managers who are required to take decisions on whether a prisoner is transferred to open conditions.

1.10 The gaps which exist in role-specific training in my view result in a staff group some of whom lack the confidence and in some roles the competence, that comes with a fully coordinated and coherent training and development plan. This was evident at Glenochil.

1.11 The treatment of families of prisoners is an important part of the treatment of prisoners themselves. This involves a consistent standard of visit provision and experience. It means that travel to the prison should be as easy as possible; that visit times and periods are convenient and easily arranged; that the process of visiting, including the process of being searched, should not be demeaning; and that specific, dedicated, prison staff are appointed, ideally on a full time basis, to liaise with family members. The quality of visits at Glenochil is good and the visits room is an excellent facility. Visitors are treated with respect by prison staff.

1.12 However, it is my view that at certain prisons (either those prisons which are national facilities or those prisons with poor transport links) Visitor Centres should be an essential requirement. Visitor Centres provide refreshments, a place to wait in decent conditions and an opportunity for families to gather themselves in advance of a visit or to regroup afterwards. The staff at Visitor Centres can provide essential support and advice to families and can signpost additional services as required. At Glenochil's main gate there was a relatively modern building which had been identified as a potential Visitor Centre. However, as part of the prison's redevelopment programme the building was demolished in 2009 and the opportunity

to have a Visitor Centre has been lost. This is disappointing, particularly because the visitor waiting room in Glenochil is a pleasant but inadequate setting in which to provide the comprehensive range of services needed by families and visitors generally (paragraph 5.4)

1.13 Many families travel long distances from all over Scotland and other parts of the UK to national prisons that are not invariably well served in terms of public transport; Glenochil is a case in point. The prison is not easy to reach for those visitors who do not have cars and public transport links are poor and expensive. The prison, supported by the Fife and Forth Valley Community Justice Authority, has tried to improve the situation but with limited success. Work in this area continues.

1.14 Prisons require good reciprocal links with community-based organisations if the underlying causes of offending behaviour are to be addressed and prisoners and their families adequately supported in the aim of reducing offending. If Integrated Case Management is to reach its full potential, there have to be clear pathways in place for the delivery of offender services in collaboration with community-based partners. In Glenochil, Integrated Case Management processes are robust. It was disappointing, however, to see that on occasions, including one case conference which I attended, the community based social worker failed to turn up. That said, there are examples throughout this report of good collaborative working with a number of local and national groups and organisations and this is to be encouraged.

1.15 Reducing reoffending is a core goal for the SPS. Preparation for the release of prisoners is therefore a critical activity, particularly for those individuals who have been sentenced to long periods of imprisonment for violent or sexual offences. In Glenochil's case, the Links Centre is operating well and there is clear co-ordination in terms of prisoner needs assessment and response. There are however long lists of prisoners waiting to be assessed for programmes to address offending behaviour, particularly for the Violence Prevention Programme. This is an unsatisfactory situation and should be addressed.

1.16 Drug and alcohol abuse is a drain on Scotland's resources and a significant underlying cause of much offending behaviour. It is clear that the SPS faces a huge

challenge in dealing with offenders whose addictions have damaged their own lives and those of many others. At Glenochil the figure for positive drugs tests is low, though the prison benefits from not having either a remand population or other receptions direct from Court. Glenochil's low positive drug test results suggest not only a successful substance misuse strategy, but also robust physical and dynamic security arrangements for prevention as well as detection.

1.17 In summary, this is a good report on a safe prison. A number of areas where action needs to be taken both by the Scottish Prison Service and also by HMP Glenochil are highlighted.

2. CONDITIONS

Outcome

Prisoners are held in conditions that provide the basic necessities of life and health, including adequate air, light, water, exercise in the fresh air, food, bedding and clothing.

2.1 Glenochil is in the final stage of major redevelopment. Conditions in general are good and the basic necessities are met. However, the decoration in some parts of the Halls and the kitchen is already showing signs of deterioration. The standard of food at the points of serving is not as good as it should be.

Population

2.2 The prison is situated near Tullibody in central Scotland. It holds long-term prisoners and since 2007, short-term convicted adult male prisoners. The majority of short-term prisoners come from Forth Valley and Fife. All prisoners are transferred to Glenochil from other prisons after they have been sentenced.

2.3 The population on the first day of inspection was 668. The design capacity is 670, so the prison is not overcrowded.

2.4 On the first day of inspection there were 284 short-term and 384 long-term prisoners being held.

Accommodation Areas

2.5 Glenochil has two residential Halls: Harviestoun and Abercrombie. There is also a Segregation Unit (Devon). Harviestoun Hall holds a mixture of short-term and long-term prisoners and Abercrombie Hall holds prisoners serving over four years.

Harviestoun Hall

2.6 On the first day of inspection Harviestoun held 311 prisoners. Hall and pantry passmen apart, only 93 of these prisoners were working, meaning that 218 prisoners remained in the Hall. This very low number of prisoners involved in structured out of cell activity is of concern to the Inspectorate.

2.7 The Establishment is in the final year of its redevelopment programme. Harviestoun is a new Hall and is clean. However, in the five years it has been in use, the condition of the paintwork generally has deteriorated, resulting in a poor appearance in many communal areas. There is air conditioning in the centre core behind the staff desk, although this does not reach all parts of the Hall which can become very hot. Cell furniture is in a good condition and all prisoners have access to a lockable cabinet in their cell. Cells have multiple plug points. The standard of bedding and mattresses is good. *However, there is no control over where posters are positioned, despite the fact that each cell has a designated wall space for these items.*

2.8 There is in cell sanitation and access to showers on each level. There are two food serveries on each level and seating is available to encourage communal dining. Two telephones with hoods are available in each of the eight sections in the Hall and notices relating to the monitoring of telephone calls are displayed. Recreation facilities consist of a full size snooker table, pool and table tennis tables. There are multi-gyms within each section, and evening education and PT sessions. Prisoners complained about recreation, saying that it was boring.

2.9 *Complaint forms are not visible or readily available and prisoners have to ask a member of staff for one.*

2.10 Request boxes for the Listeners are available and Listeners are responsible for emptying these boxes. This is an area of **good practice**.

2.11 Prisoners have their own plates and cutlery and access to a dishwasher or sink to wash these. *Infection control notices are not displayed on all levels*, but prisoners cleaning the areas confirmed their basic knowledge in this area.

2.12 Prisoners in Harviestoun have access to a football pitch, an astroturf pitch and an exercise area with covered shelter. Exercise is provided during the day and evening every weekday and twice at weekends.

Abercrombie Hall

2.13 On the second day of inspection Abercrombie held 350 prisoners. One hundred and forty seven of these prisoners were out of the Hall engaged in various activities. This meant that 203 remained in the Hall. The number of prisoners involved in activities outside the Hall is a low figure for a long-term prison and is of concern to the Inspectorate.

2.14 *Not all areas of the Hall were clean and tidy: there were plates, towels and litter on the floor and on the snooker table on levels 3 and 4.* However, the shower areas were very clean and signage for infection control was good. The condition of the paintwork generally has deteriorated in the three years it has been in use, resulting in a poor appearance in many communal areas. There is air conditioning in the centre core behind the staff desk, although this does not reach all parts of the Hall which can become very hot. Cell painting was taking place. The standard of bedding and mattresses is good. *On the bottom level, the flooring outside the shower area should be repaired.*

2.15 The ‘progression level’ for prisoners preparing to move to open conditions or a national ‘Top-End’ was quiet, clean and tidy. However, prisoners expressed concern about having to share a cell initially once they had reached this stage. They were very reluctant to give up single cell status. It was noted that some prisoners refused to move to the progression level for this reason. However, if they choose not to move they are still eligible to move to the Open Estate on a national Top End if that is appropriate (see also paragraph 3.26).

2.16 Recreation facilities consist of snooker, pool and table tennis tables. There are multi-gyms in each section, and evening education and PT sessions. Prisoners described recreation as “boring”.

2.17 The astroturf football pitch was not available for exercise due to a perceived safety issue. *Litter was evident around the external areas of the Hall and the grounds areas were not well maintained.* Exercise is provided during the day and evening every weekday, and twice at the weekend.

Catering

2.18 The kitchen is 10 months old. It is clean and contains a range of modern equipment. The fabric of most of the facility is good, although some areas are already showing distinct signs of wear and tear: *plasterboard is being held onto walls with sellotape; some skirting boards have been badly damaged by heated trolleys; and the floor in the victuallers room needs to be re-laid.* Staff working in the kitchen expressed considerable frustration at the frequent breakdown of equipment and the long waiting times for repairs. This made their job very difficult.

2.19 The kitchen employs a total of 35 prisoners with up to 25 working in the morning and 15 in the afternoon. Basic hygiene and manual handling training are provided, but no SVQs are available to prisoners. *Prisoners working in the kitchen should be offered the opportunity to obtain a qualification in catering.*

2.20 A “training kitchen” is located in the main kitchen. This is intended to provide basic life skills training such as cooking and budgeting for long-term prisoners preparing for a move to open conditions or a national ‘Top-End’.

2.21 There is a three-week rolling menu in place and all prisoners make their choice in advance. The menu caters for all dietary and faith requirements. Vegetarian and healthy options are highlighted on the menu. A separate menu is in place for Muslim prisoners and food for Muslim prisoners is prepared in a dedicated part of the kitchen. An ethnic minority prisoner prepares this food. Two officers working in the kitchen have a qualification in nutrition and can discuss specific needs on a one-to-one basis.

2.22 At the time of inspection the food was cooked and then chilled. It was reheated and served the following day. The Inspectorate was informed that the kitchen was moving to a system where most meals are cooked and served on the same day.

2.23 During the week meal times are as follows:

Breakfast	07.30 hrs
Lunch	12.00 hrs
Dinner	16.15-16.30hrs

2.24 At weekends:

Breakfast	08.15 hrs
Lunch	12.30 hrs
Dinner	16.30 hrs

2.25 The length of time between lunch and dinner is too short and the gap between dinner and breakfast is too long. **It is recommended that the time between meals being served, particularly the evening meal and breakfast, should be reviewed.**

2.26 The quality of the food is good at the point of cooking. However, meals are placed in hot trays in the kitchen approximately 45 minutes before being taken to the Halls. The food is moved in the hot trays to the Halls where each level has its own servery. By the time the food has arrived in the Halls and is served the quality has significantly deteriorated. **It is recommended that steps are taken to maintain the quality of the food between cooking and serving by minimising the time it sits in the heated trolleys.**

2.27 Good-sized portions of food are served.

2.28 During the course of the inspection, inspectors heard many complaints from prisoners about the food. If a prisoner raises a complaint about food he is given a referral form which staff pass to the kitchen for action. There is evidence that senior managers regularly taste the food in the kitchen and in the Halls. Prisoners working in the serveries drew attention to the amount of wasted food. *Catering staff should*

monitor food wastage. A Prisoners Dining Forum is in place where menus can be agreed and suggestions made.

Canteen

2.29 The arrangements for prisoners' canteen are 'bag and tag'. Prisoners have access to the canteen once a week. The canteen contains a good range of items including fruit and sundries. Prisoners expressed concern about the price of items. There has been no rise in prisoner wages for many years, yet canteen prices continue to rise. The canteen does not stock some items such as skin creams for Black and Minority Ethnic prisoners, although these are available through sundry purchases.

Clothing and Laundry

2.30 The laundry employs 20 prisoners. *There are no qualification opportunities for prisoners working there.* The laundry is a new, well-equipped facility which provides a good service to prisoners. The laundry is available every day Monday to Friday and clothes are returned on the day they are sent. Prisoners can have their clothes washed as often as they wish. Towels and bedding can be changed every day if requested. Good quality control mechanisms are in place.

3. SAFETY

Outcome

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

3.1 The prison is safe and levels of violence are low.

Escapes, Absconds and Physical Security

3.2 There has never been an escape from Glenochil. Although the prison is undergoing major reconstruction, effective collaboration between the Contractor, the Prison's Estates and Security teams and SPS HQ staff, has ensured that security has not been compromised. However, a number of internal security matters have been drawn to the attention of the Governor.

Violence

3.3 The establishment is perceived by both prisoners and staff to be a safe place in which to live and work. Levels of violence are low. Between 1 April 2009 and 31 March 2010 there were no serious prisoner-on-staff assaults and three minor or 'no injury' staff assaults. There were four serious prisoner-on-prisoner assaults over this period and 76 minor or 'no injury' assaults.

3.4 Internal systems for gathering and disseminating intelligence information contribute to violence reduction and crime prevention. We were, however, concerned to note that the prison currently has no dedicated police liaison officer. Existing collaborative working between the prison and the police could be significantly more productive if such an arrangement was in place.

Supervision Levels

3.5 The Prisoner Supervision System (PSS) process complies with national standards and timescales. Prisoners have sight of and sign, the relevant documentation relating to their supervision level. The outcomes are recorded on the electronic prisoner records system (PR2).

3.6 All PSS reviews are generated by the ICM coordinator. This ensures a review is actioned, a core screen interview takes place and enhanced ICM cases are identified within one week of reception.

3.7 All downgrades from the Open Estate or a national Top End are automatically referred to the Risk Management Group to decide on a management plan. *However, information from the Prisoner Supervision System is not always accurately transferred to PR2.*

Escort Handover Procedures

3.8 The observed interactions between escort staff and prisoners were appropriate. All vehicles inspected were clean and had water, food and first aid kits on board. Most prisoners spoken to had heard the recorded safety message but questioned the measures that would be taken to ensure their safety should an accident occur. All prisoners to whom we spoke knew where they were going and how long their journey would last.

3.9 The information recorded in the Personal Escort Record (PER) is appropriate on leaving the prison and on return. Efforts are made to ensure that prisoners, particularly those who have additional needs, are transferred without delay to the prison on completion of their court hearing. There are good informal exchanges of information between reception and escort staff.

3.10 Prisoners arriving in Reception at Glenochil after 16.00 hrs will not receive a hot meal, only a sandwich. *Prisoners arriving in Reception after 16.00 hrs should be offered a hot meal.*

3.11 Prisoners who leave the prison under escort in the morning to go to further court hearings receive prescribed medication prior to leaving. Some prisoners said that they were not given the opportunity to have a shower.

Admission Procedures

3.12 Escort vehicles delivering prisoners are sometimes kept waiting at the prison for long periods of time. This is due to the fact that Reception does not accept prisoners being transferred from other prisons between 15.30 hrs and 18.30 hrs (to facilitate a staff meal break at 17.30 hrs). A vehicle arriving at just after 15.30 hrs could be waiting for three hours. Reception does not accept prisoners arriving back to Glenochil from a further court appearance between 17.00 hrs and 18.30 hrs. **It is recommended that systems are put in place to allow prisoners arriving in escort vehicles between 15.30 hrs and 18.30 hrs to be admitted to the prison.**

3.13 On arrival at the prison, all prisoners are held in the escort vehicles until prison staff check warrants and take possession of cash and property. Once this process is completed prisoners are identified, searched and escorted into Reception, which is a purpose built facility. They are held in one of two main holding rooms. This room has fixed seats and a television. There are a variety of notices on display *although none of these notices are in foreign languages.*

3.14 The second holding room does not have a television but does have some notices on display. This room is used for prisoners waiting to be transferred to the Halls.

3.15 There is a small room for private interviews, but it is not used for ACT2Care interviews. These are conducted in the open area of Reception, which lacks privacy. *All suicide risk assessments in Reception should be undertaken in a private and calm environment.*

3.16 Prisoners often have to wait for significant periods of time in Reception before being processed. This is due partly to the fact that medical interviews take place in

the Health Centre rather than the medical inspection room in Reception. This slows down the flow of prisoners through the reception process. Inspectors observed prisoners who arrived at 11.45 hrs and were still waiting for a health check at 16.30 hrs. None had been given lunch. **It is recommended that the time taken to process prisoners in Reception is reduced and that lunch is provided when necessary.**

3.17 Inspectors observed great care being taken to process a prisoner with learning difficulties and with a prisoner who was a foreign national. 'Language Line' is also available.

3.18 Prisoners' property is stored in spacious storage and rack rooms. All areas have plenty of storage space and the clothing store was tidy and fresh smelling. Valuable property is stored in cabinets in a separate room. The packets in which valuable property is placed are adequately sealed.

3.19 There is no prisoner Listener deployed in Reception. *This should be reviewed.*

3.20 The cubicles used for searching are fit for purpose and staff take care over the maintenance of dignity when carrying out searches.

3.21 During the reception processes staff interacted appropriately with prisoners.

First Night in Glenochil

3.22 Prisoners are allocated to the appropriate Hall on admission and receive an induction programme one or two days after this. Although Glenochil does not receive direct admissions from court, prisoners arriving may still not know what to expect and may need some support. *Consideration should be given to providing more support to prisoners on their first night after admission.*

Induction Procedures

3.23 All prisoners attend an induction programme in the Links Centre one or two days after admission. A translator is brought in if required for induction purposes.

The fact that Glenochil now holds short-term prisoners has meant that the induction programme has been modified. What used to be a two week in depth process is now a basic 2.5 day delivery to all prisoners. This meets the standards of the national induction programme. The 'Core Screen' interview is carried out during this period.

3.24 Staff try to ensure that those most in need of induction receive it. To help achieve this prisoners who have served a previous sentence in Glenochil within the last six months are not automatically enrolled. They are assessed to see if they need it. Services such as housing advice are still provided.

3.25 The Governor is involved in the delivery of the induction programme. This is an area of **good practice**. *Families are not offered an induction session.* The education providers hold a half day session which informs and encourages prisoners to take part in learning activities.

Progression

3.26 Internal progression is based on supervision levels: there is no incentives and privileges scheme. The top level of each Hall is considered the progression level and prisoners are allowed more time out of their cells and have more recreation time than elsewhere in the prison. However, some prisoners would rather not move to the top levels as they have to share a cell initially. They felt that they were giving up single cell status (see also paragraph 2.15). If they choose not to move, they are still eligible to move to the Open Estate or a national Top End if that is appropriate.

3.27 Assessment processes for progression and transfer to other prisons are in place. Prisoners are assessed using the National Prisoner Progression Assessment Form. The progression process is well monitored and a Multi Disciplinary Progression Management Group is in place (see also paragraphs 9.9-9.19). However, there is no formal pre-transfer preparation process in place. Staff on the progression levels provide prisoners with a verbal briefing on what to expect on transfer. This is limited by the currency and extent of their knowledge. None of the national Top Ends provide any written briefing material for closed prison staff or prisoners. The Open Estate provides a leaflet for prisoners.

3.28 It is recommended that prisoners are comprehensively prepared for progression to Top End and Open Conditions in order to structure their expectations, ensure their understanding of what to expect and thereby optimise their chance of making a successful transition (see also paragraph 9.27).

Suicide Risk Management

3.29 There were no suicides in 2009-10. The number of prisoners managed under ACT2Care is very low and there is a strong focus on keeping prisoners safe.

3.30 A Suicide Risk Management Group is in place, and this Group meets every quarter. A robust audit system with a proactive action plan is in place. Key aims of the action plan are to improve the attendance of families at Case Conferences and improve the assessment of prisoners returning from tribunals. Low risk prisoners are located in safer cells overnight to make staff observation easier (see also paragraph 3.36). *Each ACT2Care prisoner should be assessed on the basis of individual need for overnight care.*

3.31 Glenochil has achieved a high level of competency in suicide risk management training with over 97% of staff trained and competent. Documentation and staff engagement with prisoners on ACT2Care is of a high standard and families have attended case conferences.

3.32 There are only two Listeners in place, with two further Listeners identified and waiting for training. Support from the Samaritans is good.

3.33 There are two safer cells in both Harviestoun and Abercrombie. None of these cells was in use at the time of inspection. All cells are fitted with Wessex furniture, electric power and a bed. Cells were clean and ready for use.

Night Duty

3.34 Night shift instructions are readily available throughout the prison. All officers spoken to on night duty were able to refer to information contained in these instructions. All of the night shift managers and officers are on permanent night shift posts.

3.35 There is no nursing cover at night. Just over half of night shift staff are first aid trained. There is always at least one trained member of staff on duty each night. *All night shift staff should be first aid trained.*

3.36 Prisoners on all levels of ACT2Care are placed in safer cells as a matter of course to make observations easier for night staff. *Each ACT2Care prisoner should be assessed on the basis of individual need for overnight care.*

3.37 Throughout the prison observation panels are routinely covered up by prisoners so that staff cannot see into cells. *All cell observation panels should be kept clear at all times.*

3.38 All night staff displayed a good knowledge of night shift procedures.

Staff Training and Development

3.39 The establishment has attained Investors In People (IiP) status.

3.40 A process is in place which supports the release of staff to attend training. Core competency training is driven by national targets but *delivery of emergency first aid training does not meet the training target.*

3.41 Through staff focus groups and general discussion, it was clear that access to development, training and personal opportunities is inconsistent. There was no evidence to show that the Personal Performance Management Plan (PPMP) Personal Learning and Development Plan (PLDP) informed the content of the local training and development strategy. Staff noted that changes in the prisoner population to

include short-term prisoners had not resulted in any specific training being provided to them.

3.42 There is no job description or standard training package for the role of Personal Officer which is critical to the effective operation of ICM and other offender management processes. There is no-one at managerial level responsible for the operation of the scheme, or for the selection, training and support of the Personal Officers themselves. **It is recommended that the role of the Personal Officer is clarified and appropriate training and support provided.**

3.43 **We were also concerned to note the absence of other training critical to offender management processes, including that for the Lifer Liaison Officer and for decision makers in relation to the application of risk and public protection (see also paragraph 9.26).**

3.44 Overall, the prison is meeting core targets for staff training, but there is little role specific training available.

4. RESPECT

Outcomes

Prisoners are treated with respect by staff

4.1 Relationships between prisoners and staff are very good.

Prisoners are treated with respect for their dignity while being escorted to and from prison, in prison and while under escort in any location.

4.2 Prisoners are treated well by escort staff. The conditions in Kirkcaldy Sheriff court are poor. The conditions in Falkirk Sheriff Court are adequate.

Relationships

4.3 Relationships between prison staff and prisoners are good. The SPS Prisoner Survey confirms what was observed – 92% of prisoners said that they got on OK or better with staff. Staff create a very relaxed atmosphere, act professionally, call prisoners by their first name or prefix with Mr. and show understanding throughout.

4.4 Bad news is usually relayed to a prisoner by a Hall First Line Manager or a member of staff who knows the prisoner well. The Chaplaincy team is also informed. The process for checking accuracy of information coming from outside sources is robust. Care is taken over the delivery of bad news to prisoners.

4.5 Escort staff display good inter-personal skills and consideration of prisoner needs. They treat prisoners with respect. This was also the case with staff in the courts and court cell areas.

Kirkcaldy Sheriff Court

4.6 The cells area in Kirkcaldy Sheriff Court is very small but the layout does allow different categories of prisoners to be kept separate. There are only six cells so space is tight. On the day of inspection 38 prisoners were being held.

4.7 There is no natural light in the cells and they were dirty and had a lot of graffiti on the walls. *Cells should be cleaned and graffiti removed.* CCTV is installed in all cells. Fire evacuation procedures are good although the evacuation point is to an outside area. In the event of an alarm, prisoners would be transferred to the nearby police cells if necessary.

4.8 There are two separate toilets which prisoners have to ask to use. Although there are sinks there are no soap dispensers or hand drying facilities. *Hand washing and drying facilities should be provided.*

4.9 Solicitors are able to speak to their clients in three purpose built interview booths with glass screens.

4.10 Arrangements for medical support are in place. All escort staff are also first aid trained.

4.11 Drinking water is available and hot drinks are served throughout the day. Prisoners are provided with sandwiches and crisps at lunchtime. Special dietary needs can be accommodated and there is usually a vegetarian and a Halal choice available. Property handover and storage is good. There are good exchanges of information between prison and escort staff using the Personal Escort Record form.

4.12 Escort staff make every effort to keep prisoners and the public apart, but some access issues in both the Sheriff and District Courts make this difficult.

4.13 Prisoners are treated well by escort staff.

Falkirk Sheriff Court

4.14 The cells area in Falkirk Sheriff Court is purpose built and offers a good degree of security with most court dock areas easily accessed from the cells. The layout of the area allows different categories of prisoners to be kept separate. There are six cells, each able to hold a maximum of eight prisoners. High numbers can cause significant overcrowding as one cell is kept for female offenders and one for those under the age of 21. There is only enough seating for three or four prisoners in each cell. *Additional cell seating should be provided in the cells. In some cells the extraction fan system was not working and this should be addressed as a matter of priority.*

4.15 Although high numbers were not an issue on the day of the inspection the preceding Tuesday had seen 45 prisoners go through the courts. This can cause problems when different categories such as females, young offenders, protections, prison custodies and police custodies are held. There is an arrangement with the nearby police station to hold prisoners to prevent the cells from becoming too crowded.

4.16 Fire evacuation procedures are good and prisoners are taken to police cells in a cellular vehicle.

4.17 There is no natural light in the cells. The cells were reasonably clean at the start of the day but became dirty as the day wore on. *Cell walls had graffiti on them.*

4.18 There are two toilets, one for men and one for women, with a further two in two of the cells. However the toilets in cells are not enclosed and are rarely used. There are no hand washing or drying facilities. *Hand washing and drying facilities should be provided.*

4.19 Solicitors are able to speak to their clients. However, there is only one interview booth available so overspill arrangements are normally in place. There are four tables in the cell corridor, but these are not suitable for private conversations. *This should be addressed.*

4.20 The arrangements for the District Court are good and also located in the same building as the Sheriff Court.

4.21 Arrangements for medical support are in place and all escort court staff are first aid trained.

4.22 Drinking water is available and a hot drink is served at regular intervals. A choice of a hot roll or sandwiches and crisps is available at lunchtime. Special dietary needs can be accommodated. A hot snack (microwave meal) can be provided for those who are still in the cells after 17.00 hrs.

4.23 Arrangements for property handover and storage are good. There are good exchanges of information between the prison and the escort provider using the Personal Escort Record.

4.24 During the reception process each prisoner was asked if she or he needed the services of a drug or alcohol support worker. This is an area of **good practice**.

4.25 Prisoners are treated well by escort staff. The court cells team was awarded the Butler Trust Award in 2007 for “an outstanding contribution to the effective care of offenders.”

Equality and Diversity

4.26 At the time of inspection Glenochil prison held 33 ethnic minority and foreign national prisoners. Some of these prisoners had difficulty understanding English. There is a Race Relations Manager and two officers who hold this position as a secondary duty. *However, they do not have a job description for this area of work, and there is no information displayed which identifies them.* There were no reported racial incidents in the year prior to the inspection.

4.27 An Equality and Diversity Meeting takes place on a regular basis.

Searching

4.28 Arrangements are in place for searching prisoners, visitors, staff and all areas of the prison. Individual search processes are undertaken in a sensitive manner. A variety of searching aids are used to complement manual searching: these include x-ray equipment; walk through metal detectors; an ion scanner which tests for traces of drugs; the SPS Dog Unit; and hand held metal detection wands (see also paragraph 5.9).

4.29 Search records are maintained as required and regular internal audits are undertaken of physical and dynamic security practices to ensure compliance with Security Standards.

5. CONTACT

Outcome

Good contact with family and friends is maintained.

5.1 The quality of visits is good and the visits room is an excellent facility. However, there is a lack of public transport to the prison which makes visiting the prison difficult for many people, especially those travelling long distances. There is no Visitors Centre.

Family Strategy

5.2 The establishment has a Family Strategy Group in place. It is chaired by the full-time chaplain and has very good representation from across the prison. The Group is focused on improving the transport links to the prison and improving the visits process, arrangements and experience generally. The Group is also focused on improving family participation, particularly during the induction and ICM processes. A great deal of effort had also been put into planning for an empty building outside the prison to be turned into a Visitors Centre, but this building has now been demolished, leaving a gap in provision for visitors.

Visits

5.3 As identified in Glenochil's Family Strategy, the key issue facing the prison in terms of maintaining family contact is the location of the establishment and a lack of public transport. Unless a visitor has a car or can afford a taxi, it is very difficult to visit. Senior managers are acutely aware of this problem and have tried on several occasions to improve the situation, supported by the CJA. For example, they have been in regular contact with the Local Authority Transport Department about making buses available, and with private companies to provide a service. They have also altered visit times to best match public transport services. Issues about the quality of footpaths alongside main roads leading to the prison for people choosing to walk,

have also been raised. “Happy Bus” and SACRO run a service from Glasgow Central to the prison on a Saturday. However, these do not cater for the majority of visitors.

5.4 Linked to the transport issue and time taken to get to the prison is the issue of a Visitors Centre. As noted in paragraph 5.2, a building identified as being potentially suitable as a Visitors Centre has been demolished. Visitors Centres offer families somewhere to wait, gather their thoughts and if necessary seek advice prior to visits. The waiting room in the prison is inadequate for this purpose **It is recommended that SPS HQ should review arrangements for the appropriate support of visitors to Glenochil.**

5.5 The visits room is bright, spacious and welcoming. It is a much better facility than the one described in the last full inspection report. It includes a tea bar and children’s play area. Visits take place every day and staff are flexible about allowing additional visits and extending allocated sessions if space permits. Family visits take place on a Friday evening. The prison is also actively trying to involve families in induction and in ICM, but again with little success: poor transport links do not help achieve better attendance.

5.6 The waiting room is fit for purpose. Information is available on a screen in the waiting room, *however there is no information available on notice boards relating to the visits process or to the Family Contact Officers.*

5.7 The prison has four Family Contact Officers who carry out this role alongside other duties. There is a dedicated telephone for the FCOs but it is unclear how often this is used. The FCOs would like to do more in this area, but are constrained by other tasks which appear to take priority. **It is recommended that consideration is given to the creation of full-time Family Contact Officer posts.**

5.8 Visitors spoken to did not know who the FCOs were and felt that there was no information generally, including information about ‘double visits’ and the booking system. However, they were treated very politely by staff and were generally satisfied with the visits experience and the timing of visits.

5.9 We had a number of concerns about the visitor search process and these have been drawn to the attention of the Governor.

Communications

5.10 Prisoners can send as many letters as they can afford. There are telephones in each residential area and prisoners have good access to these. The telephones have hoods and allow a degree of privacy. All telephone calls are recorded and notices to that effect are displayed beside each telephone. Foreign National prisoners are given £10 per month to make calls abroad.

5.11 There are robust procedures in place to manage privileged correspondence and recorded delivery mail.

5.12 A 'Prisoner Newsletter' is issued on a regular basis. It provides information on changes to Glenochil during the redevelopment. This is an area of **good practice**.

6. ENTITLEMENTS

Outcome

Prisoners' entitlements are accorded them in all circumstances without their facing difficulty.

6.1 The complaints procedure is transparent and fair. However, complaint forms cannot be accessed except through staff. Disciplinary procedures work well. The chaplains are very well integrated into the life of the prison.

Legal Entitlements

6.2 Access to copies of the Prison Rules, legal textbooks and human rights literature is limited because of the temporary location of the library (see also paragraph 7.7). Few prisoners knew how to access the library. This is due in part to the ongoing refurbishment work. Procedures for handling privileged correspondence are robust. Most prisoners have a lawyer before they arrive at Glenochil. If not they are given contact details.

Management of Disciplinary Procedures

6.3 Disciplinary hearings are held in a room in the Segregation Unit. At the hearings observed by the Inspectorate, the adjudicators ensured that the prisoner understood the charges, had enough time to prepare a defence and was ready for the hearing. All were offered a pen and paper to take notes. *No prisoner was offered a copy of the Prison Rules but all were offered assistance.* All members of staff were seated for the hearings. The process followed and the reasons for decisions, were understood by prisoners.

6.4 There are on average 87 hearings a month, of which 7.5% result in not guilty or case dismissed.

Religious Observance

6.5 The chaplaincy team comprises a full-time Baptist chaplain, two part-time Roman Catholic chaplains and one part-time Pentecostal chaplain. There is one Church of Scotland vacancy. They provide religious, pastoral and advocacy support for all prisoners. A rota system means that at least two chaplains are present in the prison every weekday. No chaplaincy support or religious services are available during the weekend as all chaplains have other responsibilities in the community. An Imam visits every Tuesday and every second Friday.

6.6 A Roman Catholic Mass is held on Wednesday mornings and a Reformed Service and Muslim Prayers are held on Friday afternoons. A Bible Study Group, Prison Fellowship, Muslim Study Group and a Rosary Prayer Group are also in place.

6.7 At the time of inspection, the chapel was temporarily located in a room in the gym. The room is small but adequate. However, it is very noisy given the amount of activity taking place in the gym.

6.8 Referrals to the chaplaincy team are made through officers in the halls who put the names in a request book. This book is checked every day and requests dealt with as soon as possible. Chaplains can also be contacted 'out of hours' if an urgent need is identified. The "Chaplains Process Delivery Document", which sets out their policy, values, aims, key processes and themes is still in place but has not been updated since 2008.

6.9 The chaplains are well integrated into the life of the prison. The full-time chaplain chairs the Family Strategy Group and is the ACT2Care co-ordinator for the prison. A member of the team attends the monthly management meetings; participates in the Multi-Disciplinary Mental Health Team; and takes part in induction and ICM as required.

Visiting Committee

6.10 The Visiting Committee, which is a very active body, feels well supported by Management. They feel that progression to the Open Estate is becoming more difficult as the process is tightened up. They expressed concern that there was no Visitor Centre and that the opportunity to have a Centre was missed. They reported good rapport with both staff and prisoners in the Halls. The VC feel the standard of food is poor and that the complaints about the food registered in their books do not accurately reflect the number of actual complaints.

Prisoner Complaints Procedure

6.11 Complaint forms are not on display in the Halls and prisoners have to ask a member of staff for one. The reason for this is that staff try to resolve the complaint quickly and at the earliest possible stage rather than have a prisoner resort to the formal procedure. *Nevertheless, complaint forms should be readily available.* There were 513 CP1s, 215 CP2s, 266 CP3s and 35 CP4s raised in 2009-10.² This is slightly higher than the number raised in 2008-09. The most frequent areas of complaint for CP1s were property, visits, staff and food. The most frequent areas of complaint for CP2s were progression, downgrades and property.

6.12 Prisoners expressed a lack of confidence in the system generally. They felt that the process takes too long and that very few complaints achieve anything. However, a review of the Complaints Procedure paperwork indicated timely and appropriate responses to complaints when they were made. The Internal Complaints Committee (ICC) meets every week. The committee is chaired by a unit manager and a wide range of staff from different functions attend as panel members. This is an area of **good practice**. A review of Internal Complaints Committee paperwork indicates that prisoner complaints are given careful consideration and detailed reasons are given for decisions. There is an appropriate balance between those complaints which are upheld and those which are not.

² CP1 – General complaints.

CP2 – Confidential access to the Governor.

CP3 – Medical Complaints.

CP4 – Complaints about adjudication procedures and outcomes.

6.13 The prisoner complaints procedure is operating effectively and the system is transparent and fair.

Management of Segregation

6.14 The Segregation Unit can accommodate up to a maximum of 14 prisoners. The Unit holds local as well as national prisoners and has excellent procedures in place to manage the risks and needs of this particularly challenging prisoner group. Prison Rule 94 applications are detailed and thorough.

6.15 Records show that between 1 April 2009 and 31 March 2010 the Unit admitted 164 prisoners of whom 48 were transferred from other establishments: 27 of the latter were successfully integrated into the local mainstream. The Segregation Unit operates a multi-disciplinary case management approach and the prisoner is encouraged to attend case conferences, to take responsibility for his behaviour and to participate fully in the plan of action which will lead to his return to mainstream. For local prisoners, the 'parent' hall retains responsibility for the individual and staff from the hall attend case meetings to ensure continuity of management and approach. Case notes are comprehensive.

6.16 The Unit itself is well-maintained and clean. Some physical alterations are ongoing to improve staff safety and security. Prisoners receive their full entitlements and the six prisoners being held at the time of the inspection had no issues in relation to either treatment or conditions. They are seen by a nurse daily and a doctor weekly. A senior manager also visits each prisoner on a daily basis.

6.17 The Unit has a 'regime plan and induction booklet' which is given to every prisoner on admission to the Unit. This booklet is detailed and informative and makes clear what the prisoner can expect and what is expected of him. This is an area of **good practice**.

6.18 The Unit staff are an experienced team and their interaction with the prisoners is positive. However, given the volatile and demanding nature of the environment, **it**

is recommended that a clear staff rotation policy with an accompanying suite of training programmes to equip staff for their role is introduced. The latter would include at a minimum, mental health first aid, conditioning and motivational interviewing which should be provided in addition to the standard core training imperatives.

6.19 Overall, this is a very well managed Unit.

7. ACTIVITIES

Outcome

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

7.1 There is good provision of learning, skills and employability training for those prisoners able to access it. Most vocational and educational programmes are delivered to long-term prisoners. The library service is poor. Insufficient short-term prisoners have access to vocational qualifications. Not enough prisoners are engaged in purposeful activity.

Introduction

7.2 The SPS currently contracts Carnegie College to deliver 29,600 prisoner learning hours to Glenochil prisoners. This has recently been reduced from 36,000 hours to reflect the lack of available classrooms during the prison redevelopment programme. The provision is managed by the Learning Centre Manager, a Unit Manager and a team of full-time and part-time tutors. Clackmannanshire Council provide an ESOL (English for Speakers of Other Languages) tutor for two classes per week. A wide range of educational and vocational training programmes are delivered with a total of 78 sessions being held each week.

7.3 SPS staff oversee vocational workshops and production areas where prisoners develop employability and vocational skills and engage in a range of activities including cleaning, laundry and catering to meet the needs of the prison.

Access to Learning, Skills and Employability Provision

7.4 During their induction, prisoners are given information on provision within the Education Unit and of vocational training programmes. Prisoners can also access educational and vocational training opportunities at a later stage after their induction process has been completed in vocational programmes. Prisoners are allocated to

their individual work parties after their preferences have been considered by the Labour Allocation Board. Educational programmes are effectively promoted through the Learning Centre prospectus, by the Writer in Residence and through the work of the Peer Tutors.

7.5 The Learning Centre offers education for up to 24 prisoners at any one time. It prioritises the delivery of literacy, numeracy, IT and ESOL programmes to both long-term and short-term prisoners. Prisoners serving sentences of six months or less are eligible to participate in a reduced range of education or vocational training programmes. Long-term prisoners can access a wider range of learning opportunities. There are waiting lists for the more popular classes such as Business Start Up and Art. The Centre delivers a number of classes to prisoners in the evening. Despite the reduced number of available classrooms, 43% of the prison population currently access education programmes. This is a significant improvement from the previous year of 26%.

7.6 There is a limited range of vocational qualifications available within industrial workshops and vocational training programmes. Most of the vocational programmes are delivered to long-term prisoners. *Insufficient short-term prisoners benefit from this provision.* Large numbers of prisoners have gained employability certificates in manual handling, BICS and REHIS food hygiene. The Speedy Hire workshop offers certificates in power tool assembly. In vocational training sessions, the prison offers National Progression Awards (NPA) in barbering and painting and decorating with progression opportunities onto further qualifications. A few prisoners have obtained Sports Coaching Awards through their activities in the gym. There are no qualification opportunities for prisoners undertaking work programmes in the laundry or wood assembly areas.

7.7 The library has been located in a confined space within the hairdressing salon since the current phase of building work commenced. The area is cluttered and not conducive to learning. Overall, the library is poorly stocked. There is a reasonable stock of fiction work but a very limited supply of reference books. Prisoners do not have easy access to legal texts. There are no materials available in other media, such as DVDs or talking books. The library is not well stocked with materials that take

account of the cultural and religious background of the prisoner population. There are no books in languages other than English. The library stock has not been added to for some considerable period of time. However, during the period of the prison inspection some new books arrived. There is very poor stock control within the library. The database containing the collection catalogue had been lost and there is no inventory of stock.

7.8 Prisoners only have access to the library facilities when they go for a haircut and the hairdressing salon is only open four days a week. Only a small number of prisoners access books and library records show that only 45 books have been borrowed between January 2010 and April 2010. There is no formal partnership link between the prison library and the local authority library service, although the prison has begun exploring these links. It is not possible for prisoners to order books. *The library service offered to prisoners should be improved.*

Assessment of Needs

7.9 All prisoners have the opportunity to test their literacy skills by completing an initial assessment during their induction. The recently introduced alerting tool effectively identifies literacy levels but does not capture sufficiently the full range of additional needs that prisoners may have, such as dyslexia. Prisoners who are aware that they have additional support needs can self-refer to staff based in the Learning Centre. There are no comprehensive arrangements to identify individual's numeracy needs. *The prison should pursue the use of an alternative and more effective alerting tool which identifies the full range of prisoners' additional education support requirements including numeracy.*

7.10 Prisoners who undertake vocational programmes in the 'Speedy Hire' workshop are guaranteed a job interview upon liberation at a branch of Speedy Hire.

Delivery of Learning

7.11 Staff use their professional expertise and vocational knowledge effectively to make classes interesting and encourage prisoners to explore the topics being studied.

They make good use of the eight Peer Tutors who support prisoners on a one-to-one basis in the Halls and in the Learning Centre. This approach enhances the learning experience for prisoners and supports them in developing their skills and knowledge effectively. The temporary classrooms are carpeted and comfortable, but they are small and they restrict the number of prisoners who can attend lessons.

7.12 The gym is popular and is well utilised. It is open from 08.30 hrs to 20.30 hrs, seven days a week. Staff are welcoming and flexible which ensures that prisoners can have easy access to exercise activities. Each day over 200 prisoners undertake exercise activities in the gymnasium. Staff in the gym are experienced and qualified to deliver their programmes.

Prisoner Learning Experiences

7.13 The temporary accommodation in the Learning Centre consists of a computing suite, an art room and two multi-purpose classrooms. These rooms provide a comfortable and a relaxed environment for learning, but they are small so the number of prisoners who can benefit from education programmes is limited. The art room is particularly small resulting in a maximum class size of five or six depending on the activities which they are undertaking.

7.14 There are very good resources in the painting and decorating workshop. Twelve newly constructed individual work areas provide a bright and attractive working environment. There are very good resources in the engineering, wood assembly and wood manufacturing workshops. Prisoners benefit from being trained in and utilising industry standard equipment. The temporary gym facility uses a range of modern equipment. It is very busy and sometimes there are not enough machines for all of the prisoners to use. There is insufficient ventilation at peak times. Most prisoners are satisfied with the standard of this facility.

7.15 Prisoners are motivated, engaged in their lessons and are progressing well. Staff in the Learning Centre provide effective support for literacy. Prisoners on vocational programmes can access courses in the Learning Centre with no reduction in their basic wage. Through the innovative Cell DVD project, prisoners effectively

develop their core skills and work well with others during the making of their own DVDs.

7.16 There are very good relations in the workshops between vocational instructors and prisoners. Prisoners show commitment during workshop activities and they actively develop their own skills and knowledge. They develop their own employability skills and work well with other prisoners. They often provide helpful support and advice which ensures that all prisoners make good progress. *The prison is unable to analyse its own records in order to identify the take up of vocational and educational programmes and gymnasium use by prisoners.*

Achievement

7.17 There are high attainment rates for employability qualifications gained by prisoners through their vocational workshop activities. Many prisoners achieve qualifications in manual handling, BICS cleaning and in REHIS food hygiene. Through the Learning Centre, significant numbers of learners attain individual units of study, mainly for programmes undertaken in literacy, numeracy and IT. Prisoners make good progress in the development of vocational, personal and social skills.

7.18 Prisoners are well prepared to look for work when they are liberated. Staff from the Job Centre help them to compile their own curriculum vitae, to search for jobs and to prepare for job interviews. Work trials have been arranged where an employer can recruit an ex-prisoner on a trial basis to determine their suitability for employment. This approach has succeeded in ensuring employment for some prisoners. Effective co-ordination by the Links Centre ensures that prisoners have appropriate accommodation arrangements in place when they are liberated from the prison.

Ethos and Values

7.19 There are good relationships between staff and prisoners. This helps to create a positive atmosphere which both staff and prisoners value.

Staffing and Resources

7.20 All learning skills and employability provision within the prison is delivered by SPS staff who are well-qualified and experienced to deliver the programmes. Due to the redevelopment work within the prison a number of vocational workshops were closed at the time of the inspection. This resulted in significant numbers of prisoners being kept in the Halls instead of working on their allocated vocational work party. All teaching staff in the Learning Centre hold a degree or equivalent in their subject area. The three full-time members of staff also hold a Teaching Qualification in Further Education. Part-time staff also hold teaching qualifications or are working towards them.

7.21 Accommodation in the vocational workshops is of a good standard. There is a wide range of industry standard equipment which provides a realistic working environment. There are work parties in the prison laundry but currently no certification is available. The temporary accommodation in the Learning Centre is small and this has reduced the number of classes which can be scheduled for prisoners. The temporary gymnasium is adequate but is over-crowded at peak-times. It has a good range of equipment and is used effectively to promote and facilitate a healthier lifestyle for prisoners. An effective induction programme prepares prisoners well for their gym activities.

7.22 A part-time prisoner librarian manages the library stock but he has not received any specific training in library management.

Quality Assurance

7.23 Learning Centre staff use self-evaluation procedures to identify progress being made and further actions required for improvement. They utilise the quality assurance and improvement strategies developed by Carnegie College. Staff distribute prisoner questionnaires and use prisoner focus group meetings to receive feedback on the educational services they provide.

7.24 In the vocational workshops, discussions between staff and internal verifiers are the main mechanisms for improvement. Staff keep accurate records of prisoner progress on their individual programmes.

Conclusion

7.25 There is good provision of learning, skills and employability training. There are effective induction procedures, although improvements are required to ensure the prompt identification of prisoners' numeracy and additional support needs. Vocational training programmes are delivered in purpose built and well resourced workshops which meet the needs of prisoners well. Many prisoners gain employability certificates, however few obtain vocational qualifications. Educational classes are popular, there is an appropriate range of educational programmes and the temporary classrooms are well utilised.

7.26 There are good relations between prisoners and staff and prisoners benefit from effective support during educational classes and workshop activities. Staff use their professional expertise and vocational knowledge effectively. Most vocational and educational programmes are delivered to long-term prisoners. The library service is poor, it is in an unsuitable area, poorly resourced and under-utilised by prisoners. There are effective arrangements for exercise and gym related activities. Prisoners are well prepared to look for work when they are liberated.

8. 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.

8.1 A full range of healthcare services is available in response to need. Services provide continuity with the community. Healthcare, particularly mental health services, is provided to a high standard.

Physical Environment

8.2 The Health Centre is clean and in good decorative order. A contractor cleans the facility outwith clinic times and a passman provides support services during the day. This ensures that the cleaning of the Health Centre does not impact on service delivery. A cleaning schedule is in place and cleaning equipment stored and in use to BICS standard. The provision of cleaning services is an area of **good practice**.

8.3 The Health Centre comprises a range of offices, clinical areas and patient waiting areas over two levels. It was completed in 2005 and is well used. However, the number of prisoners, visiting specialists and services being delivered have increased since 2005. The Health Centre is now too small and this is impacting on it's ability to meet current demand.

8.4 The cleaning of dispensing areas in the residential halls is undertaken by passmen. All areas were clean. The dispensing area in Harviestoun however does not have a hand washing facility. *Hand washing facilities should be available in all areas of healthcare delivery.*

8.5 Storage is at a premium and the current layout and room allocation does not make best use of the space available. There are areas of the Health Centre being

underutilised whilst others are in high demand for clinical interventions. *Better use should be made of the available space in the Health Centre.*

8.6 There is a readily accessible supply of Personal Protective Equipment, Health Promotion material and professional resource material.

8.7 The prisoner waiting area is comfortable, clean and well stocked. It contains healthcare information, a television, drinking water and toilet facilities. However, there are often large numbers of prisoners using the room and which makes it cramped.

8.8 There are two cells available for disabled prisoners: one in Abercrombie and one in Harviestoun. The disabled cell in Harviestoun was occupied at the time of inspection. The design of the disabled cells does not allow for the use of mobility aids such as hoist equipment or wheelchairs. When a hospital bed is in the cell, a wheelchair cannot be used. Food and drink cannot be consumed out of sight of the toilet area. There is also no way for prisoners with mobility issues to reach the call button once in bed. *Cells for disabled prisoners should be fit for purpose.*

Primary Healthcare

8.9 Glenochil provides an 'Enhanced Primary Care Service' which assesses prisoners on admission to the prison, identifies physical, mental and substance misuse needs and refers them to specialist substance misuse services, mental health services, specialist primary care clinics and ancillary services. These latter referrals make up the enhanced element of care. A large team provides the various elements of care and a recent recruitment campaign has filled a number of longstanding vacancies. The vacancies had negatively impacted on service development and staff morale. A staff awayday addressed these issues and the Healthcare Manager provided direction and support to staff during this period.

8.10 Regular prisoner focus groups are held and complaints are dealt with promptly. A system of incident review in support of clinical governance is in place.

8.11 The doctor attends the prison 23 hours each week, and sees all admissions within 72 hours. The doctor manages her own appointments and attendance lists. The service is showing signs of strain as a result of the doctor routinely having to work over the contracted hours and not attending Multi Disciplinary Team Meetings; and limited co-working between the doctor and nursing staff. *Better multi-disciplinary working between medical and nursing services should be established.*

8.12 All prisoners are seen by a nurse on admission to the prison. They all undergo a suicide risk assessment and a healthcare interview on admission. Immediate access to the healthcare record is available as these are transferred with the prisoner. The transfer arrangement for healthcare records is secure and confidentiality is maintained. Although Glenochil does not accept admissions direct from the Courts prisoners can often be only two or three days into their prison sentence on arrival. Continuity of treatment and care from the community was evident along with continuity of care between establishments for those further into their sentence.

8.13 A medical 'Out of Hours' service; an emergency response service; and an emergency referral process to secondary care are available. A referral process to specialist outpatient services is also in place and works well. There is a very good level of communication, and joint working between healthcare and uniformed prison staff which supports these processes and ensures that they are operating smoothly. Prisoners have the same access to these services as they would have in the community. Prisoners are informed of outpatient appointments in plenty of time to allow them to prepare.

Secondary Healthcare

Dental Service

8.14 A dentist and dental nurse provide a service two days each week. A dental hygienist attends one day each week under a contracted arrangement with the SPS. An oral health service is provided by NHS Forth Valley one day each week. Dental services are delivered in partnership working with other healthcare services and a

good level of cooperation was evident with both the core healthcare team and the visiting specialists.

8.15 The dental suite comprises an X-Ray room, main treatment area and decontamination room. The present arrangement is not compliant with decontamination standards and the allocation of a separate X-Ray room is not the best use of space. A plan to address some of the layout and decontamination issues has been submitted to SPS HQ.

8.16 Dental records are maintained electronically by the dentist and a printout of treatment is kept in the SPS healthcare record. The dental nurse maintains the waiting list and appointment system. At the time of the visit 57 prisoners were on the waiting list to see the dentist, with a six week waiting list. This meets the SPS Healthcare Standard of a 10 week maximum wait, and the average wait within the community.

Other Services

8.17 Optician clinics are held every six weeks and chiropody clinics are held monthly. A process for dealing with emergencies is in place should the need arise. Physiotherapy services are provided by NHS Forth Valley and clinics are provided on a weekly basis.

8.18 Chronic Disease Management clinics are held on a regular basis. Other clinics include: epilepsy, sexual health, asthma, diabetes and cardio vascular. Clinics are demand led. A vaccination clinic is held weekly. A process of identifying nurse competencies and training is in place.

8.19 Health Promotion is well supported. Health promotion meetings are chaired by the Governor. 'Well Person Clinics' are delivered in partnership with Physical Training Instructors. Weekly healthy nutrition and meal planning are delivered by NHS Forth Valley and there is ongoing provision of smoking cessation and one off Health Promotion days providing access to a wide range of health promotion information. Further expansion of the Health Promotion is planned. Good links with NHS Forth Valley have been formed to provide Blood Borne Virus Clinics.

8.20 Regular prisoner focus groups are held and complaints are addressed promptly.

Management of Medicines

8.21 Medicines are stored and dispensed in line with current legislation. The majority of medicines are 'in possession' which offers prisoners autonomy and responsibility for the management of their own medicine. There is lockable storage in cells for prisoners to store their medicines. Transfer of medicines from the Health Centre to the accommodation areas is carried out safely and the dispensing process within the Halls is well supported by uniformed staff, and in line with current legislation.

8.22 A pharmacist visits weekly in order to support the management of medicines. However, the contractor had recently changed and there were some implementation problems evident at the time of inspection.

Mental Health Services

8.23 The prison has two full-time and two part-time Mental Health Nurse posts, although the part-time posts were vacant at the time of inspection.

8.24 A self referral system is in place and referrals are also accepted from other staff within the prison. All referrals are seen within 72 hours and a triage system is in place to prioritise the most urgent cases who can then be seen on the same day. This is an area of **good practice**.

8.25 One nurse is qualified to deliver Cognitive Behaviour Therapy and has allocated time for a one day clinic each week. Two to four prisoners attend at any one time and there were six prisoner patients on the waiting list at the time of inspection. One nurse is trained in relaxation and acupuncture techniques. These sessions are held for half a day each week with a caseload of five for each 10 week programme.

8.26 A weekly Mental Health Multi Disciplinary Team Meeting is chaired by a residential unit manager. This is well attended by the visiting psychiatrist and healthcare, operational and ancillary service representatives. There is also a Mental Health Strategy Group, chaired by the Deputy Governor which meets every four months. At the time of inspection this group was in fact meeting monthly to implement the 'SPS Mental Health Pathway'. A Mental health Team meeting is also held monthly. The meetings structure around mental health issues provides a clear commitment to addressing the mental health issues of prisoners.

8.27 The prison has experienced some problems in accessing beds for prisoners requiring transfer under section of the Mental Health (Care and Treatment) (Scotland) Act 2003. Prisoners have had to wait between two to six weeks for a bed in both Rowan Bank Clinic and Carstairs State Hospital. This required a 'Stepped Up Care Plan' to be put in place in the interim and two prisoners were moved to the segregation unit to receive support. *Prisoners requiring treatment or assessment under the Mental Health (Care and Treatment) (Scotland) Act 2003 should be transferred to an appropriate facility without delay.*

8.28 There was no Learning Disability provision within the Mental Health Team. A Learning Disability nurse had been recruited but had still to take up post. There is Learning Disability support available within the Primary Care team.

8.29 The arrangements for moving prisoners with mental health problems to other establishments or to the community are good. Handover of care to doctors, community health teams and SPS establishments is completed prior to the prisoner leaving Glenochil.

8.30 Overall, prisoners with mental health problems are very well supported and the Mental Health Team is achieving a high standard of service delivery.

Addictions

8.31 Substance misuse services are delivered by the Healthcare Addiction Nurses and Phoenix Futures. The Healthcare Manager is the Addictions Co-ordinator for the

prison and the Phoenix Team is located within the Health Centre. Office conditions are open plan with both teams sharing space with the mental health and primary care teams. All teams commented on high noise levels and cramped conditions, although they acknowledged that the shared facility provides an opportunity for closer working relationships. A good working relationship was evident between the teams.

8.32 An Addiction Strategy is in place. A variety of substance misuse interventions and treatments are available, including smoking cessation, methadone, suboxone, and naltrexone.

8.33 Clinical urine testing of prisoners on treatment programmes is in place. At the time of inspection the number of prisoners testing positive for illicit substances whilst on treatment was low. In the month before the inspection, 193 prisoners on a treatment programme had been tested with only one prisoner testing positive for an illicit substance.

8.34 The introduction of short-term prisoners coupled with the long-term sickness of one of the team members had led to an increase in demand for addiction services and the waiting list for services had increased to six months. The team have addressed this and at time of inspection there were only four prisoners on a waiting list and the expected waiting time for an appointment was one week.

8.35 The team has introduced an electronic database to track and 'flag' all liberations and those eligible for a Home Detention Curfew. This has helped overcome difficulties meeting the throughcare requirements of prisoners subject to the short notice periods sometimes associated with HDC release.

8.36 On the day of inspection 182 prisoners were in receipt of a methadone prescription. Only 19 prescriptions had been commenced following transfer to Glenochil in the previous year as most prisoners arrive with a prescription. Sixty two prisoners were on a reducing dose.

8.37 Phoenix Futures provides a range of motivational, harm reduction and support interventions through group work and one-to-one sessions. The Team is well integrated in the prison and is represented on all relevant multidisciplinary teams.

8.38 A smoking cessation programme is in place and is well attended. Health promotion days also promote smoking cessation. Alcohol misuse is also addressed.

8.39 The Local Authority Throughcare Addiction Services (TAS) provides addictions throughcare services for prisoners serving sentences less than four years on their return to the community. Prisoner involvement is voluntary. However, evidence suggests that many prisoners disengage after the initial meeting or decline referral if they have had previous involvement. In December 2009, 18 prisoners were offered TAS services within the Forth Valley area with no take-up. In February 2010, 11 prisoners were offered TAS input with only three prisoners taking this up. At least three prisoners declined the service following the pre release case conference. *The reasons for this should be examined.*

8.40 Six per cent of prisoners tested positive for illegal drugs on liberation, which is low in comparison to other establishments. However, we are concerned that the current prevalence testing process is insufficiently sophisticated to provide Governors with an accurate picture of drug taking within their prisons. Nor does the system provide evidence of individual 'distance travelled' in terms of patterns of drug taking. We also note that three prisons do not undertake any reception testing because they do not receive prisoners from Court. **It is recommended that a review of the reception and exit testing for illegal drugs is carried out by SPS HQ.**

9. REINTEGRATION

Outcome

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.

9.1 The Integrated Case Management processes work well. There are a number of offending behaviour programmes available, although there are long lists of prisoners referred for assessment and waiting to participate in these programmes. There is a lack of training for staff in a number of areas including risk assessment. Good links with community-based organisations have been made.

Integrated Case Management

9.2 Integrated Case Management (ICM) is a multi-agency approach which is focused on reducing reoffending by means of identifying and managing the risks and needs of prisoners in preparation for their return to the community. ICM seeks to ensure that there are joint processes in place between the SPS and community partners to maximise the potential for successful community reintegration and harm reduction.

9.3 Glenochil operates both Standard and Enhanced ICM procedures. Standard procedures allow for all prisoners not subject to post-release supervision and those serving four years or less, to have their risk and needs assessed and a Community Integration Plan developed. The Enhanced procedures are more comprehensive and allow for all prisoners serving over four years and all sex offenders serving six months or more, to participate in multi-disciplinary case meetings to review their risk and needs and to develop individual action plans to address these.

9.4 Glenochil's core ICM team comprises two full-time case co-ordinators who have oversight of a further 31 ICM Liaison Officers (some of these are also Personal Officers) who undertake this role as a secondary duty to that of their principle job as Prison Officers. There are also 96 Personal Officers and five Lifer Liaison Officers involved in the ICM process and again, these jobs are part of their Prison Officer role.

All of these Officers form part of the prison's multi-disciplinary team which works in tandem with community partners to manage and deliver the outputs of the ICM process.

9.5 Over the course of the year 1 April 2009 to 31 March 2010 Glenochil held 584 ICM case conferences, averaging 48 a month. This total is made up of 130 initial, 329 annual and 125 pre-release case conferences. Of these, 56 did not have a community-based social worker present (19 of whom were Foreign National, English or Northern Irish prisoners), 111 had social work assistants representing the relevant criminal justice social work department and 42 went ahead without the prisoner's presence because of refusals to attend the ICM Conference. The robustness of outputs is inevitably affected by the absence of key players from the discussion. It was disappointing to note the number of absences of community specialists as well as those of Personal Officers. *Attendance of Personal Officers at ICM Case Conferences should be routine.* One hundred and twenty one of the case conferences were held by video link. Only 5.3% of prisoners' families took up the opportunity of attending a case conference. This poor level of take up is common across the majority of prisons, although poor transport links may also be a contributory factor in the case of Glenochil.

9.6 At the time of inspection, the prison held 284 short-term prisoners, 314 long-term prisoners and 70 Life Sentence prisoners of whom 14 were Lifer recalls. Because the current ICM policy requires every LTP to have a routine annual ICM case conference, this places a significant burden on the multi-disciplinary ICM team. There is concern that staff resources are not best utilised in routine annual reviews and that time would be more profitably spent in concentrating on those prisoners whose circumstances have clearly changed thereby precipitating a genuine reason for review and on those who present the greatest risk and need.

Risk Management Group

9.7 In addition to the Integrated Case Management process, Glenochil also holds a monthly Risk Management Group (RMG).

9.8 The RMG is a strategic group which has responsibility to review individual cases in order to ensure that work is progressing in relation to prisoner action plans, to identify and address developing problems and to act as a vehicle for secondary assurance in terms of competent case management. The RMG operates with a standard five point agenda, namely routine case reviews, high risk offenders, progression (pre the Multi-disciplinary Progression Management Group), regression (prisoners returned from top end and closed conditions) and key information (a means of ensuring shared knowledge and activity). The RMG is chaired by the Deputy Governor and comprises a further nine members of staff drawn from relevant departments across the prison. Nine cases under consideration by the group were observed by Inspectors. Discussion was detailed and inclusive, the process was methodical and the decisions agreed and fully recorded.

Multi-disciplinary Progression Management Group

9.9 The Multi-disciplinary Progression Management Group (MDPMG) meets weekly and is chaired by either the Deputy Governor or the Governor. Its purpose is to make decisions on whether a prisoner is suitable for transfer to either national Top End or open conditions both of which can facilitate community access. Like the RMG, this group is multi-disciplinary and comprises nine representatives from different areas within the prison. All life sentence, extended sentence and high risk prisoners presented to the MDPMG have already been reviewed by the RMG.

9.10 In the year 1 April 2009 to 31 March 2010 Glenochil considered 174 prisoners for transfer to the Open Estate of whom 104 were approved. In the same period, 27 were returned to closed conditions.

9.11 The reasons for return to closed conditions were:

Positive drug tests	11
Found in possession of illegal drugs	2
Breach of home leave licence	5
Outstanding police investigation	3
Unacceptable conduct	1
Refusal to take a drug test	2
Breach of Prison Rules	1
Adverse intelligence information	1
Consumption of alcohol in the Establishment	1

9.12 The shortest period in open conditions before downgrading was 14 days for a failed drug test, the longest period was 18 months, for an outstanding police investigation. Most downgrades took place within the first 3 months of transfer.

9.13 Glenochil sends by far the greatest number of prisoners to open conditions. Their return rate of 26% is towards the higher end.

	Transferred to OE	Downgraded	Absconded	% Returns
Aberdeen	7	0	0	0
Addiewell	17	4	0	23
Barlinnie	21	3	0	14
Edinburgh	56	22	2	39
Glenochil	104	27	1	26
Greenock	16	3	0	19
Inverness	8	1	0	12
Kilmarnock	31	5	0	16
Perth	36	7	2	19
Shotts	54	10	1	18

9.14 In terms of ICM, RMG and MDPMG process management, an examination of records and observation of a total of 16 case conferences, provided evidence of robust organisation and effective multi-disciplinary team collaboration. The professionalism and commitment of the staff involved in considering the cases before them was clear.

9.15 There are, however, a number of inhibitors for them in improving outcomes. **These include the absence of a clearly defined role descriptor and relevant training for the Personal Officer (see also paragraphs 3.43 and 9.16).** This role is pivotal to ICM in terms of providing input to the case conferencing process and in working effectively on an individual level with the prisoner to ensure that the agreed action plan is realised.

9.16 In Glenochil, each Personal Officer is allocated up to eight prisoners on a geographical basis and is required to act as Personal Officer to each individual. **The lack of clarity around the Personal Officer's role and the absence of relevant training is at best unhelpful in maximising the officers' potentially positive impact on prisoner management (see also paragraphs 3.43 and 9.15).**

9.17 A further and equally important training deficit is that of risk assessment. Currently in Glenochil as elsewhere, there is no comprehensive risk assessment and public protection training provided for the senior managers who are required to chair MDPMG meetings and to take the final decision on whether a prisoner may be transferred to a national Top End or open conditions. Nor is there risk assessment training universally available at a level suitable to the needs of Personal and ICM Liaison Officers. **It is recommended that comprehensive risk assessment, risk management and public protection training is provided for senior managers who are required to chair Multi-disciplinary Progression Management Group meetings and to take the final decision on whether a prisoner may be transferred to a national Top End or open conditions.**

9.18 In Glenochil the various groups most closely involved in case management are not co-located. *It would considerably improve communication and day to day interaction if the ICM team, social workers, psychologists, the Lifer Liaison Officer and addictions team were located in the same area.* At present the teams are spread throughout the prison making contact more challenging than it need be.

9.19 In structural terms, **it is recommended that a review of all of the systems currently in place to manage a prisoner's progression through custody and into the community is undertaken.** There is a need to rationalise and to streamline present procedures and to sequence interventions for optimum benefit. A recent consolidation of policy notices has been helpful but is not a substitute for a prisoner progression policy with an attendant practice manual for the guidance of staff. In the interim, a review of enhanced ICM will in any event be required before the proposed introduction of the Level of Case Management Inventory (LS/CMI) risk assessment instrument. The latter is intended to be used in both prison and community as a means of facilitating a common language across services and a standard approach to assessment of, and work with offenders.

Multi Agency Public Protection Arrangements and Orders of Lifelong Restriction

9.20 At the time of inspection the prison held one potential Multi Agency Public Protection Arrangements (MAPPA) case and two Order of Lifelong Restriction (OLR) prisoners. There were also four prisoners subject to an Indeterminate Sentence of Imprisonment for Public Protection (IPP) who had been transferred from England. IPPs are for those offenders whose crimes are not serious enough to merit a normal Life Sentence but who are judged to be a danger to the public and therefore not eligible for release until the Parole Board decides they no longer represent a risk. The four prisoners in Glenochil are cross border transfers and remain under the jurisdiction of the Parole Board for England and Wales. Their cases are managed locally by Glenochil's Lifer Liaison Officer.

Life Sentence Prisoners

9.21 At the time of inspection, the prison held 70 Life Sentence prisoners, 14 recalls, two prisoners on Orders of Lifelong Restriction (OLRs) and four prisoners on Indeterminate Public Protection Orders (IPPs).

9.22 Every Lifer and Lifer recall admitted to Glenochil receives a one-to-one admission interview with either the Lifer Liaison Officer (LLO) or one of the five Lifer Contact Officers. The purpose of the meeting is to provide an opportunity for the LLO to introduce the prisoner to the Establishment, to address any immediate issues and to review the individual's ICM plan where one already exists. Any concerns arising from scrutiny of the ICM plan will prompt a referral to the Risk Management Group (RMG). The Lifers are then normally allocated a cell in Abercrombie Hall which accommodates the long-term prisoners. There are no dedicated Lifer sections. Once allocated, each Lifer will be given a Personal Officer and may also access the Lifer Contact Officers as another point of contact. In terms of their subsequent individual management, much will depend on their status either as newly-sentenced Lifers, as transfers from other Establishments or as recalls.

9.23 As with other prisoners main vehicle for Lifer management is ICM and all types of Life Sentence prisoners will have their risks and needs assessed through this process. The action plan will articulate what issues the prisoner will need to address in the course of his sentence and how this will be achieved. Ideally, interventions are then sequenced for optimum effect. Life sentence prisoners in Glenochil are given access to programmes and interventions which are linked to their critical dates. ICM generated action plans are reviewed annually to monitor progress and to ensure that the plan remains relevant to the prisoner's needs. Life sentence prisoners may not progress from closed conditions without first having met their high risk needs and all must first progress to national top end facilities before qualifying for consideration of a place in the Open Estate.

9.24 Glenochil does not operate any dedicated groups or special arrangements for Lifers. Personal Officers are allocated randomly according to the prisoner's location. This has logistical benefits for staff but takes no account of the need to match the Lifer and his Personal Officer as closely as possible as this relationship may last for many years and be critical to the prisoner's level of engagement with his ICM action plan. **It is recommended that a review of the process for allocating Lifers and Personal Officers is undertaken.**

9.25 At the present time, we note with concern that there is no job description or recognised standard training for Personal Officers nor is there training for staff in working specifically with Lifers whose management can frequently be complex and challenging. Staff currently rely largely on experience alone.

9.26 **It is recommended that Personal Officers, Lifer Liaison Officers and Lifer Contact Officers receive proper training and support to enable them to participate to their maximum potential in offender management.**

9.27 In regard to preparation for Lifer and long-term prisoner progression to a national Top End or open conditions, **steps should be taken to ensure that prisoners are fully informed about what they can expect on transfer (see also paragraph 3.28).** At the time of inspection, no written information was provided by any Top End facility for prisoners awaiting transfer. This deficit may account for

unrealistic expectations on the part of some prisoners who arrive ill prepared to cope with the top end regime.

9.28 The prison's Lifer information booklet whilst a good initiative, has not been updated for some time.

Home Detention Curfew

9.29 At the time of inspection there were 27 prisoners on Home Detention Curfew. When a prisoner is granted a Home Detention Curfew a great deal of effort is invested in preparing him for release. This includes an information booklet for families, prepared in collaboration with Families Outside. Attention is also paid to critical issues such as addictions, employment and housing. This is an area of **good practice**.

9.30 Prisoners approaching liberation said that they were content with the arrangements made. All had accommodation arranged and plans in place regarding work or training.

Interventions to Address Offending Behaviour

9.31 Programmes to address offending behaviour are delivered in two rooms in the Links Centre and one room in the Health Centre. The rooms are cramped, lack privacy and are unsuitable for programme delivery. However, this is a temporary arrangement and staff make the best possible use of the space available. The Programmes Team comprises six delivery officers and access to shared administrative support. They are supported by the Psychology and Social Work Units.

9.32 Prisoners are assessed for programmes through the Risk and Needs process and as part of ICM. Individual prisoner assessments are carried out for each programme referral. This process includes a multi-disciplinary selection meeting (which includes Psychology and Social Work). The final decision is taken at this meeting as to whether the prisoner meets the criteria for the programme. This process is robust.

9.33 The following programmes are available:

Constructs is a general offending behaviour programme designed for use in the community or in prison. It is a cognitive behavioural based programme aimed at reducing reoffending. It involves 2-3 sessions a week, with 28 sessions in total. This is an Accredited Programme.

The Violence Prevention Programme (VPP) is an intensive, cognitive behavioural based programme aimed at prisoners who are assessed as posing a high risk of violence related reoffending. It involves 4-5 sessions a week, with 94 sessions in total. This is a Non-Accredited Programme.

Substance Related Offending Behaviour (SROB) is an intensive, cognitive behavioural programme, aimed at medium to high risk prisoners whose offending behaviour is linked to substance misuse. It involves 2-3 sessions a week on a rolling basis for 3-6 months. This is a Non-Accredited Programme.

Controlling Anger Regulating Emotions (CARE) focuses on managing emotions in order to control anger, aggression and antisocial behaviour. It involves 2-3 sessions a week, with 25 sessions in total. This is a Non-Accredited Programme.

Alcohol Awareness addresses the needs of prisoners who have identified risks or needs relating to their use of alcohol. It involves 8 sessions in total. This is an Approved Activity.

FIRST Steps addresses the needs of prisoners who have been identified as having a drug problem. It involves 16 sessions. This is an Approved Activity.

9.34 The following table records the programmes delivered between 1 April 2009 and 31 March 2010 against targets set. The overall target was not met due to sustained staffing problems which were recorded during the year.

Programme	Target no. of prisoner completions	Actual no. of completions
<i>Accredited</i>		
Constructs	56	44
<i>Non-Accredited</i>		
Violence Prevention Programme (VPP)	8	10
Substance Related Offending Behaviour (SROB)	16	20
Controlling Anger Regulation emotions (CARE)	14	0
<i>Approved Activities</i>		
Alcohol Awareness	36	23
First Steps	8	0
Total	138	97

9.35 The Violence Prevention and Substance Related Offending Behaviour programmes are very staff and resource intensive. Given the staffing levels and space constraints it is currently not possible to run more than one of each in a year. This is reflected in the very long list for those prisoners awaiting assessment – not just for these two programmes but also for the others. The number of prisoners referred for assessment at the time of inspection is outlined below:

Programme	Referred for Assessment	Of whom currently assessed
VPP	107	5
Constructs	95	15
SROB	88	21
CARE	49	2
Alcohol Awareness	30	4
First Steps	22	2

9.36 The VPP in particular creates expectations in terms of progression and Parole which cannot be met. **It is recommended that a review is undertaken by SPS HQ of the gap between the demand and the numbers awaiting assessment for the**

Violence Prevention Programme, with a view to providing guidance to the prison on how the disparity can be addressed.

9.37 The Inspectorate acknowledges the problems involved in delivering all of the interventions at a local level, but long assessment lists are not good preparation for release, or for tackling risk and need. **It is recommended that waiting lists for assessment and participation in programmes to address offending behaviour are reduced.**

Community Partnerships

9.38 Glenochil is working towards being, as far as is practicable, a ‘community facing prison’ A community facing prison is one which aligns its public protection and offender services with those provided by regional and local community partners to improve outcomes for both communities and offenders.

9.39 The prison continues to develop good links with community-based organisations, with a focus on helping prisoners progress within the system and to reintegrate back into the community. Before the arrival of short-term prisoners in 2007, the prison released only a small number of prisoners directly into the community. Effort was focused mainly on progression to a national Top End or to the Open Estate.

9.40 Good partnership arrangements have been developed with the Fife and Forth Valley Community Justice Authority – the area to which most short-term prisoners will return on liberation. Senior managers and Links Centre Officers attend CJA Board meetings, offender outcomes meetings and meetings to discuss supported accommodation. There is coordination of effort between the prison and the CJA in the areas of housing, employment, health and with the police.

9.41 To make sure that the Integrated Case Management process works as effectively as possible, the prison engages with Criminal Justice Community Based Social Work Departments, Families Outside, Jobcentre Plus and addictions services

amongst others. The Local Authority Throughcare Addictions Service is available for non-statutory cases.

9.42 As with many other facilities during the final phase of the redevelopment of the prison, the Links Centre is temporary and has limitations in terms of space. However, it is well used and staff find ways to minimise disruption to the services provided. Jobcentre Plus and a new housing adviser are now based in the Links Centre. Phoenix Futures, Alcoholics Anonymous and Gamblers Anonymous also use the facility.

9.43 The Activities Group within the prison have developed a number of good links with employers and others. These include “Speedy Hire” which offers certificates in power tool assembly and a guaranteed job interview on release, and The Raploch Urban Regeneration Group. A “Friday Night Project” invites young adults at risk of committing crime into the prison to be guided away from this route by selected prisoners. This project is led by a Physical Training Instructor and is held in the gym. Programmes staff also give talks to local schools highlighting the dangers of drugs and crime and what it is like to be in prison.

9.44 Overall the prison is continuing to develop links, with the aim of increasing its “community facing” role since the introduction of short-term prisoners.

Preparation for Release

9.45 On admission, all prisoners undergo the Core Screen process in the Links Centre. This identifies offending behaviour needs and needs in areas such as housing.

9.46 Since the arrival of short-term prisoners the Links Centre has been developing services to meet their needs. An emphasis on trying to ensure that all prisoners are released to some form of accommodation is key to Glenochil’s strategy for preparation for release. Particular effort is made by Links Centre staff to liaise with outside agencies to maintain tenancies for short-term prisoners. This is an area of **good practice**.

9.47 Community integration plans are placed on PR2 and other agencies pick up referrals from this on a daily basis. The plans are reviewed every six months by Links Centre staff.

9.48 Prisoners attending education classes are well prepared to look for work when they are liberated (see also paragraph 7.18).

9.49 Benefits, work and training advice is delivered by Jobcentre Plus. Again the Links Centre target these areas early in the sentence rather than leaving it close to release. This can result in a job being kept open until the prisoner is released.

9.50 When a long-term prisoner is approaching release a case conference is always held, chaired by the Social Work team. This reviews licence conditions, housing, benefits and throughcare.

9.51 However, there is no formal pre-release programme per se in place. Glenochil, as with other prisons, has developed its own individual pre-release arrangements from within a menu of possible approaches. There is no national SPS community reintegration strategy. **It is recommended that a national community reintegration strategy is developed in order to ensure a common approach across prisons and to set minimum requirements for pre-release preparation.**

10. GOOD PRACTICE

10.1 Listeners are responsible for emptying their request boxes in the halls (paragraph 2.10).

10.2 The Governor is involved in the delivery of the induction programme (paragraph 3.25).

10.3 During the reception process at Falkirk Sheriff Court prisoners are asked if they need the services of a drug or alcohol support worker (paragraph 4.24).

10.4 The 'Glenochil Prisoner Newsletter'. (paragraph 5.12).

10.5 The Internal Complaints Committee includes a wide range of staff from different functions as panel members (paragraph 6.12).

10.6 The Segregation Unit has produced a detailed information booklet for prisoners (paragraph 6.17).

10.7 The provision of cleaning services in the Health Centre (paragraph 8.2).

10.8 All mental health cases are seen by the Mental Team within 72 hours and a triage system is in place to prioritise the most urgent cases who can then be seen on the same day (paragraph 8.24).

10.9 The effort which is put into preparing prisoners for Home Detention Curfews, including an information booklet for families, and the attention paid to issues such as addictions, employment and housing (paragraph 9.29)

10.10 Links Centre staff liaise with outside agencies to maintain housing tenancies for short-term prisoners (paragraph 9.46).

11. RECOMMENDATIONS

For SPS HQ

11.1 Prisoners should be comprehensively prepared for progression to Top End and Open Conditions in order to structure their expectations, ensure their understanding of what to expect and thereby optimise their chance of making a successful transition (paragraphs 3.28 and 9.27).

11.2 The role of Personal Officers should be clarified and appropriate training and support provided (paragraphs 3.42, 9.15 and 9.16).

11.3 Arrangements for the appropriate support of visitors to Glenochil should be reviewed (paragraph 5.4).

11.4 A review of the reception and exit testing for illegal drugs should be carried out (paragraph 8.40).

11.5 Comprehensive risk assessment, risk management and public protection training should be provided for senior managers who are required to chair Multi disciplinary Progression Management Group meetings and to take the final decision on whether a prisoner may be transferred to a national Top End or open conditions (paragraph 9.17).

11.6 A review of all of the systems currently in place to manage a prisoner's progression through custody and into the community should be undertaken (paragraph 9.19).

11.7 Personal Officers, Lifer Liaison Officers and Lifer Contact Officers should receive proper training and support to enable them to participate to their maximum potential in offender management (paragraph 9.26).

11.8 A review should be undertaken of the gap between the demand and the numbers awaiting assessment for the Violence Prevention Programme, with a view to

providing guidance to the prison on how the disparity can be addressed (paragraph 9.36).

11.9 A national community reintegration strategy should be developed in order to ensure a common approach across prisons and to set minimum requirements for pre-release preparation (paragraph 9.51).

For the Establishment

11.10 The time between meals being served, particularly the evening meal and breakfast, should be reviewed (paragraph 2.25).

11.11 Steps should be taken to maintain the quality of the food between cooking and serving by minimising the time it sits in the heated trolleys (paragraph 2.26).

11.12 Systems should be put in place to allow prisoners arriving in escort vehicles between 15.30 hrs and 18.30 hrs to be admitted to the prison (paragraph 3.12).

11.13 The time taken to process prisoners in Reception should be reduced and lunch should be provided when necessary (paragraph 3.16).

11.14 Consideration should be given to the creation of full-time Family Contact Officer posts (paragraph 5.7).

11.15 A clear staff rotation policy in the Segregation Unit, with an accompanying suite of training programmes to equip staff for their role should be introduced (paragraph 6.18).

11.16 A review of the process for allocating Lifers and Personal Officers should be undertaken (paragraph 9.24).

11.17 Waiting lists for programmes to address offending behaviour should be reduced (paragraph 9.37).

12. ACTION POINTS

For the Establishment

12.1 Posters in Harviestoun Hall should be placed on the designated poster boards (paragraph 2.7)

12.2 Complaint forms should be readily available in the Halls (paragraphs 2.9 and 6.11).

12.3 Infection control notices should be displayed on all levels in Harviestoun Hall (paragraph 2.11).

12.4 Levels 3 and 4 in Abercrombie Hall should be cleaned and tidied (paragraph 2.14).

12.5 The flooring outside the shower areas on the bottom level of Abercrombie Hall should be repaired (paragraph 2.14).

12.6 Litter should be removed from the external areas of Abercrombie Hall, and the grounds areas should be properly maintained (paragraph 2.17).

12.7 Some of the plasterwork and skirting boards in the kitchen should be repaired (paragraph 2.18).

12.8 The floor in the victuallers room should be re-laid (paragraph 2.18).

12.9 Problems which have led to equipment breakdown in the kitchen should be addressed (paragraph 2.18).

12.10 Prisoners working in the kitchen should be offered the opportunity to obtain a qualification in catering (paragraph 2.19).

12.11 Catering staff should monitor food wastage (paragraph 2.28).

12.12 Prisoners working in the laundry should be offered the opportunity to obtain a qualification in that area (paragraph 2.30).

12.13 Information from the Prisoner Supervision System should be accurately transferred to PR2 in all cases (paragraph 3.7).

12.14 Prisoners arriving in Reception after 16.00 hrs should be offered a hot meal (paragraph 3.10).

12.15 Notices in foreign languages should be on display in Reception (paragraph 3.13).

12.16 All suicide risk assessments in Reception should be undertaken in a private and calm environment (paragraph 3.15).

12.17 Consideration should be given to deploying a Listener in Reception (paragraph 3.19).

12.18 Consideration should be given to providing more support to prisoners on their first night after admission (paragraph 3.22).

12.19 Families should be offered an induction session (paragraph 3.25).

12.20 Each ACT2Care prisoner should be assessed on the basis of individual need for overnight care (paragraphs 3.30 and 3.36).

12.21 All night shift staff should be first aid trained (paragraph 3.35)

12.22 All cell observation panels should be kept clear at all times (paragraph 3.37).

12.23 Delivery of emergency first aid training should meet the training target (paragraph 3.40).

12.24 The Race Relations Manager and Officers should have a job description for this area of work, and information which identifies them should be displayed throughout the prison (paragraph 4.26).

12.25 Information relating to the visits process and the Family Contact Officers should be displayed on noticeboards in the visits waiting room (paragraph 5.6).

12.26 Prisoners should be offered a copy of the Prison Rules at disciplinary hearings (paragraph 6.3).

12.27 More short-term prisoners should have access to vocational programmes (paragraph 7.6).

12.28 The library service offered to prisoners should be improved (paragraphs 7.8 and 7.22).

12.29 The prison should pursue the use of an alternative and more effective alerting tool which identifies the full range of prisoners' additional education support requirements including numeracy (paragraph 7.9).

12.30 Management should ensure that the system in place for recording prisoner activity is providing accurate management information (paragraph 7.16).

12.31 Hand washing facilities should be available in all areas of healthcare delivery (paragraph 8.4).

12.32 Better use should be made of the available space in the Health Centre (paragraph 8.5).

12.33 Cells for disabled prisoners should be fit for purpose (paragraph 8.8).

12.34 Better multi-disciplinary working between medical and nursing services should be established (paragraph 8.11).

12.35 Prisoners requiring treatment or assessment under the Mental Health (Care and Treatment) (Scotland) Act 2003 should be transferred to an appropriate facility without delay (paragraph 8.27).

12.36 The reasons for the low prisoner take up of the Local Authority 'Throughcare Addiction Service' should be examined (paragraph 8.39).

12.37 Attendance of Personal Officers at ICM Case Conferences should be routine (paragraph 9.5).

12.38 The groups most closely involved in ICM management including the ICM team, social workers, psychologists, the Lifer Liaison Officer and addictions team should be located in the same area (paragraph 9.18).

For the Scottish Court Service

12.39 Cells in Kirkcaldy Sheriff Court should be cleaned and graffiti removed (paragraph 4.7).

12.40 Hand washing and drying facilities should be available in the cells areas of Kirkcaldy and Falkirk Sheriff Courts (paragraphs 4.8 and 4.18).

12.41 Additional seating should be provided in the cells in Falkirk Sheriff Court (paragraph 4.14).

12.42 The extraction fans in the cells in Falkirk Sheriff Court should be repaired as a matter of priority (paragraph 4.14).

12.43 Graffiti should be removed from cell walls in Falkirk Sheriff Court (paragraph 4.17).

12.44 Solicitors should be able to speak to their clients in private in the cells area of Falkirk Sheriff Court (paragraph 4.19).

Sources of Evidence

Written material and statistics received from the prison prior to Inspection

Governor's briefing

SPS Prisoner Survey

Prison 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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