



# **HM INSPECTORATE OF PRISONS**

## **Report on HM Prison**

### **Barlinnie**

**August 2003**

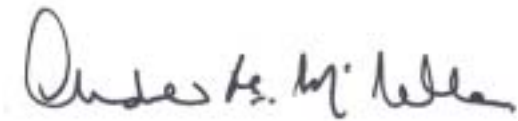


**SCOTTISH EXECUTIVE**

The Scottish Ministers

In accordance with my terms of reference as HM Chief Inspector of Prisons for Scotland, I forward a report of a full inspection carried out at HMP Barlinnie between 5-14 May 2003.

Twelve recommendations and a number of other observations are made.

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

**ANDREW R C McLELLAN**  
**HM Chief Inspector of Prisons**  
**for Scotland**

August 2003

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# 1. INTRODUCTION

## Preamble

1.1 Barlinnie is changing, but Barlinnie has not yet changed enough. The changes in the last twenty years are considerable; and the changes since the last report in 1997 reflect many of the concerns raised in that report. Since 1996 some £20m has been spent on capital items, including Hall refurbishment. But the prison has not changed enough.

1.2 Some prisoners live in conditions of which any civilised country should be ashamed. “Slopping out” is repeatedly condemned in Inspectorate reports; yet it still exists in several Scottish prisons. The practice has been stopped completely in England. In Barlinnie it is only to be found in two Halls currently in use: but that could still mean up to a maximum of 425 prisoners.

1.3 Most of those prisoners who have no integral sanitation are also victims of the chronic overcrowding in Barlinnie: so nearly all of these prisoners are sharing a cell. They are locked up for very long periods, especially at weekends. Those prisoners in ‘A’ Hall have no electricity in their cells. Worst of all, many of the prisoners in these very bad conditions have not been convicted of a crime, being held in Barlinnie on remand.

1.4 On the other hand, other prisoners on remand are among those who have benefited most from recent changes in Barlinnie. The refurbishment of ‘C’ Hall has provided conditions which are clean and decent for prisoners to live in. Were the number of remand prisoners in Barlinnie what it was even a few years ago then every one would be living in good conditions, although sharing a cell. The number of remand prisoners in Barlinnie fluctuates, but there has been a steady rise. At the time of inspection there were 507 people detained in Barlinnie who had not been convicted or who are awaiting sentence. That means that 45% of the prison population were not serving a prison sentence.

1.5 There are at least three implications of this rise in the number of remand prisoners. One is the overcrowding which it produces. The effects of that overcrowding on many aspects of the life of the prison from visit arrangements to staff morale will emerge in this report: but let it be said that the people who suffer most from overcrowding are prisoners.

The second implication is the difficulty involved in attempting to manage a Hall in which tried and untried prisoners are held together, in numbers which far exceed the possibility of prisoners being held one to a cell. The third is the wider question of the factors which have produced such a large increase in the number of prisoners on remand; but that wider question lies beyond the scope of this report.

1.6 These remand prisoners often spend very long hours locked in their cells. It is possible that some may be locked up for as much as twenty-three hours on some days. While some prisoners may have decided to opt out of the even limited regime opportunities on offer and therefore choose to spend this time in cell, others have no choice in the matter. Every prisoner must be given one hour's exercise in the open air every day: even this minimum standard is not always met. This confinement can be very disturbing for them all, each one sharing a cell with a person not of his own choosing, and especially for those with no integral sanitation. Unfortunately, spending long periods in cell is not a problem only for untried prisoners. There have been real efforts to make useful work accessible to more convicted prisoners in Barlinnie; and to make other aspects of the regime – programmes, education and so on – more accessible as well. This report welcomes the work which is available, and welcomes some of it very much indeed: but it also recognises that too few prisoners have enough work to keep them occupied throughout the day. When they are not usefully occupied the alternative, too often observed, is that they are contained in their cells.

1.7 “Overcrowding” dominates nearly every conversation about Barlinnie. So does “drugs”. The report makes a very positive assessment of much good work being done with prisoners with drug involvement. The numbers are very high: and many of the health and security problems which confront Barlinnie arise directly from drug-related issues. The efforts made at Barlinnie to begin to deal with the enormous damage which addiction causes to so many prisoners are to be commended.

1.8 Personal safety is always a primary concern of the Inspectorate. Key Performance Indicators for assaults have not been met. Any violence is a serious matter: and a level of violence beyond that set as a reasonable expectation is particularly serious. It is reassuring to find that the Governor does view violence in this way and has put various measures in place to combat it. Future inspections will continue to report on this.

1.9 Despite the bad conditions in some parts of the prison ('A' Hall and the Reception holding cubicles in particular), and despite the pressures of overcrowding, Barlinnie has made progress since the time of the last inspection. The refurbishment of Halls to provide integral sanitation and electricity in cells has been very important. The determination of the prison staff to cope with the very high numbers is commendable; and the report recognises that the prison staff do not merely cope, but generally seek to develop relationships with prisoners which are relaxed and humane.

1.10 Yet two questions remain to be asked about Barlinnie. One is about the time prisoners spend in their cells. Is it possible that the severe overcrowding can become not only the reason why prisoners spend long times locked in cells but also a justification for allowing such a regime to continue unchallenged? The prison is rightly proud of its ability to cope with overcrowding: but is it, in the end, good that it is able to cope so well – good for the prison, good for the prisoners? The second is about a sense of purpose for Barlinnie. Is it possible that the amount of immediate and urgent business of movements, transfers and escorts sometimes makes it difficult to nurture any broader vision of what Barlinnie is trying to do with those who are detained within it?

## **Assessment**

### *Safety*

1.11 In the twelve months prior to inspection there had been 28 prisoner on prisoner assaults (against a target of 11). There had been 61 minor assaults. During the same period there had been four prisoner on staff assaults (against a target of one). There had been 28 minor assaults. The number of assaults is high and consequently an anti-violence strategy had been re-launched. The levels of violence need to be closely monitored. There had been no escapes.

1.12 The issue of self-harm and suicide remains a challenge for the prison. ACT procedures were initiated on 691 occasions during the 12 months prior to the inspection. There had been four deaths in custody (subject to FAI) during this period.

1.13 Although the prison has widespread coverage by a fire detection system, there had been five fire incidents since January 2003.

### *Decency*

1.14 While the prison was generally very clean and tidy, the conditions were dominated by overcrowding. Much refurbishment has taken place, particularly in 'B', 'C' and 'D' Halls. However, 'slopping out' still exists in 'A' Hall and Letham Hall and this must be ended. The rise in the number of remand prisoners has also led to some prisoners being locked up for periods of 23 hours a day on occasions. This is not acceptable. Neither is the continued use of the 'holding' cubicles in Reception or the Reception area generally.

1.15 The quality of the food was poor at point of delivery and the size of portions was also poor.

1.16 Ethnic minority prisoners criticised menu choice and perceived quality of food for that group of prisoners. A consistent system of providing interpreters for prisoners who did not speak English was not in place, and a new structure for the management for ethnic minority prisoners is needed.

1.17 Many prisoners were highly critical of the visits, particularly staff attitudes, the treatment of visitors and the general atmosphere within the visits area itself. Observation of the visits on a number of occasions and discussions with visitors did not support this view. Visits were relaxed and staff helpful. However, the process of getting visitors from check in to the visiting room, and the waiting times associated with this needs to be reviewed.

1.18 There was a readiness to keep prisoners in cells when there might be opportunities for associated activity, and there does not appear to be sufficient challenge to accepted practices. For example, there is a lack of weekend recreation for untried prisoners; only some young remands are allowed out for recreation; and there is reduced opportunity for PE due to limited access to showers in some Halls. There is an issue here of consistency of allowing access by different staff. Of particular concern is a readiness to reduce regime whenever there are staffing shortages, particularly cancelling outside exercise if the weather is bad.



## *Preventing Re Offending*

1.19 As well as overcrowding, the issue of drugs and particularly the provision of medication pervaded much of the prison's work. The number of prisoners receiving methadone or detoxification medication was extremely high (reflecting external prescribing practices): to the extent that administration of medication dominated the day-to-day running of some Halls. Given these circumstances, the addictions team and uniformed staff were doing an excellent job in dealing with the drugs problem. The high number of prisoners, scale of movements within and outwith the establishment and long periods of lock up made the day-to-day running of the prison even more difficult.

1.20 The prison had in place a number of programmes to address offending behaviour. The STOP programme (for sex offenders) was operating in Letham Hall, although trawls of other prisons were required to ensure that this could run.

## 2. ACCOMMODATION, ROUTINES AND POPULATION

### Accommodation and Routines

#### *'A' Hall*

2.1 'A' Hall is the admission Hall for Barlinnie. It houses convicted adult short-term prisoners and adult remand prisoners. Remand prisoners are subsequently allocated to 'C' Hall and convicted prisoners to 'B' Hall, or to Low Moss or to open conditions, if they meet the criteria. Remand prisoners can expect to spend two to three weeks in 'A' Hall and convicted prisoners five to six weeks.

2.2 The Hall is a four storey building which has a mixture of cellular accommodation. Doubling up exists on all four storeys.

2.3 Staffing in 'A' Hall comprises a First Line Manager and 13 Officers. A new attendance pattern for staff had been introduced two weeks prior to inspection and information from staff and managers was that it was significantly better than the previous one and would improve the regime and staff morale.

2.4 There is no integral sanitation and all prisoners "slop-out" three times a day. This process takes place in communal ablution areas at the end of each storey. The ablutions areas consist of four toilet cubicles, 12 wash-hand basins, two sluice sinks and three shower cubicles. The sluice sinks are used for the emptying of chamber pots. Prisoners have to wash their dishes and cutlery in this area. This whole situation is completely unacceptable. **It is recommended that suitable arrangements for sanitation are made. It is also recommended that steps should be taken immediately to stop the washing of cutlery and dishes in the slopping out area.**



2.5 The communal showers were also in a very poor state of decoration and cleanliness, with prisoners reporting that they regularly saw insect infestations in that area. Because of sheer numbers, time constraints and inconsistency of approach, it was clear that prisoners required to attend court were not able to “slop out”, have a shower or a wash and shave. This is not good preparation for a court appearance. **It is recommended that prisoners who are due to appear in court are provided with the opportunity and facility to shower or wash and shave before the court appearance.**

2.6 Prisoners do not have access to electric power in cells (EPIC) either, and consequently do not have kettles or televisions. **It is recommended that electric power in cells is installed in ‘A’ Hall.**

2.7 Time out of cell varies depending on prisoner classification. Convicted prisoners have the opportunity to work based on the prison’s timetabling process. They also have access to recreation in an area a short walk from the Hall. Although Short Term prisoners have access to recreation every evening, it is sometimes cancelled if there are staff shortages. Recreation consists of pool, table tennis, video games, newspapers and a video. Untried prisoners do not have access to work or recreation and a particular concern was the amount of time they spent in their cells. **It is recommended that untried prisoners in ‘A’ Hall should**

**have access to work or recreation, and should not spend as much time in cells.** The number of telephones available on each storey varied but it appeared that they did not meet demand. Prisoners also indicated that this was the case. The SPS Prisoner Survey reported that 61% of prisoners rated access to telephones as OK or better.

2.8 Exercise in the open air took place mornings and afternoons. Untried prisoners were given this opportunity when the convicted population was at work. If numbers dictated, and time permitted, staff would sometimes limit the number of prisoners on outside exercise and have extra sessions. Information from staff and prisoners indicated that outside exercise was occasionally cancelled due to inclement weather. This was very concerning as untried prisoners could be locked in their cells for 24 hours a day other than their “slop out” periods. In the past, inside exercise had been offered but this had now been stopped because a safe system of work had not been agreed between managers and the trade union side.

2.9 The daily routine in ‘A’ Hall was dominated by the very high numbers of prisoners receiving detoxification medication and being taken to the Drug Support Unit for the methadone programme. This is discussed in detail in Chapter 4.

2.10 Overall, conditions in ‘A’ Hall are very poor. The cells and landings are in urgent need of decoration and cleaning. The identity of the hall was based on the high numbers, high levels of daily movements and the amount of detoxification and methadone prescribing carried out on a daily basis. This seemed to make it difficult for staff to identify opportunities to promote or undertake any work which could be described as part of the correctional agenda.

### *‘B’ Hall*

2.11 ‘B’ Hall is a four storey building which has been refurbished and includes in-cell sanitation and EPIC. It now meets the basic needs of prisoners as far as conditions are concerned.

2.12 The Hall contains mainly short term convicted prisoners. It also houses prisoners on protection. At the time of inspection the design capacity was 300 with an option to go to 335 in an emergency. The lock-up numbers averaged 250 convicted and 50 protection prisoners.

2.13 The 143 double cells and 47 single cells were bright, reasonably clean and well decorated. Cell furniture was adequate and each cell was equipped with a kettle and television capable of receiving satellite and DVD.

2.14 The Hall had a total of nine telephones with another four in the recreation area. There were 30 showers. Prisoners were allowed showers on a regular basis and small kit laundry was available on a daily basis, shirts twice weekly and bedding at weekends. Food was often cold at the point of service.

2.15 Recreational facilities are located a short distance from the main building and require prisoners to be escorted to and from the facility in all weather conditions. Facilities include snooker and pool tables, darts, computer games, board games and television. The recreation hall is big and noisy and it was noticeable that staff were positioned on raised platforms. This impedes interaction with prisoners.

2.16 Access to recreation was restricted. Of four sections on each convicted storey, three attend recreation on a rolling basis and on average only 80 prisoners attended nightly. Protection prisoners would normally be offered recreation at some time during the day but were not allowed recreation in the evenings or at weekends. Access to recreation should be improved.

2.17 There is only one entrance/exit to the exercise yard, and staff positioned themselves beside this gate during periods of exercise. A review of the exercise facility is required.

2.18 Access to work was on a timetabled basis where on an alternate basis the protections went to work am and convicted to work pm. During inspection, in the morning an average of 220 prisoners remained in the Hall and in the afternoon it was 120. Some PE and exercise took place to reduce in-cell time for non-workers but the regime meant that most prisoners were kept in cell for long periods of time, albeit some by choice.

2.19 Complaint Procedure forms were readily available in the Hall.

## *'C' Hall*

2.20 'C' Hall is the adult remand Hall. It has been refurbished to include integral sanitation and EPIC. Prisoners and staff expressed a high level of satisfaction with their new environment and it was clear that efforts had been made to maintain standards of cleanliness.

2.21 The Hall has a population ceiling of 310 divided between four storeys. There is both single cell accommodation and doubling up on each storey. As prisoners leave 'C' Hall after conviction or liberation the spaces are filled up from 'A' Hall.

2.22 Out of cell time for prisoners in 'C' Hall consists of one daily period of exercise in the open air and recreation for one storey each evening, Monday to Friday. There is no recreation at weekends. No other structured out of cell time existed for the remand population. Indeed it appeared that bad weather could often result in the cancellation of outside exercise and staff shortages could lead to cancellation of recreation. **It is recommended that arrangements for recreation, exercise and meaningful activities for untried prisoners in 'C' Hall are reviewed.** Every TV in 'C' Hall had access to a satellite and a DVD channel controlled from a central point in the Hall. This was very popular during the night and, according to some staff and prisoners, led to people watching TV all night and being too tired to do anything constructive during the day. It also meant that staff found it difficult to interact with prisoners and ways were being examined to address this.

2.23 Prisoners moving back and forth to be issued their detoxification medication or going to the Drug Support Unit for the methadone programme dominated activity in the Hall.

2.24 One of the benefits derived from the move to in-cell sanitation is that two new communal rooms have been created at the end of the storeys where the old ablutions area was situated. The rooms had a TV, video and DVD player, as well as seating for around 10 people. At the time of inspection these rooms were not used for any activities. With the appropriate safe system of work they could be utilised.

2.25 Prisoners are given clean underwear and socks every day and on the whole the system worked well. Full kits, including a towel, shirt and other larger items were changed twice a week. Some prisoners said this resulted in towels becoming dirty and damp if someone showered every day. Despite this, the issuing of kit was well managed and sufficient for the needs of prisoners. Prisoners said that access to showers was good.

2.26 The cells are clean and bright, as are the landings and the Hall in general. There are 14 telephones in 'C' Hall but prisoners said that it was very difficult to access these at popular times.

### *'D' Hall*

2.27 'D' Hall has been upgraded to include EPIC and integral sanitation. All prisoners have a television with access to Sky and DVD channels. The Hall is divided into four separate areas which allows for a mixture of regimes.

2.28 At the time of inspection, young remands occupied the two lower sections of the Hall but the Inspectorate was informed that there were plans to move this group to Polmont.

2.29 Young remands have a fairly unstructured day and can be locked up for considerable periods of time. Recreation is usually offered at some point as well as the mandatory exercise period, although staff shortages could lead to cancellation of recreation on occasion. However, in addition to being locked up for periods during the day, only half the population in each remand section is allowed recreation at night – the reason given that there were not enough facilities and the “volatile nature” of the young remands. **It is recommended that ways should be found to allow young remand prisoners in 'D' Hall more time out of their cells for recreation in the evenings.**

2.30 Each section is extremely bright and in the main, very clean. There is daily access to showers and laundry. To cope with numbers, the young remands are offered two sessions in the gymnasium on a daily basis. They also have access to daily visits, although this can be restricted when numbers are high.

2.31 The Drug Support Unit (DSU) is located on half of the upper floor of 'D' Hall and holds up to 50 convicted prisoners. Prisoners located there must agree to go to work when required. The section, like others in 'D' Hall, is bright, modern and clean, each cell having EPIC and integral sanitation.

2.32 A variety of programmes are on offer; external agencies are involved in helping prisoners prepare for release; and good relationships exist between staff and prisoners.

Prisoners attend recreation each evening and week-end without restrictions. The DSU is one area in Barlinnie that does provide a full and meaningful regime.

2.33 The Sentence Planning Unit (SPU) is located on the other half of the upper floor of 'D' Hall and holds 50 prisoners. All prisoners are assessed here for programmes. Whereas the DSU deals mainly with drug related programmes the SPU concentrates on Cognitive Skills, Anger Management and Problem Solving courses. Again, there is a good staff/prisoner relationship. The future of the SPU was however uncertain and staff and prisoners expressed concern at this.

2.34 Overall, prisoners in both upper sections have excellent living facilities and a structured regime.

#### *Letham Hall*

2.35 Letham Hall is a self-contained building located in the North East corner of the prison, some distance from the other accommodation. Of 77 cells, 76 are available for occupancy. Each cell has electric power but no access to sanitation during periods of lock-up. It must be said again that such arrangements are unacceptable. **It is recommended that suitable arrangements for sanitation are made.**

2.36 The Hall holds sex offenders, convicted high dependency prisoners, untried high dependency prisoners and convicted passmen/all day workers. One section holds prisoners involved in domestic duties in sensitive areas of the prison and two sections hold prisoners convicted of sex offences.

2.37 The Hall runs the STOP programme for sex offenders, and much use is also made of multi-disciplinary casework to help re-integrate high dependence prisoners into work and, where possible, to mainstream prison life. There is close working with healthcare staff.

2.38 There is a sense of purpose and care within Letham Hall and for those who find it difficult to cope with life in the mainstream of prison, this is clearly a valuable alternative providing both safety and care. It was therefore unfortunate that our inspection coincided with the death of a prisoner in that Hall (subject to Fatal Accident Inquiry).



## Population

2.39 On the first day of inspection there were 1129 prisoners held in Barlinnie. A breakdown of this is outlined below.

Area	LTP	STP	Remand	Young/R	LTP Sex Offender	STP Sex Offender	Total
'A' Hall	14	89	110				213
'B' Hall	62	214			8	6	290
'C' Hall			297				297
'D' Hall	7	89		81			177
Letham	30	21	17		18	46	132
RHCU	6	2	2				10
Segregation	5	4					9
Special Holding Unit	1						1
Totals	125	419	426	81	26	52	1129

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

#### **Security and Safety**

##### *Security*

3.1 During the past 12 months there have been no escapes. Prisoner on prisoner assaults breached KPIs (28 against a target of 11). Prisoner on staff assaults also breached KPIs (four against a target of one). In addition there had been 61 minor prisoner on prisoner assaults and 28 minor prisoner on staff assaults.

3.2 As a consequence of the high number of incidents, an anti-violence initiative had been re-launched. Although this has had an effect on premeditated acts of violence with the use of weapons, there has been an increase in the number of incidents without the use of weapons. More requires to be done to tackle these levels of violence.

##### *Gate*

3.3 A Manager has overall responsibility for the busy gate complex. An average of 1200 vehicles and 650 pedestrian visitors (excluding family visitors) enter Barlinnie each month. A bio-metric hand identification system allows entry to and exit from the prison for staff. This appears to be very effective. An ID card system which provides photographic identity for official visitors is of particular value with regard to security.

##### *Movements*

3.4 During the first week of inspection there were 97 movements in and out of the prison to other establishments, courts, hospitals, etc. Although the Operations Group was up to complement there were occasions which caused staffing problems. However, operations staff felt that there was good control during movements and that pro-active intelligence had helped here.

### *Contingency Plans*

3.5 Contingency plans were comprehensive and had been updated in April 2003. The prison continues to liaise with other Emergency Services.

### *Control and Restraint*

3.6 The recent Control and Restraint audit confirmed that Barlinnie exceeds its operational requirement in phases 2 and 3. A shortfall was identified in phase 1 although core training days were in place to address this shortfall.

### *Segregation Unit*

3.7 The current design capacity is 17, plus one 'silent' cell. Fourteen of these cells have integral sanitation, three do not. At the time of Inspection 11 prisoners were located in the Unit – 10 from other establishments and one from Barlinnie.

3.8 All prisoners were appropriately held under Rule 80 and all paperwork, including HQ authority, was in order. On a rotational basis each prisoner was given access to the fitness room, and exercise and newspapers were available on a daily basis. Prisoners appeared content with the regime and facilities. Although the fabric of the building appeared to be sound, it would benefit from redecoration. Staff facilities were adequate and included an office, toilet, shower and cooking facilities.

### *Special Holding Unit*

3.9 One prisoner has been held in the Special Holding Unit since 15 March 2002. The physical conditions in which he lives are very good. He has free access to bedroom, bathroom, kitchen and living room within the unit. All are clean and tidy. The arrangements for his clothes and the washing of them are satisfactory. On most days he cooks his own food; otherwise food is supplied using halal meat through the normal plated meals service. Two minor matters about conditions in the facility were taken up immediately with the prison management.

3.10 The facility is very secure, and the prisoner indicated that he felt completely safe. Relationships between prison staff and him were observed to be respectful and humane: and this observation was confirmed by the prisoner. The provision of health care, education and visiting arrangements are all appropriate; as is the recognition of particular religious and cultural issues.

3.11 The sentence to be served is not less than 20 years. The Governor is attempting to begin a process of “normalising” imprisonment for this prisoner. The most obvious feature of the current situation is the lack of contact with other prisoners. It will not be easy to overcome the particular difficulties involved in bringing this prisoner within mainstream prison life. But it is very important that it should be done, both for his sake and for the sake of the prison. The attitude of the Governor to this matter is to be commended.

#### *Orderly Room*

3.12 On one of the days of inspection there were three prisoners due to appear in the Orderly Room on a variety of charges. The hearings take place in an office in the Segregation Unit: in an office that is also used by staff and managers. The office itself was rather cluttered but was fit for purpose. All aspects of the Orderly Room procedures were undertaken in accordance with the Orderly Room Guidance and Prison Rules. The atmosphere, whilst understandably rather formal, was relaxed and allowed the prisoner to present his defence and receive instruction or clarification if required. It was noticeable that some staff notices of a confidential nature were displayed in the office and could be seen by prisoners. This should be addressed.

#### **Prisoners’ Complaints Procedure**

3.13 Prisoner Complaints Forms were readily available in racks in each Hall. However, some prisoners alleged that they would be negatively treated if they filed a complaint. This is confirmed in the 2002 SPS Prisoner Survey where 47% of respondents believed this to be the case. Management should examine the reason for this perception. Appropriate procedures are being followed and matters resolved at the lowest appropriate level. The Internal Complaints Committee (ICC) is organised on a monthly basis by the Prisoner Casework Manager, chaired by a Unit Manager with a third member being selected on an ad hoc basis.

Figures show that of 504 Complaints Forms submitted, 155 progressed to the second stage and then 82 progressed to the ICC.

### **Human Resources and Staff Training**

3.14 This function is headed by a Human Resource Manager, an assistant Human Resource Officer and two training Managers, one training co-ordinator, and administrative support. One post was vacant at time of inspection. The Human Resource Manager also has responsibility for equal opportunities. The Human Resource Manager takes part in sick absence management and partnership working committees.

3.15 At the time of inspection the staff complement within the prison was 599 and the staff in post 604. New attendance patterns were in place and appeared to be working.

3.16 The local target for staff sickness levels in 2003/2004 was 14 with a projected outturn of 23.9.

3.17 The Staff Training Department is part of the Human Resource function. The facilities are two classrooms, a conference suite and a resource centre, all situated within the secure area of the prison. The training managers draw up the training plan based on identified needs, advertise the programmes and co-ordinate the courses. A study of the training records showed that a range of training is available including core competencies training, briefing on new policies, management development and health and safety/fire precautions.

## 4. ADDICTIONS

### Levels of Drug Use

4.1 The SPS Mandatory Drug Testing Policy requires that a random sample of 10% of the prison population is tested each month. In the year April 2002 – March 2003 a total of 1923 tests were carried out. Within that period, random mandatory drug testing indicated an underlying negative rate of 92%. This means that the KPI target of 92% of prisoners who are randomly tested will test negative for drug use was being met. That is a significant achievement.

4.2 A summary of the number of tests carried out and the key results are shown in the two tables and summary below.

#### *Number of Tests Carried Out*

Samples	Random		Suspicion		Risk Assess		Frequent		Reception		Voluntary		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
No. selected	1261	65	260	13	111	6	12	1	18	1	285	15	1947	100
Deselections	8	1	0	0	0	0	0	0	0	0	0	0	8	0
Refused	11	1	13	5	0	0	0	0	0	0	0	0	24	1
Tested	1250	99	247	95	111	100	12	100	18	100	285	100	1923	98
Negative	851	68	120	49	101	91	12	100	7	39	99	35	1190	62
Medical Pos.	189	15	38	15	6	5	0	0	0	0	171	60	404	21
Positive	210	17	86	35	4	4	0	0	11	61	15	5	326	17
Results awaited	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1250</b>	<b>100</b>	<b>244</b>	<b>99</b>	<b>111</b>	<b>100</b>	<b>12</b>	<b>100</b>	<b>18</b>	<b>100</b>	<b>285</b>	<b>100</b>	<b>1920</b>	<b>100</b>
Headline Positive	207	17	85	34	3	3	0	0	11	61	14	5	320	17
Pos. discounted	102	49	8	9	0	0	0	0	11	100	3	20	124	38
In-prison positive	105	8	77	31	3	3	0	0	0	0	11	4	196	10

#### *Test Results*

Test Results	Random		Suspicion		Risk Assess		Frequent		Reception		Voluntary		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Non Medical</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
Cannabis (1)	90	43	19	22	2	50	0	0	5	45	9	60	125	38
Benzodiazepines (2)	72	34	13	15	2	50	0	0	4	36	3	20	94	29
Opiates (3)	101	48	61	71	2	50	0	0	5	45	10	67	179	55
Methadone (4)	4	2	0	0	0	0	0	0	1	9	0	0	5	2
LSD (5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Amphetamines (6)	0	0	1	1	0	0	0	0	0	0	1	7	2	1
Barbiturates (7)	1	0	0	0	0	0	0	0	0	0	0	0	1	0
Cocaine (8)	8	4	2	2	0	0	0	0	1	9	0	0	11	3
Temgesic (9)	1	0	0	0	0	0	0	0	0	0	0	0	1	0

(Total test results may differ from No. positive samples due to poly-drug abuse)

4.3 From all tests completed in Barlinnie, the most common failure is for opiates - 55% of all positive tests, (ranging from 45% on reception testing to 71% on suspicion testing).

Cannabis accounts for 38% of all positive tests and benzodiazepines 29%. A significant number of individuals test positive for more than one substance. All individuals testing positive are automatically referred to Cranstoun Drug Services. Over the last year, 24 individuals refused to be tested. Reception testing numbers are extremely low, only 18 such tests conducted.

## **The Scale of the Problem**

### *Detoxification Medication*

4.4 Prescribed detoxification is available to all prisoners on admission should they present with a drug or alcohol problem. All should be subject to urinalysis, conducted by the addictions officers. However, due to other commitments these tests are not always carried out. The exception to this are the young remands who are always tested prior to prescribing of medication. The detoxification takes place over an 18-day period and consists of reducing doses of dihydrocodeine and diazepam. The administration of this medication is supervised and dispensed within the residential Halls. On the first day of inspection 95 individuals were in receipt of a prescribed detoxification. These individuals require medication to be administered twice a day, which means that there were 190 detoxification medications being administered on that day. This is extremely time consuming for the nurses and for uniformed staff.

### *Substitute Medication*

4.5 The prison also prescribes methadone, provided the prisoner's urinalysis is positive for methadone and he has no new injection sites, (which would suggest continued intravenous drug usage). If an individual is untried or serving a sentence of 6 months or less, maintenance prescribing is undertaken. If serving more than 6 months a detoxification is commenced. From January to 5 May 2003, 486 new admissions were urine tested for continuation of methadone prescribing. Every one tested positive for methadone, confirming that methadone was being taken whilst in the community.

4.6 On admission and following urinalysis an individual is seen by a doctor and an addictions nurse. The individual's community prescriber is contacted by fax requesting confirmation of prescribed medication. Once confirmation is received the individual is commenced on prescribed methadone. This can usually be achieved within two days of admission. Until the methadone prescription is confirmed an individual will be commenced on a detoxification programme.

4.7 Methadone is dispensed by the addictions nurses within the addictions centre. On the first day of inspection 171 individuals were in receipt of methadone. This is extremely high – much higher than any large methadone clinic in the community. The process of escorting individuals from the Halls to the addictions centre and back, is also extremely time consuming for the addictions officers involved and for uniformed staff within the Halls. The whole process can at times take a full day, impacting on other aspects of the regime.

### **Staffing**

4.8 The establishment has 20 MDT trained staff (including residential staff). The MDT Unit is staffed by the Addictions Team, which comprises three addiction nurses, two supervisors and nine officers (eight at time of inspection). Two administrative staff support the team. The Unit is responsible for Mandatory Drug Testing, local admission testing, delivery of drug related programmes and the escorting and supervision of individuals in receipt of prescribed methadone.

4.9 The MDT Unit records information to a high standard and provides valuable information on drugs used. The Unit does not test seven days a week: no weekend testing is undertaken, and staff struggle at times to meet the 10% random rate. However, 10% of individuals in receipt of a methadone prescription *are* tested monthly, this being split between random and voluntary tests.

4.10 Requests for suspicion tests are not always acted on due to the pressure of meeting the random test numbers. This should be addressed.



## **Assessment and Treatment**

4.11 A local addiction strategy has been in place for approximately three years, although a copy could not be located during inspection.

4.12 The Governor-in-Charge represents the establishment at the Greater Glasgow Drug Action Team. Within the establishment, a Drug Strategy Team has been established. This Group is chaired by the Deputy Governor, meets monthly and is responsible for overall strategy implementation. The Drug Strategy Co-ordinator; Addictions Manager; Clinical Manager; Social Work Manager and Head of Activities attend, as do representatives from the Residential and Operations functions.

4.13 A multidisciplinary team also meets on a fortnightly basis. This comprises the Drug Strategy Co-ordinator; Cranstoun Team Leader; Alcohol Service Co-ordinator; Addictions Nurses; Doctor and a representative from Social Work. The Group concentrates on practical issues, and decides on action plans for individual prisoners. Recently, briefings for addictions officers, addictions nurses and administration staff have taken place to disseminate information from the Drug Strategy Team.

## **Cranstoun Drug Services**

4.14 Cranstoun Drug Services are located next to the Addiction Centre within the establishment. In the six months from June – November 2002 a total of 843 assessments were completed. Once a referral has been made, an addictions assessment is conducted using the Common Addictions Assessment Recording Tool (CAART) and a care plan is completed. The caseworkers will conduct one-to-one sessions and reviews. Referrals to transitional care partners are made if required.

4.15 Two major difficulties face Cranstoun workers within the establishment, the first being the volume of individuals entering and leaving, with many only in the prison for a very brief period of time. The second difficulty is the lack of interview space in the Halls (which is not unique to Cranstoun and is addressed elsewhere in this report).

## **Individual Counselling and Support**

4.16 The addictions nurses see every individual on methadone on admission and explain the need for information to be faxed to and from the community prescriber as well as informing them of the practicalities of methadone dispensing within the prison. When an individual is detoxing on methadone the addictions nurse sees him at least once a week on an individual basis to check how he is coping and discuss any difficulties he is experiencing. The detoxification can be slowed down if an individual is finding withdrawal symptoms difficult. This individualised approach mirrors what would happen in the community and is **good practice**.

4.17 The administrative staff within the addictions team notify the addictions nurses of individuals who are approaching their liberation date. Again the addictions nurses will see these individuals to discuss reduced tolerance to drugs and alcohol and will stress the dangers associated with a return to illicit drug usage. These one-to-one sessions are conducted in free time outwith methadone dispensing and on an ad-hoc basis. It would be desirable that allocated time is given for this to take place. Group sessions also took place for prisoners leading up to their date of liberation.

## **Blood Borne Virus Group**

4.18 Each Wednesday afternoon the addictions nurses facilitate a blood borne virus information session which lasts approximately one hour. All participants have self-referred and following this session can request blood tests for HIV and for Hepatitis C. This is an extremely important session, which addresses confusion and fears about blood borne viruses.

## **Programmes**

4.19 The addictions team facilitate two addictions programmes: - First Steps and Lifeline. Referrals are taken from all sources, though all individuals should have been assessed by Cranstoun Drug Services. The addictions team then conduct their own assessment for participation. Individuals are commenced on a programme based on their liberation date.

4.20 First Steps is under consideration for approved activity status. It lasts four weeks, with five, two-hour sessions per week. Participation is open to all convicted prisoners, including those on methadone. The programme consists of drug education and awareness of effects of drug usage on self and others. The programme also aims to increase motivation to modify drug taking behaviour.

4.21 Lifeline is a programme for convicted prisoners who are drug free. It lasts four weeks, with morning and afternoon sessions, five days per week. Group sessions take place in the mornings and alternative activities such as art, physical training and healthy eating in the afternoon. The fifth Lifeline programme commenced during the week of inspection and the local target for 2003-2004 is 50 individuals completing. (In the first four programmes run, 38 individuals completed from a starting number of 40).

## **New Developments**

### *Substitute Medication*

4.22 The dispensing of methadone will be relocated in the summer of 2003. A dispensing area has been identified within the Drug Support Unit ('D' Hall) and individuals within this Hall will receive their methadone there. This will eliminate the need for staff to escort to and from the addictions centre and will free up much needed time to provide meaningful interventions. A second dispensing site has been identified in 'C' Hall. Untried individuals from 'A' and 'C' Halls will receive their methadone there. This again will free up time for other interventions to take place.

### *Liberation Packs*

4.23 All individuals liberated from the establishment are given a pack containing leaflets outlining the dangers of reduced tolerance to drugs and alcohol, useful telephone numbers and a condom. This simple measure attempts to reinforce the dangers of overdose in the high risk days following release from custody, as well as safe sex health promotion. It is an example of **good practice**.

## Summary

4.24 Overall, the scale of the substitute and detoxification prescribing within the establishment leaves uniformed addictions staff extremely stretched. With the numbers of individuals receiving methadone increasing each month this year there may be a case to review processes, systems and staffing levels. This might allow for more in depth programmed one-to-one work with individuals, the importance of which cannot be overstated.

4.25 The care and attention given on admission and liberation to those in receipt of methadone is high, and ensures that these transition periods are as safe as possible for the individual concerned. The paperwork and recording are of an extremely high standard and the administrative support provided is crucial to the addictions team.

4.26 The number of prisoners receiving medication is extremely high and can fluctuate greatly on a day-to-day basis. All staff approach their work in a positive manner and the prison is to be commended on its handling of the drugs issue.

## Alcohol

4.27 The alcohol service is contracted and comprises a Co-ordinator and two counsellors. Groupwork as well as individual counselling are offered. The contract runs from July 2002 – June 2005.

## Referrals

4.28 From July 2002 – April 2003 the team has received 1,346 referrals as follows:

Month	SW	Induction	Cranstoun	R.H.C.U	Hall Staff	Self Ref	Admiss	Total Referred
Jul-02	12	0	10	4	1	6	101	134
Aug-02	15	1	18	4	2	2	119	161
Sep-02	11	5	11	2	0	4	87	120
Oct-02	11	6	26	3	0	6	66	118
Nov-02	18	62	9	3	1	4	55	152
Dec-02	8	12	14	0	0	4	80	118
Jan-03	12	30	27	4	1	6	62	142
Feb-03	7	39	41	6	0	13	48	154
Mar-03	6	14	27	4	3	2	64	120
Apr-03	12	44	20	1	1	11	38	127
Totals	112	213	203	31	9	58	720	1346

4.29 Just over one half of referrals come from admission staff although they can be made from a wide range of sources.

#### *Assessment and Treatment*

4.30 Following referral, the team conducts an assessment and a care plan is drawn up. An individual is offered one-to-one sessions for counselling and one-to-one sessions for advice, as well as general information or a group programme.

4.31 The Co-ordinator attends the fortnightly multidisciplinary meeting with the addictions team. A weekly meeting also takes place with the Alcohol Service Co-ordinator; Medical Staff; an officer from the High Dependency Unit; Supervisor from the Mental Health Team; and a representative from Cranstoun Drug Services. This group meets to discuss on-going cases weekly.

#### *Individual Counselling/Support*

4.32 The team sees clients individually for counselling sessions lasting approximately 45 minutes. Advice and information sessions are shorter. Staff receive regular supervision from within the team. On-going progress notes are kept.

#### *Alcohol Programme*

4.33 This is a local programme consisting of 10 two-hour sessions. The programme covers a variety of topics such as alcohol facts; problems of intoxication; health; first aid; changing behaviour; relapse prevention and next steps. The programme is usually run monthly with 8-10 individuals. It is facilitated by two workers and the completion rate is high. Following the programme, an individual can be seen on a one-to-one basis by a member of the team for more in-depth work. This is an area of **good practice**. An alcohol information session has also been presented to young untried prisoners.

#### *Alcoholics Anonymous*

4.34 Alcoholics Anonymous (AA) hold one meeting each week within the establishment. Numbers attending are small (three to four at each meeting). These meetings should be encouraged.

4.35 Overall, the small alcohol team is highly motivated and provides a service to a high standard. Difficulties exist however. Interview space is difficult to come by and staff also report difficulties with prisoners not turning up for group sessions. Residential staff from the Halls are responsible for escorting the prisoners to the addiction centre for the group programme. Due to other commitments of the residential staff this does not always go smoothly.

## 5. PRISONER MANAGEMENT

### Reception

5.1 Reception is the first experience a new prisoner will have of the prison, and the conditions in Barlinnie are not good. Having had their identities checked, new admissions are then locked in cubicles. These are essentially cupboards with a bench seat, observation window in the door and no amenities. They are also dirty: with graffiti on the walls and cigarette ends and food remains on the floors and benches. They are universally referred to as “dog-boxes”. Individuals will spend varying periods of time – sometimes two to three hours - locked in these cubicles.

5.2 At peak times, it is not uncommon for two prisoners to be located in one cubicle. At times there will be occasions when three prisoners may be held. There is not sufficient room for more than one person to sit down. In common with other prisons in Scotland, over 80% of admissions present with evidence of drug misuse. Many will be in poor physical shape and, having lived chaotically, may have a range of health and hygiene issues. The holding conditions do not meet SPS Operating Standards 3.2, 3.3 and 3.4<sup>1</sup>.



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<sup>1</sup> The SPS Operating Standards referred to was the version current at the time of inspection, against which HMP Barlinnie had assessed their level of compliance and which they had submitted to HMIP.

5.3 The level of cleanliness in the reception area generally is poor. This is partially due to the almost uninterrupted flow of people through the area and also the fact that in the main the fixtures and fittings are old. There is a concern that this volume of use may be used as an excuse for the Reception being allowed to be a dirty and untidy area. The Reception Cleaners' rest area could at best be described as untidy and unhygienic. The shower areas are also grubby. Decoration would make a minor cosmetic impact and deep cleaning would improve the low standard of cleanliness. **It is recommended that the holding cubicles are discontinued and a decent and proper Reception facility is created.**

5.4 Most admissions from court arrive in the late afternoon and evening and so miss the evening meal. It was noted that all admissions prior to being located in the cubicles were given two filled rolls and a cup of tea. How satisfactory it might be to eat these in the cubicles with no provision for a table is questionable, and in any case does not meet SPS Operating Standard 3.6.

5.5 Prisoners who are admitted from court via police cells, or who went from prison in the morning, will normally have received a light lunch at court. From receiving this meal at noon, the next hot meal a prisoner can expect is 24 hours later, since the meal at Reception consists of cold rolls and breakfast is also cold. Prisoners in Reception during normal meal times do not receive the hot meal served in the rest of the prison. Provision should be made for all prisoners to have a hot meal and a table at which to eat it on admission. Current practice does not meet SPS Operating Standards 3.66 and 3.67.

5.6 Despite these poor conditions, staff were clearly making an effort to treat admissions decently. Although prisoners claimed that staff ignored them, observation during inspection revealed that all prisoners were given food prior to being located; requests to use the toilet were dealt with promptly; and staff answered questions when asked.

5.7 A prisoner Listener is available in Reception. Prisoners also receive a one to one interview with a member of staff where, if necessary, the ACT process can be initiated. Basic information is given, although pressure of numbers meant that little beyond routine work could be done for prisoners. There is no particular provision for first offenders, or young people and this should be addressed.



5.8 There is no routine provision to deal with individuals who do not speak English as a first language and there are no notices on display in languages other than English. Staff indicated that normally the Courts alert them to the likely admission of prisoners who do not speak English and that arrangements are made to have an interpreter present. However most were unsure of how to contact an interpreter in practice. The system is unclear and some guidance needs to be given on the issue of interpreters. Standard SPS notices in common foreign languages should also be on display and leaflets be readily available in Reception.

5.9 Following the Reception Interview, admissions go directly to the adjacent health centre for an interview with the nurse and may be referred to a doctor or admitted to the health centre if necessary. There is also a second check on potential self harm at this stage. This is an excellent system, giving good conditions both for medical interviews and allowing admissions time in a communal holding room, and is an example of **good practice**.

5.10 Unfortunately, from here prisoners are returned to the holding cubicles where they hand over their own clothes and are issued with prison clothing. As mentioned elsewhere in this report these are inadequate. Adjacent staff, who work at elevated desks, and prisoner workers who store and issue clothing, can see into the cubicles: there is no privacy.

5.11 Admissions are offered a shower, then allocated to a Hall.

5.12 Of concern during this whole process was the practice, of the Police, to include among prisoners' property, syringes which were in their possession on arrest. An example was seen of a bloodstained needle in a polythene bag accompanying a prisoner's property. This was in an envelope with other possessions. The dangers of needle –stick injury were obvious. It is understood that this matter had been raised by local management with the Divisional Commander, although it was clear that the issue had not been resolved. **It is recommended that management should again raise, with the Chief Constable, the practice of including syringes which were in prisoners' possession on arrest in their personal property bags.**

## **Induction**

5.13 At the time of the Inspection, Induction was in the process of being re-organised. It had been allocated to 'A' Hall, but for a variety of reasons, had not been happening regularly and prisoners were therefore disadvantaged. Responsibility had moved from Residential to Prisoner Activities. A First Line Manager and two Officers now manage the process. It provides part of Barlinnie's developing Link Centre for Short Term Prisoner management with Throughcare (see paragraph 5.26).

5.14 A separate Induction and Risk and Needs Centre has now been created in a former workshop. This provides two classrooms, a large multi-purpose room and staff offices and facilities. Eventually all induction will be carried out in this area, (the recreation area is still being used pending the installation of phones in the Induction Unit). The development of the new centre is a very positive development providing excellent facilities and clearly meets SPS's plan for Short Term Prisoner Sentence Management. It is a bright, spacious and comfortable environment, which all those involved appear to value.

5.15 All prisoners should attend induction on the weekday following their admission. This had not been happening consistently. Induction consists of an individual interview at which any issues requiring follow-up are identified; basic information about the prison is given (supported by an information booklet); and an opportunity to make a phone call is also given. For those prisoners requiring follow-up, there is a second half-day's induction where key internal service providers attend and provide further group or individual interventions.

5.16 It is planned to develop a further one-day induction programme including Health and Safety Awareness and provide a one-to-one interview prior to allocation to work. Currently the First Line Manager allocates individuals to available work.

5.17 Of particular concern is the fact that prisoners routinely have to wait until the following day before being allowed a telephone call. While this affects all prisoners, it was unfortunate that young remands and first offenders had to wait until the following day before being able to contact their family. The current system does not meet SPS Operating Standard 3.5. Consideration should be given to making an initial telephone call available either during Reception or on admission to the Halls.

5.18 There is no provision for Induction at the weekend. Prisoners admitted on a Friday or Saturday will not systematically receive either a telephone call or relevant information. A procedure should be put in place for the minimum induction requirements to be met at the weekend.

5.19 While a one to one interview with each admission is backed up with a detailed information booklet about routines and entitlements, it is doubtful how effective this is, either for those who cannot read, or for those for whom English is not a first Language. The needs of first offenders are not being met either. The induction needs of those who cannot read, non-English speakers and first offenders should be met.

### **Sentence Management**

5.20 Delivering sentence management for Long Term prisoners at Barlinnie has been difficult. Although not particularly geared to Long Term prisoners, Barlinnie held 151 LTP's on the first day of inspection: this is not an unusual occurrence. There had been an expectation that LTPs would not stay in Barlinnie long enough to require the assessments and subsequent planning, but that has not proved to be the case. A lack of LTP spaces elsewhere, for a variety of reasons, has led to a significant backlog of LTPs at Barlinnie.

5.21 Responsibility for the Sentence Management Scheme lay with residential staff in the Halls. Previously, the Scheme was not operating in a consistent manner, but steps have now been taken to address this. However, the current structure for managing the Scheme is still potentially confusing. Initial assessments are done by Induction Staff from Prisoner Activities. Responsibility for administration and record keeping lies within the Administration function who in turn alert Activities when assessments are due. They in turn task the Residential Halls with carrying out the actual contacts. Risk and Needs Assessment staff are employed in the Halls. There has however been difficulty in making sure staff are available do this work. It may be that such a division of partial authority may mean that there is no overall ownership of the sentence management process at Barlinnie.

5.22 Slippage in the past has led to a considerable backlog of work on those admitted in the last 18 months:

Initial Interviews	66	Outstanding
Psychometrics	44	Outstanding
PBRS	24	Outstanding
Risk and Needs Assessment	28	Outstanding
Action Plans	25	Outstanding

5.23 The position is being retrieved. In March the following were completed:

15 of 28 initial interviews  
 12 of 18 Psychometrics  
 13 of 14 PBRS  
 3 of 3 RNAs

5.24 As might be expected in these circumstances, the quality of the sentence management files themselves was very variable. SPS Operating Standards 2.1, 2.2, 2.3, 2.4, 2.7, 2.8 and 2.9 are not being met.

5.25 Overall, consideration should be given to reviewing the Sentence Management structure. Adequate resources should be provided to allow it to take place consistently and within SPS Guidelines. An action plan should also be developed to address the backlog of work which has built up.

### **Throughcare**

5.26 The Employability Centre at Barlinnie provides one half of the Link Centre (see also paragraph 5.13). Staffing comprises a First Line Manager and two Officers. Also located within the Link Centre are three staff from Jobcentreplus and one Careers Advisor. The Jobcentreplus and Careers staff on site spend much of their time on individual referrals, both post admission and prior to release. Adjacent to the Link Centre is a newly created hairdressing training and work party.

5.27 The Centre itself has been created from an unused workshop, and while the building is of poor quality, some imaginative work has created a bright and welcoming environment. Staff convey a sense of purpose and enthusiasm and a range of partnership working is evident.

## **6. HEALTHCARE**

### **Medical Arrangements**

6.1 During the last inspection in November 2000 there were two full-time and six part-time medical officers. Questions were raised then as to whether this number of staff were required. On this occasion there was a total of only two full-time medical officers in post (a third having left the previous week). There was some locum cover to make up for the shortfall in doctor hours resulting from the loss of one of the doctors.

6.2 The medical service is provided under contract by a private company, 'Medacs'. The contract provides for 116 hours of medical time per week, divided into three sessions each weekday and one session on Saturday mornings. Out of hours cover has been subcontracted and the medical officers are not expected to provide cover during periods of holiday or sick leave. The doctors are not involved in wider prison management issues and do not run any specialist clinics apart from their involvement in the methadone and drug detoxification regimes. Changes to the population in the Halls are not routinely communicated to the doctors.

6.3 Most prisoners are seen in the Halls by the medical staff, although some consultations take place in the health centre. Prisoners who are assessed by nursing staff as requiring a medical opinion are seen within seven days and urgent cases sooner depending on the degree of urgency. All admissions are seen within 24 hours in accordance with Health Care Standard 1.

6.4 One doctor had been in post for two years and another for fourteen months. In addition to his work in the prison one doctor did some sessional work in a general practice and the other worked for a company which provided out of hours cover for general practitioners including the prison. Although the number of doctors had been reduced, they felt that this was sufficient to deal with the workload of the prison.

6.5 However, doctors' clinics were being cancelled at short notice and if this situation continues it could lead to a deterioration in the standard of medical care being provided.

Full-time medical staff should also participate in the various meetings relating to medical care in the prison.

### **Accommodation and Equipment**

6.6 The health centre has been refurbished since the last full inspection. There is now a lift to the second floor, the waiting area has been enlarged and there is a customised pharmacy. Various other changes have also been made: the Mental Health Team is now based on the ground floor, a doctors' room has been lost as a result of the refurbishment and the record storage area has been enhanced allowing the administrative staff to access the 80,000 records held there.

6.7 On the second floor, improvements have been made to the eight observation cells which now include a cell fitted for a disabled prisoner. The former two-bedded ward has been changed to a recreation room for protection prisoners who are in-patients.

6.8 The rest of the facilities on the ground floor consist of the health care manager's room, a clinical managers' room, two administrative offices, one of which doubles as a doctors' office, treatment room, nurses' station, doctor's consulting room, an x-ray room with a developing room attached, a staff kitchen, several storage rooms and toilets including one for the disabled.

6.9 In addition to these facilities, the second floor has an eight bedded ward with a nurses station and a room currently used to house one chronically sick prisoner. There is also a rest room with some exercise equipment, a doctors consulting room, a kitchen, toilets and shower facilities.

6.10 The health centre was well equipped and fitted with all the equipment appropriate for the range of work carried out there. It has all the necessary resuscitation equipment which is checked regularly. However, the defibrillator is very heavy and unsuited for rapid transportation to the scene of an emergency. It should be replaced. There was no systematic training or refresher training in cardiac resuscitation and they should be addressed. There are alarms fitted to all the rooms to which prisoners have access.

6.11 Overall, much work has been done to improve the health centre facilities. The proximity to Reception has also enabled the health centre to be used for the examination of all prisoners on admission.

### **Medical records**

6.12 The medical records have now been converted to A4 size. From the random sample of records examined, they appear to be maintained to a satisfactory standard. The storage facilities are excellent and the administrative staff deliver a very good service to the clinical staff.

6.13 A study was made of a random sample of written complaints about medical treatment over the preceding twelve months. Of these, the majority were related to methadone prescriptions or the detoxification programme. The remainder were concerned with treatment. One related to a delay in diagnosis, which caused some concern, but without more information it is not possible to draw any firm conclusions about the quality of care in this particular case. On the whole the complaints were dealt with appropriately.

6.14 There is no comprehensive database of clinical information and consequently this could not be used to analyse the problems facing the medical staff. This should be addressed. An assessment of the health needs of the prisoner population based on health records and treatment programmes is outlined at paragraphs 6.39 – 6.41 of this report. The quantity and quality of data available on the work of the health centre is very limited, and on the basis of the information available it was not possible to draw firm conclusions as to how effective the work of the health centre was.

### **Suicide Risk Management**

6.15 Since the last full inspection in 1997 the ACT strategy for the management of suicide risk has been introduced. In 1997, although the prison had adopted a very pro-active approach to the prevention of suicide it was still seen primarily as a health care issue rather than a task in which all staff should play a part. The introduction of ACT in 1998 has been instrumental in introducing a culture where suicide is seen as the concern and responsibility of all staff. This is to be greatly welcomed.

6.16 The issue of self-harm and suicide remains a challenge for the prison. ACT procedures were initiated on 691 occasions during the 12 months prior to the inspection. There had been four deaths in custody (subject to FAI) during this period.

6.17 ACT is overseen by an ACT Group chaired by the Deputy Governor, with the Health Care Manager as ACT Co-ordinator. The ACT Group is multi-disciplinary and meets every two months. There is input to the group by the Listeners: this is a group of volunteer prisoners who after a careful selection process and training by the Samaritans are available to talk to fellow prisoners in confidence.

6.18 A wide range of individuals and areas were consulted for the purpose of this part of the inspection including the Deputy Governor, the ACT Co-ordinator, health care staff, discipline staff and Listeners as well as the supervisor who co-ordinated their activities. The minutes of the ACT Group which meets every two months were examined as was a random sample of the ACT documentation.

6.19 In March 2002 an independent audit took place of the ACT procedures in the prison. This established that ACT was being implemented satisfactorily although a number of suggestions were made. As a result, a plan was drawn up to address these issues and action has now been taken.

6.20 When a prisoner is considered a high-risk case he is normally placed in the hospital ward and allowed free association within its confines. Anti-ligature cells are used only when the ward area is considered inappropriate. As his mental state improves he is transferred to the High Dependency Unit in Letham House prior to a move to a normal prison environment.

6.21 The Listener Scheme has a high profile in the prison, demonstrated by the fact that a Listener participates in the induction process for newly admitted prisoners. There is also publicity about the scheme throughout the prison. At the time of inspection there were six Listeners and an additional six had recently been recruited. They were very content with the support they received from both management and the Samaritans. The main problem seemed to be the lack of a suitable room being made available to them in the Halls when they went to see a distressed prisoner.



6.22 The arrangements for suicide risk management had improved considerably since the inspection of 2000 and were now very satisfactory. Of particular note was the way in which the ward was used and the close links with the High Dependency Unit.

### **Psychiatry**

6.23 The consultant psychiatrist attends the prison twice each week. Other psychiatrists who form part of his hospital team assist him. The attending psychiatrists meet with the Mental Health Team (MHT) prior to their consultations to establish priorities. Prisoners are normally seen in the Halls and not the health centre. The MHT co-ordinator organises the referrals and this appears to work well. Patients are normally seen within two weeks of referral, and sooner if urgent assessment is required. The psychiatrists have good links with the local community through the Community Psychiatric Nurses.

6.24 Overall the psychiatric service to the prison supported by the MHT is satisfactory and works well.

### **Pharmacy**

6.25 Since the last full inspection the pharmacy arrangements had changed. The contract is now operated by Moss Chemists who provide a pharmacist on site, assisted by a pharmacy technician. The pharmacy is situated in the health centre in a customised room fitted with metal grills and secure cabinets. Since it acts as the equivalent of a community pharmacy it carries a considerable stock.

6.26 The pharmacists dispense the doctors' prescriptions as well as carrying out regular audits on the prescription Kardexes. However, information on prescribing statistics was not readily available during the inspection.

6.27 The workload associated with the distribution of medication, including methadone and drugs used in de-toxification is considerable. Approximately half of the prescribed medication is self-administered but this still represents a heavy workload for nursing and pharmacy staff. It takes up time which might be better used for other activities. One compensating factor, which relieves some pressure on nursing staff, is that there is no

requirement to fax prescriptions to a central pharmacy since the pharmacists directly handle the doctors' prescriptions. The use of a photograph for the identification of a patient prior to the administration of a medicine should be introduced to all areas of the prisons. The pharmacists are keen to be more active in the provision of advice as well as monitoring prisoners on long term medication. This would seem to be a very useful service which they could provide and which should be encouraged. Overall, the pharmacy arrangements in the prison are working very well.

## **Dentist**

6.28 There are five dental sessions each week. Two dentists from the same Practice provide these sessions. They work from a surgery in the health centre, which has been inspected independently and passed as up to national standards in the prevention of cross-infection. The dental chair and the fittings of the surgery are showing signs of wear and need replacement.

6.29 The dentists work closely with uniformed staff assigned to the health centre and the surgery sessions appear to go smoothly which allows the dentists to make maximum use of their allocated time. However, some prisoners complained about dental waiting times but examination revealed that this was usually three weeks (and currently four weeks for non-urgent appointments). If necessary the dentists would provide extra sessions and any urgent cases were always accommodated. It was of concern however, that prisoners on occasions missed their appointments because they were not forewarned by Hall staff.

6.30 Overall, the dental service in the prison is very satisfactory but a list should be placed in the Halls of those prisoners who are due to visit the dentist and this list should be put up in good time to give prisoners sufficient advance notice.

## **Ophthalmic Services**

6.31 The optician attends for two hours every fortnight. He has recently been absent for an extended period but has now restarted his session. Since the waiting list had grown unreasonably long, a recent policy was introduced to prioritise patients. Remand prisoners and prisoners serving less than six months can only see the optician if the medical officer

makes the request. Those sentenced prisoners serving longer than six months can request to see the optician at two-year intervals. Any prisoner with glaucoma or diabetes mellitus will be monitored on a regular basis, as they would be in the community.

6.32 Currently the waiting time to see the optician is four weeks but urgent cases are seen within a week.

### **Chiropody**

6.33 The prison has been without a chiropodist for several months, although this has now been remedied, and a chiropody service was due to resume in May 2003. At the time of the inspection there were fourteen prisoners awaiting treatment. The chiropodist will provide a weekly session initially.

### **Physiotherapy**

6.34 The prison does not have any physiotherapy sessions. At present one of the physical training instructors does provide a limited service.

### **Nursing**

#### *The Nursing Team*

6.35 The Health Centre Manager is a qualified and experienced nurse. Four clinical nurse managers support the Centre Manager and there are 27 practitioner nurses in post. It is encouraging that the practitioner posts include a good number of registered mental health nurses as these staff can address mental health needs. There are three vacant posts and three nurses are on long term sickness absence.

6.36 Maintaining adequate numbers of nurses continues to be difficult and there have been severe difficulties in recruiting and retaining nursing staff. At one point there was a vacancy level of 52% (14 vacancies). To fill the vacant posts, registered nurses with limited experience since registration have been recruited and this has required a rigorous programme of supervision and support as staff gain new skills.

6.37 Staff newly recruited to the nursing team confirmed that they had been well supported by clinical managers and the nursing team. However, there has been considerable delay in newly appointed nurses receiving the SPS Induction Programme that prepares them for working in the prison service. This delay has been for a period of several months. The in-post team who worked through the difficult period of high vacancy levels maintained the nursing service and ensured health care standards were achieved.

6.38 A system of staff appraisal is in place and nurses confirmed that there is good access to further nurse training programmes and opportunities for staff to maintain their professional development and competencies.

### *Health Profile*

6.39 Health records and treatment programmes indicate that the predominant health problems in Barlinnie are mental health and illnesses arising from substance misuse. As detailed in Chapter 4, on one of the days of inspection, 171 patients received a single administration of methadone and an additional 95 patients were given a detoxification prescription. In addition to requiring treatment for addiction, those who abuse substances often present with a range of health needs including blood borne diseases, weight loss, diet deficiencies, abscesses, poor dental health, skin problems and infestations.

6.40 The occurrence of minor illnesses, such as headaches, sore throats, coughs and colds, earache, toothache, impaired hearing and vision, are ongoing and present on a daily basis to the nurse. These are comparable with those that occur in the community. As confirmed in the SPS prisoner survey a high percentage of this population smoke, with the associated health risks that this presents. Promoting the cessation of smoking has been a key aspect of health promotion activities. A project grant has recently been awarded to the team and this will enable a selected group of prisoners to be supported in a more focused way.

6.41 Overall, the health needs arising in the prison population present a significant challenge for those managing health care in terms of the required range of skills knowledge and competencies and also in terms of financial resources and physical buildings.

### *Health Assessment*

6.42 Given the problems associated with this population, a health assessment of each prisoner on admission is an important element of health care. These arrangements are robust. The assessment is undertaken by a registered nurse and/or doctor and the prisoner is afforded a one to one interview in the privacy of a consulting/treatment room. The health assessment documentation is well designed and maintained. The health team has audited standards for health assessment, established by SPS, and appropriate follow up has been initiated.

6.43 Arrangements are in place in the health centre to resolve difficulties which can arise when a prisoner does not speak English. Interpreters are available from the Glasgow area, and nurses indicated that this service had been used on a number of occasions. However, it appeared that there can be some delay in engaging an interpreter and this should be resolved. Help with interpretation is sometimes obtained from staff who speak different languages or from other prisoners, friends or family. These arrangements may be helpful in some circumstances, but issues around confidentiality of medical information can arise and they are no substitute for proper access to an independent and impartial interpreter.

### *Access to Health Care Services*

6.44 Patients have access to a range of health care services. In the event of general illness the prisoners see a nurse who will assess the presenting problems and implement appropriate treatment. If necessary the patient will be referred to the doctor. When a nurse assesses that a presenting health problem requires an urgent consultation with a doctor, this can be arranged outwith the daily clinic schedules. In the event of accident or emergency there is a registered nurse on duty 24 hours each day of the week. Nurses can provide emergency response and refer to a doctor on call or transfer a patient directly to hospital.

6.45 In response to the level of morbidity, mental health nursing services are available to each Hall, and this has enhanced the opportunity for ongoing assessment and monitoring for these patients. There are particularly strong links between the health centre team and the staff in Letham Hall where vulnerable prisoners are held.

6.46 A large part of the nurse's time is taken up by the administration of medicines and this is an appropriate element of treatment. There is however scope for registered mental health nurses to be engaged in additional aspects of therapeutic care such as one to one and group work, but opportunities are limited by lack of available time and the rapid turnover of patients.

6.47 A multidisciplinary mental health team is in place and appears to be working well. There is good liaison with community psychiatric nurses, demonstrated by the ability to fast track through prison Reception those that are identified as having a mental health problem. The arrangement affords vulnerable patients access to appropriate health care, and in such situations the patient may go directly from Reception to the "in patient" facility where a more in depth assessment can be carried out. The multidisciplinary mental health team also works well in the areas of throughcare, transfer and release. Two community psychiatric nurses come into the health centre for a weekly meeting with the mental health team.

6.48 Arrangements are in place for patients to be referred to external hospitals for secondary care if necessary. There is no evidence that waiting times for a hospital appointment or admission are longer than those experienced in the wider community.

#### *Quality of Health care and Nursing Services*

6.49 As outlined earlier in this chapter there is documented evidence that the SPS Standards have been subject to an audit earlier this year and that steps have been taken to improve any detected shortfall. The majority of a randomly selected number of prisoners, who were users of health care services, voiced satisfaction with the health care they have received.

6.50 Records in relation to nursing care were well maintained and care plans in place for those in the residential hospital care unit.

6.51 The administrative staff give excellent support in providing the health care team with patient records, this is an extremely valuable service in a situation where there is significant movement in and out of the prison. The easy availability of patient records supports

continuity of care and ensures that decisions about treatment, embrace the patient's medical history.

6.52 The placement of two student nurses with the health care team, for training purposes, is a positive indicator that the nursing team and the health care environment is deemed suitable by the training institution and that the criterion for such placements have been met.

## **7. CARE AND OPPORTUNITIES**

### **Education**

7.1 Education Services are provided under contract by Motherwell College. The Learning Centre is located in a free-standing building in the prison. The accommodation is on two levels and comprises, on the ground floor, a small office, a staffroom and one general purpose classroom. On the first floor there is an art room, a computer room, a cookery room, a classroom and a store cupboard. In terms of both quantity and quality, the accommodation is inadequate. This is creating constraints on the development of education in the prison. Although safe systems of work are in place, during inspection some supervising Operations staff indicated that they still felt unsafe in the Education Unit. When prisoner numbers exceeded 24 an additional officer was detailed from the workshop area. Improved accommodation is needed if the quality of education in the prison is to be raised. This problem has been recognised by prison management although proposals for refurbishment have not yet been approved.

7.2 Educational resources generally are adequate, although it is important that a rolling programme for the renewal of computer hardware is established.

### *Management and Staffing*

7.3 The Learning Centre at Barlinnie is managed by an Acting Manager. The temporary nature of this position appears to be related to uncertainty surrounding the new education contract, which has yet to be signed by the Contractor. In the interests of continuity and stability it is important that these matters are resolved quickly. There were 7.3 FTE staff, facilitated by a large number of part-time staff, providing the flexibility to meet the curricular needs of prisoners.

7.4 Links with prison management are very good, and this has led to the effective involvement of education in prison activities such as 'New Deal'. Prisoners involved in education rated it very highly,

7.5 There are some management issues which should be addressed:



- There has been a reduction of approximately 18% in Prisoner Learning Hours;
- The involvement of Education staff in the prisoner induction process should be increased;
- Attention should be given to ensuring that education data is included on prisoner records on transfer from the prison.

### *Curriculum*

7.6 The Learning Centre provides prisoners with a well-balanced curriculum.

Core elements include – Communication (Access 3; New Deal):

- Numeracy (Using Basic Number Skills; Numeracy modules)
- I.T. (Intermediate 1 and 2; Access 3; E.C. Driving Licence)
- Social Skills (Problem-solving; Healthy-eating; Social science)

7.7 Optional elements include Art and Yoga. All classes are well subscribed and prisoners are enthusiastic and committed to their work. The quality of teaching and learning in the classes visited was good and the atmosphere and attitudes were positive. Most courses led to national certification but records were sketchy due mainly to the short-term nature of most prisoners.

### **Library**

7.8 The Prison Library is located in a refurbished hut adjacent to the Learning Centre. It is staffed by a qualified librarian. The Library is well stocked and well organised. There are around 10,000 books; 700 special formats; and 30 CD's and Cassettes. There are a few books in Urdu, Punjabi, Arabic and Chinese reflecting the nature of the prison population. The books are mainly for leisure reading and there is little evidence of 'support for learning', although the Librarian will respond to individual requests. The Librarian has established links with external library services which enables him to extend the available range of resources.

7.9 The Library provides the Prison with an excellent facility. There has been a significant improvement in the quality of this provision but unfortunately this has not been matched by increased usage. In fact there has been a dramatic reduction from 2000 issues per month to 50 per month apparently due to restricted access by prisoners due to staff rota problems. Thus this excellent facility is being greatly underused. It is important that prison management resolves the staffing problems which appear to be creating obstacles to greater library usage.

## **Employment**

7.10 Industries comprise one Unit Manager, four First Line Managers and 34 staff. Two additional staff were also planned. There are sufficient work spaces for all convicted prisoners to work for half of each day. Prisoners who are employed in the workshops are timetabled with approx 150 prisoners working mornings and 150 working afternoons. The timetabling seems to work, but was due for revision and update in June 2003. The following work parties were in place:

### *Textiles*

7.11 Made up of protection prisoners only and the main contract at the time of inspection was 'fleeces' for internal use.

### *Concrete*

7.12 Prisoners were employed making a number of products for the building industry.

### *Joiners machine shop and joiners assembly*

7.13 These comprise two separate units, responsible for producing the same products: wooden garden sheds and fence panels. It is planned to offer certification to prisoners.

### *General Purpose Party*

7.14 This party employs prisoners from the High Dependency Unit and has links with the Scottish Mental Health Association who have a throughcare input trying to obtain work for the prisoners on release. Work involves making up polythene bags and cardboard boxes.

### *Metal Recovery/Engineering*

7.15 The main work within this party is the retrieval of high quality metals from scrap cables. A small number of prisoners were working on a project to manufacture beds and a project is underway to look at the recycling of computer parts at the request of a local outside company.

### *Laundry*

7.16 The laundry employs up to 25 prisoners turning round 30,000 items per week, all for use within the prison.

### *Grounds and Gardens*

7.17 Employs approximately eight prisoners who carry out ground maintenance, weeding, grass cutting and general tidying up. At the time of inspection the grounds within the prison were particularly bright with hanging baskets and lots of window boxes. The work is productive and helps enhance the look of the prison, while offering good work experience for the prisoners involved.

### *Vocational Training Painting and Decorating*

7.18 Employs nine prisoners per day to learn decorating skills. This party has certification available for prisoners who complete the course.

### *Vocational Hairdressing*

7.19 This party employs five prisoners and offers haircuts to prisoners and staff. It is hoped to have this party certificated in the near future. Prisoners employed have reported a high level of personal satisfaction with the work opportunity and possibility of qualification. The officer in charge has created a very positive atmosphere.

### *Pre-release Employability Programme*

7.20 A two-week intensive course developing communication skills based on an employment search. This is supported by external agencies including Glasgow, North Lanark and South Lanark Councils and IKEA.

### *Steps to Excellence Programme*

7.21 This is offered by Govan Initiative and is a personal development course.

### *Partnerships*

7.22 The Employability Centre at Barlinnie lists in excess of 20 Partnership agencies and providers.

### *General*

7.23 One hundred and twenty two prisoners were employed in the Halls and general areas as passmen. A number of areas of concern were raised in relation to industries. Workshop staff were being used for escort duties, causing workshops to close. This causes considerable disruption. Prisoners who want to work a full day, not just morning or afternoon, are not able to do so. And on returning from work, many prisoners are unable to shower. This should be addressed as a matter of some urgency. Much of the work is low skilled with little training opportunity: opportunity for training is a vital part of prison work and should be increased.

### **New Deal**

7.24 The prison currently runs a nine week training programme to enhance prisoners' skills by providing Education, Training and Employment Advice. The aim of the programme is to increase the employability of offenders on release. It involves prisoners spending half of each day in Education and the other half of the day in the Industrial Cleaning Vocational Training Area.

7.25 Prisoners have the chance to achieve the following:

- SQA Key Skills – Communications, Applications to Numbers and Using a Microcomputer.
- BICS (British Institute of Cleaning Science) – Level 1 Industrial Cleaning Certificate
- SQA – Health and Safety Certificate

- REHIS (Royal Environment Health Institute Scotland) – Elementary Food Hygiene Certificate
- ROSPA (Royal Society for the Prevention of Accidents) – Kinetic/Manual Handling Certificate
- St Johns Ambulance Service – Emergency First Aid 1, 2 and 3.

7.26 In addition to Training and Education, prisoners receive employment advice and information provided by Careers Scotland via the full time Careers Adviser.

7.27 As well as one-to-one guidance interviews, career development plans and CVs, prisoners are involved in group work covering topics such as application forms, interview techniques and disclosure of offences. Guest speakers are also invited to speak to groups during induction training; these include Prince's Trust, Apex, The Wise Group, Glasgow Works and Prospects. On release, prisoners are offered referrals to New Deal, Job Centres, Training Providers, Employers and Colleges. Job Centre appointments are also made and all paperwork completed.

7.28 This is an excellent initiative focused on providing prisoners with the skills which they need to obtain a job on liberation.

## **Visits**

7.29 Barlinnie runs visit sessions from 11.24 - 21.05 on weekdays and from 10.00 - 16.00 on weekends. A timetable is in place to ensure that all categories of prisoners receive their visits entitlement. This timetable is published at the beginning of each month and placed in the Halls and other relevant locations so that prisoners and visitors are aware of times. Remand prisoners are entitled to one 30 minute visit each weekday and one 30 minute visit on a Saturday or Sunday. Visitors book these visits. Convicted prisoners are entitled to two hours visiting each month broken down into three 40 minute slots. Prisoners book these visits. A comprehensive visitors guidance pack is available.

7.30 A dedicated telephone line for adult remands and one for young remands is in place but visitors noted that this was often engaged during the specified hours, and that it was not

always possible to get through. This sometimes meant missing a visit or not getting their preferred visiting time. This should be addressed and sufficient lines and operators should be in place to allow visitors to book a visit.

7.31 On arrival at the prison, visitors book in at the visit desk in the entrance hall and then move through to a waiting room. The waiting room was large and adequately furnished with sufficient access to toilets for adults and children. Once prisoner names have been confirmed against visitors, the visitors are escorted into the visits room. This whole process was slow. Observation and monitoring on several occasions showed that visitors could be in the waiting room for up to twenty minutes. They could then wait for another 35 minutes in the visits room itself before the prisoner arrived. This caused some distress on the part of visitors, particularly those with small children. **It is recommended that the process starting when visitors book in at the visit desk, to the start of the visit is improved to keep waiting times to a minimum.**

7.32 The visits room itself was bright and well laid out with tables imaginatively spaced to allow privacy from other visitors' conversations. There was a canteen which was well used, and a well equipped creche/play area. While the tables were well spaced, some prisoners said that supervision by staff was excessive and intimidating. Most visitors on the other hand said that staff were courteous and helpful during the whole visiting process. Observation of the visits indicated a fairly relaxed approach by staff and did not indicate excessive supervision.



7.33 Four Family Contact Development Officers (FCDOs) were in place, although the role was not full time and was additional to other duties. The role of the FCDOs included explaining how the prison operated, and what some of the prison terminology meant (e.g. “Rec” = “Recreation”). They were the first point of contact with families, if families wanted to speak to someone, or needed support or advice. They were also in a position to link in with external organisations and either direct families to these agencies or to the appropriate services within the prison itself.

7.34 There was a direct telephone line to the FCDO’s office but it was unclear whether there was sufficient resource to answer this at all times during the day.

7.35 What the FCDOs were able to achieve depended very much on the enthusiasm and commitment of the individuals concerned. A review of the role of the Family Contact Development Officer should be undertaken to ensure the service matches the volume of visits.

### **Physical Education**

7.36 Previous reports have highlighted the problems associated with the facilities for PE. The facilities themselves remain much the same: a very small gymnasium with no changing room and a converted workshop which doubles as a second gym providing opportunities to do weights and fitness training. However, there is now an astro-turf football area with floodlights for evening recreation. Nevertheless, with the lack of a full and meaningful regime operating in most parts of the Establishment, facilities for PE should be reviewed. On completion of a session, prisoners are not consistently able to have a shower. This should also be addressed.

7.37 The PE department is now staffed by a First Line Manager and seven officers, and despite the lack of facilities, a full and vibrant programme runs from 08:00 – 21.00 Monday to Friday and from 09:00 - 16:30 at weekends. The current programme includes many certificated courses which prepare prisoners for improved opportunities on release. Physical Education is available to all groups of prisoners, with a fair and equitable programme on display. In addition to providing a full regime for prisoners, the department carries out fitness tests on staff (which again places a strain on the limited facilities). Staff are to be commended for their efforts.

7.38 Barlinnie has submitted its dossier for Scotland's Health At Work Silver Award and will be endeavouring to progress to Gold. The PE staff are heavily involved in this initiative providing expertise during Health Awareness Weeks and Well Person Clinics.

## **Psychology**

7.39 The Psychology Unit comprises one full time senior forensic, two full time psychologists and three part time psychologists. There is no administrative support and office space is fairly tight.

7.40 The Unit is well integrated into the prison, with representation at a number of meetings: including Senior Management, Mental Health Strategy, Addictions Strategy and Risk Management. Close links have also been developed with the Health Centre and Segregation Unit and in certain other specialist areas. They had not experienced difficulties in accessing interview rooms in the Halls, felt safe while in the Halls and felt that uniformed staff were supportive.

7.41 The Unit has a number of responsibilities, related primarily to the assessment and management of risk. These include a range of tasks related to Sentence Management (eg monitoring quality of assessments, facilitating national policy and delivering staff training) and programmes (including staff training, delivery and monitoring and assessment of effectiveness). The Unit is also able to deliver one-to-one Cognitive Behavioural Therapy, some Consultancy and Evaluation and is a member of the Incident Command Team.

7.42 Efforts were also being made to adapt other approved activities to meet the needs of Barlinnie.

## **Social Work**

7.43 The Social Work Unit comprises nine Social Workers employed by Glasgow City Council (funded by SPS). The Unit is organised into two teams, one dealing with convicted prisoners, the other with remands. In addition, there is a team dedicated to "Open Doors" Mental Health Project (funded under the Mental Illness support grant). This is led by the



Senior Social Worker who also has responsibility for the Remand Team, supported by three additional Project Workers. The Social Work Unit reports to the Deputy Governor.

7.44 Given the nature of the Barlinnie population, the Unit tends to deal primarily with short term crisis interventions, although the level of statutory work is increasing. During the year 2002, the team recorded 15,667 contacts with prisoners (6,177 clients averaging 514 per month). The Unit carries out one-to-one work, some of which is traditional 'welfare' work (for example, advice on housing and other benefits). They are also involved in dealing with day-to-day problems such as child and community care, and wider Criminal Justice issues. The Unit also links with housing authorities, addiction services and agencies dealing with sex offenders (including the Police). In addition to this work the Unit is involved in risk assessment, addressing offending behaviour, some one-to-one work with sex offenders and prisoners with mental health problems, and throughcare.

7.45 The Unit is well integrated into the prison and is represented on the Senior Management Team. They are involved in the High Risk Prisoners Group, Sentence Management, Act Strategy, Mental Health Strategy and Addictions Strategy. The Team Leader is also Manager of the community based throughcare team and one of the team is the Throughcare Manager for STOP.

7.46 Two Social Workers have been trained to facilitate the STOP programme and the team works closely with the Sex Offender Unit in Letham Hall. The Team is not however involved in other programmes apart from Lifeline.

7.47 There was some concern expressed about interviewing facilities within the Halls, although generally a room could be found. The newly constructed glass interview rooms in 'A', 'B' and 'C' Halls were unsuitable for interviews in terms of their size, prominence and lack of privacy.

## **Programmes**

7.48 A number of accredited programmes were in place:

Cognitive Skills

Anger Management

Problem Solving Skills

Lifeline

STOP

7.49 Other Programmes being delivered were 'New Deal' and 'Pre Release'.

7.50 In the year to date of inspection, two anger management courses had been run, two problem solving and three Lifeline. Sixty six prisoners had completed a programme. Details of these are outlined below.

*Problem Solving Skills Training (PSST)*

7.51 Three Groups had been run. A total of 33 prisoners had completed the course, while three had dropped out. The local target was 40 completions. The course is available both to short and long term prisoners who have sufficient sentence left to complete the course.

*Lifeline*

7.52 Four Groups had been run, with a fifth starting week of inspection. A total of 38 prisoners had completed, while two had dropped out. The local target was 50 and this was considered to have been met since the start of the courses had been delayed due to staff training. The course is designed for short term prisoners nearing the end of their sentence who are identified as having a drug problem.

*Anger Management*

7.53 Four Groups had been run. Thirty five prisoners had completed the course while six had dropped out. The local target was 50 completions. The course is available both to short and long term prisoners who have sufficient sentence left to complete the course.

*Cognitive Skills*

7.54 Six Groups had been run. Fifty one prisoners had completed the course while 10 had dropped out. The local target was 40 completions. The course is available both to short and long term prisoners who have sufficient sentence left to complete the course.

## *STOP*

7.55 One STOP programme has been run in the past twelve months. Ten prisoners started the course, the local target for completion was six, and eight completed. The course is mainly for short term prisoners but the prison has had to trawl other prisons for participants to ensure that courses can start.

7.56 The STOP programme is run in Letham Hall where three staff are trained to deliver. A senior Social Worker is the Throughcare Manager for STOP and the Senior Psychologist facilitates. The three staff would not run two STOP courses one after the other to avoid burn out and to keep residential duties up to date.

7.57 All programmes are targeted at short term convicted prisoners but may include some long termers if a need is identified. The overall KPI figure for programmes was exceeded. The programmes are currently delivered at various locations within the prison including the employability centre, chaplaincy centre, additions unit and a porta cabin close to 'D' Hall. STOP is also delivered in Letham Hall. Apart from STOP, no programmes are delivered in the Halls.

## **Chaplaincy**

7.58 "The Chaplaincy Service is not part of the Churches' mission to prisoners, it is part of the Prison's provision for prisoners." In describing the service as such, the Chaplaincy team are clearly organising themselves to deal with all prisoners and their range of needs, which may fall to the Chaplaincy service.

7.59 The service is provided by five Church of Scotland Ministers, three Roman Catholic Priests, one Sister and an Episcopalian minister who between them provide 126 hours. All are part-time. The Chaplains operate from a Centre, which provides a large communal office, seminar room, pastoral visit room and store/library.

7.60 Chaplains divide responsibility for the prison between themselves to provide some continuity. They generally visit all admissions in cell within 24 hours of admission. Halls have request books which the Chaplains check daily during the week. Prisoners who self

harm are referred as appropriate and will be seen within 24 hours. Chaplains also deal with bereavement issues (both of prisoners and their families) again with a 24-hour target. Pastoral visits with prisoners and clergy from the community are facilitated in the Chaplaincy Centre.

7.61 One Chaplain has responsibility for maintaining contact with religious representatives of non-Christian faiths and facilitating worship and other religious observance.

7.62 Chaplains indicated that previous Bible study, communicants and other Chaplain-led groups have been difficult to run as there are rarely staff available to escort prisoners, something which Chaplains are no longer able to do. This reduces another option for out of cell activity. The provision of Chaplain-led prisoner activities should be reviewed.

7.63 The fact that Chaplains are part time, ranging from 4 – 20 hours makes it difficult to provide membership of management groups and to attend training. Attending a one-day training or management event might use up all a Chaplain's hours for a week or more. They do contribute to Mental health, Drug Addiction and Act and Care Groups and are involved in multi-disciplinary casework. There is a strong suggestion from the Chaplains that this work could be enhanced by the introduction of at least one full-time post.

### **Lifers**

7.64 The present arrangements for lifers means that all recalls to custody remain in Barlinnie until their first Tribunal which takes place six weeks after admission. On the first day of inspection there were 151 LTP's being held in Barlinnie – 60 of these being recalls.

7.65 Each Tribunal takes the Lifer Liaison Officer (LLO) approximately half a day to prepare and this procedure starts two weeks prior to the Hearing. The present LLO prepares two to three cases per month. A Deputy LLO has now been appointed to cover for leave etc. The present arrangement could result in Tribunal material lying inactive for the period of the LLO's absence and with such a tight timescale, this should be addressed.

### **Race Relations**

7.66 The prison has a nominated Race Relations Officer (RRO), who carries out this role in addition to other duties. Thirteen additional officers provide a service across all of the other functional areas in the prison.

7.67 There was no formal meeting structure in place to monitor race issues, and specialists and others with an interest in equality issues, had no central mechanism to share experience. At the moment, much of the work is ad hoc, and dependent on other duties and the enthusiasm and motivation of those involved. **It is recommended that a formal multi disciplinary Race Relations Monitoring Group is set up.**

7.68 Six incidents of racial abuse had been recorded during the past year, and these had been dealt with appropriately.

7.69 At the time of inspection there were 16 ethnic minority prisoners resident in Barlinnie. The large majority of these were Pakistani with some of Iraqi or Kurdish origin. There was one Libyan. While most spoke English as a first language there were concerns expressed about those who didn't. Interpreters were available through the Glasgow Interpreter Service, although a time delay between requesting assistance and the service being delivered was reported to occur on occasions. Prisoners also indicated that many of the basic rules and issues around prison life were not explained during Reception or Induction.

7.70 In group discussions, ethnic minority prisoners indicated that a major issue for them was food and diets. Prisoners were asked their religion during induction but not specific dietary requirements. This had led to a lack of confidence in the catering arrangements, particularly about whether meat described as halal was in fact halal. This had led to some not eating meat at all. For those who did there was little choice in terms of menu options. The issue of diets was raised with the Governor during the Inspection, and action was initiated to try and resolve some of the problems. This should be pursued until ethnic minority prisoners are provided with appropriate menu choices and are confident in the quality of the food received.

7.71 While there were opportunities for Christian prisoners to meet in groups (e.g. Prison Fellowship), there were no such opportunities for those who practice non Christian religions to do so (apart from Muslim prayers on a Friday). All prisoners should be provided with the opportunity for religious Assembly. The Race Relations Officer should be supported in his efforts to introduce this. A recently formed 'Barlinnie against Bigotry and Racism' Group is to be commended, although steps should be taken to ensure that the group does meet on a regular and formalised basis.

7.72 Ethnic minority prisoners also claimed that they had made complaints through the CP system but then heard nothing. This did not appear to be a problem solely for these prisoners, but a perception does exist that there is little point in making a complaint, as the individual would be viewed negatively should he do so.

7.73 Ethnic minority prisoners felt safe from other prisoners and from staff, but some were concerned that on occasion, some staff could lack sensitivity in their approach. All staff should be made aware of the contents of the SPS Race Relations Policy and Race Equality Scheme.

### **Health and Safety**

7.74 Two staff cover health and safety issues. The prison has a written Health and Safety Policy and a written fire precautions policy, and work is progressing on an infection control strategy and on modifying the current Accident and Investigation Report (AIR) system. The staff have good support from the senior management team.

7.75 The prison has widespread coverage by a fire detection system. Internal staff training on health and safety/fire precautions is delivered by one member of the unit staff. The Health and Safety Committee meet on a quarterly basis with persons attending from all functions, including the Governor. Local Health and Safety and Fire Precaution audits are carried out on a regular basis. Fire drills and evacuation procedures are carried out and logged. Since January 2003 there have been five fire incidents.

7.76 In the year 2002-03 there were 262 reported accidents; 184 involving staff and 78 involving others.

### **Links with the Community**

7.77 Barlinnie has a wide range of links with external agencies who visit the prison on a regular basis: they include the Samaritans, "Open Doors Trust", Prison Fellowship, the local Mosque and the Hope Group.

## **Visiting Committee**

7.78 A meeting was held with the Vice Chair and Clerk of the Committee. The Committee has 24 members, meets quarterly and carries out a full rota of visits. In 2002-03 the Committee dealt with 21 prisoner complaints. It also raised concerns about employment, heating, the state of decoration, laundry, food and staff sickness.

7.79 The Committee felt that the prison was well run and welcomed the programme of refurbishment. Staff/prisoner relationships were considered to be good with reasonable levels of respect shown. Overuse of televisions in cells was considered a factor in prisoners not taking up other opportunities.

7.80 The Committee welcomed what it saw as very good work being done to foster partnerships with the wider community and was content that, while overcrowding remained an issue, significant initiatives were being developed.

## **8. SERVICES**

### **Catering**

8.1 Catering is managed by one Residential Manager, two First Line Managers, eleven Catering Officers and one Stock Control Administrator. On a daily basis there are five day shift staff, one long back shift and one short back shift. In addition there is a stock controller, driver of the delivery trolley and managerial cover. The trolley driver is covered on a rotational basis from the generic establishment driver complement. Recently there have been problems covering catering officer posts because of staff absence. This has been a particular problem at weekends.

8.2 The kitchen employs 52 prisoners. The work is divided into a day shift of 40 prisoners who work between 8am and 5.30pm and a cleaning party of 12 prisoners who work from 6pm until 8pm. The kitchen undertakes its own training programme which consists of elementary food hygiene, manual handling and first aid.

8.3 The kitchen has not been upgraded in the last few years and some of the equipment was reaching the end of its usefulness. Old and broken trolleys lay in a back store, and hot plates within the kitchen were used without being connected to the power supply, as the heating element was broken beyond repair. In general the kitchen, although clean, was run down and the facilities should be upgraded.

8.4 Barlinnie uses a plated meal system, which means that most hot meals are made up in the kitchen then sealed in a plastic container and transported to the different residential areas on a motorised trolley. When staff shortages occur, food is sent to the residential areas in bulk where it is issued directly to the prisoners.

8.5 Meal times are as follows:

*Breakfast* 07.45-08.15

8.6 A continental breakfast is provided six days a week consisting of cereal, milk and a roll. A "breakfast bag" for each prisoner is made up and distributed to the different areas the night before, where it is stored until being issued door to door first thing the following



morning. On one day at the weekend all prisoners are given the opportunity to have a bowl of porridge and a boiled egg as an alternative.

*Lunch 12.45-13.15*

8.7 A two course lunch is served daily consisting of a main course and a dessert. There were two choices available at the time of inspection with a plan to increase this to three the following week.

*Dinner 17.45-18.15*

8.8 A two course dinner is served daily consisting of soup and a roll or bread, followed by a main course. A pastry or piece of fruit is also provided at this time. There were three choices available each day: two in plated meal trays, the third being a hot filled roll. At weekends the dinner is always a cold option with a bridie, sausage roll or pie.

8.9 A rotational issuing system exists in each residential area for lunch and dinner, so all prisoners have an opportunity to get first choice at some point. Inevitably, those last on any given day have very limited choice, if any. Diets are catered for within the choices and where necessary special diets are sent to the residential areas in different coloured trays for easy identification. As discussed elsewhere in this report, a number of ethnic minority prisoners had lost confidence in the catering arrangements in terms of whether the food met their religious or cultural requirements.

8.10 During the inspection the catering process was monitored on several occasions from preparation to serving. The quality of food was tested in the kitchen, as well as at the point of serving. In the kitchen, prior to going into the trolleys for transportation the hot food was well above the required temperature. Given the comments above on the kitchen facilities the general quality of the food leaving the kitchen was good. By the time it reached the Halls that was not always the case. Some areas had hot plates and the trays were transferred into these to keep them warm on arrival. Even so, the food became soggy but it was generally hot and acceptable. In other areas where there were no hot plates, the food was colder, very soggy and very unappetising. This is not helped by the time it takes to complete the process and it was not unusual for the last few prisoners to receive their meals two hours after they

had been put in the trays. Portion control was also a problem. Individual trays of stew were observed to contain as few as two or three pieces of meat.

8.11 On both the Saturday and Sunday of the Inspection, the plated system was not used due to staffing problems. Bulk food was transported to the Halls: Halls which are clearly not geared up for this. Problems included containers being too big for hot plates, food being served on landings to help speed up the process, which causes considerable risks in terms of health and safety and basic hygiene. Paradoxically, prisoners preferred this system because the portions were bigger. A particular concern at the weekends was the arrangement for evening meals. For reasons of convenience prisoners were issued a cold evening meal consisting of soup, a roll, a scotch pie or bridie, crisps, cheese, jam, biscuits and a piece of fruit. This meant that there was a gap from lunchtime on Saturday to lunchtime on Sunday between proper hot meals, and the same again Sunday to Monday. The reason given was the time it takes to get the food trays back to the kitchen for cleaning and preparing for the next day. This is an unacceptable gap between hot meals and the system should be changed without delay.

8.12 Feedback from prisoners and staff, as well as the June 2002 'Prisoner Survey' also indicated dissatisfaction with the food. The survey indicated:

The choice of menu – 81% said fairly or very bad.

The size of portions – 79% said fairly or very bad.

The quality of food – 80% said fairly or very bad.

8.13 Given this situation, complaints through the CP system about food were relatively rare, (only three in the period Jan–April 2003). This may be a result of prisoners' lack of confidence in the complaint procedure, low expectations of what to expect from the kitchen in the first place or general apathy. **It is recommended that a system of transportation and storage is introduced which retains the heat and quality of the food between point of cooking and point of serving.**

## **Laundry**

8.14 The laundry employs up to 25 prisoners and is staffed by two officers and a first line manager. The equipment is in good order apart from one washing machine which had been out of order for 18 months, the reason given for that was that no money was available for its

replacement. The laundry processes in the region of 30,000 items per week and was working effectively.

## **Canteen**

8.15 There are two canteen systems in place: one for untried and one for convicted prisoners. For untried prisoners in 'C' Hall, part of 'A' Hall and young remands in 'D' Hall there is the traditional 'over the counter' system. Prisoners have access three times a week, there was a good range of goods on offer and prisoners expressed satisfaction with the arrangements.

8.16 Convicted prisoners have access to the canteen once a week, using the 'bag and tag' system. Prisoners were satisfied that the system was quick, efficient and working well. There is a good range of reasonably priced goods available, although additional toiletries could be added to the list.

## **9. GOOD PRACTICE**

9.1 When an individual is detoxing on methadone the addictions nurse sees him at least once a week on an individual basis to check how he is coping (paragraph 4.16).

9.2 All individuals liberated from the prison are issued with a pack containing information on the danger of drugs and alcohol (paragraph 4.23).

9.3 Following the alcohol programme, an individual can be seen on a one-to-one basis for more in-depth work (paragraph 4.33).

9.4 The procedures for medical interviews during Reception are very good (paragraph 5.9).

## **10. RECOMMENDATIONS**

10.1 Suitable arrangements for sanitation should be made in 'A' Hall (paragraph 2.4) and Letham Hall (paragraph 2.35).

10.2 Steps should be taken immediately to stop the washing of cutlery and dishes in the slopping out area in 'A' Hall (paragraph 2.4).

10.3 Prisoners who are due to appear in court should have the opportunity and facility to shower or wash and shave before the court appearance (paragraph 2.5).

10.4 Electric power in cells should be installed in 'A' Hall (paragraph 2.6).

10.5 Untried prisoners in 'A' Hall should have access to work or recreation, and should not spend as much time in cells (paragraph 2.7).

10.6 Arrangements for recreation, exercise and meaningful activities for untried prisoners in 'C' Hall should be reviewed (paragraph 2.22).

10.7 Ways should be found to allow young remand prisoners in 'D' Hall more time out of their cells for recreation in the evening (paragraph 2.29).

10.8 The holding cubicles in Reception should be discontinued and a decent and proper Reception facility created (paragraph 5.3).

10.9 Management should raise again, with the Chief Constable, the practice of including syringes which were in prisoners' possession on arrest in the personal property bags (paragraph 5.12).

10.10 The process starting when visitors book in at the visit desk to the start of the visit should be improved to keep waiting times to a minimum (paragraph 7.31).

10.11 A formal multi disciplinary Race Relations Monitoring Group should be set up (paragraph 7.67).

10.12 A system of transportation and storage should be introduced which retains the heat and quality of the food between point of cooking and point of serving (paragraph 8.13).

## **11. POINTS OF NOTE**

11.1 The cells and landings in 'A' Hall are in urgent need of decoration and cleaning (paragraph 2.10).

11.2 Access to recreation in 'B' Hall should be improved (paragraph 2.16).

11.3 A review of the exercise facility in 'B' Hall is required (paragraph 2.17).

11.4 More requires to be done to tackle the levels of violence in the prison (paragraph 3.2).

11.5 The Segregation Unit should be redecorated (paragraph 3.8).

11.6 Confidential notices in the Orderly Room should be placed where they cannot be seen by prisoners (paragraph 3.12).

11.7 Management should examine the reasons behind prisoners' perceptions that they will be treated unfairly if they make a complaint (paragraphs 3.13, 7.72).

11.8 The MDT Unit should undertake weekend testing (paragraph 4.9)

11.9 Requests for suspicion drug tests should be acted on more frequently (paragraph 4.10).

11.10 Time should be allocated for one-to-one detoxification counselling sessions (paragraph 4.17).

11.11 The Alcoholics Anonymous meetings should be encouraged (paragraph 4.34).

11.12 Provision should be made for all prisoners to have a hot meal and a table at which to eat in on admission to the prison (paragraph 5.5).

11.13 Greater provision in Reception should be made for first offenders and young people (paragraph 5.7).

11.14 Routine provision and notices should be made available in Reception for individuals who do not speak English as a first language (paragraph 5.8).

11.15 All admissions should attend induction on the weekday following their admission (paragraph 5.15).

11.16 All prisoners should be given the opportunity to make a telephone call either during Reception or on admission to the Halls (paragraph 5.17).

11.17 A procedure should be put in place for the minimum induction requirements to be met at the weekend (paragraph 5.18).

11.18 The induction needs of those who cannot read, non-English speakers and first offenders should be met (paragraph 5.19).

11.19 Consideration should be given to reviewing the Sentence Management structure and an action plan should be developed to address the backlog of work which has built up (paragraph 5.25).

11.20 The defibrillator should be replaced (paragraph 6.10).

11.21 There should be systematic training or refresher training in cardiac resuscitation (paragraph 6.10).

11.22 A comprehensive database of clinical information should be introduced (paragraph 6.14).

11.23 The use of a photograph for the identification of a patient prior to the administration of a medicine should be introduced to all areas of the prison (paragraph 6.27).

11.24 The chair and fittings in the dental surgery should be replaced (paragraph 6.28).

11.25 A list of prisoners who are due to see the dentist should be put up in the Halls, and this should be posted in good time to give prisoners sufficient advance notice (paragraph 6.30).

11.26 Consistent arrangements for the provision of interpreter services in the health centre should be in place (paragraph 6.43).

11.27 Improved accommodation for the Education Unit is required (paragraph 7.1).

11.28 A rolling programme for the renewal of computer hardware in the Education Unit should be established (paragraph 7.2).

11.29 Agreement on the new education contract is required (paragraph 7.3).

11.30 Management should examine why there has been a reduction of 18% in Prisoner Learning Hours (paragraph 7.5).

11.31 The involvement of Education staff during Induction should be increased (paragraph 7.5).

11.32 Attention should be given to ensure that education data is included on prisoner records on transfer from the prison (paragraph 7.5).

11.33 The staffing problems which appear to be creating obstacles to greater library usage should be resolved (paragraph 7.9).

11.34 All prisoners returning from work should be given the opportunity to shower (paragraph 7.23).

11.35 The opportunity for training at work should be increased (paragraph 7.23).

11.36 There should be sufficient telephone lines available to allow visitors to book a visit (paragraph 7.30).



11.37 A review of the role of the Family Contact Development Officer should be undertaken to ensure the service matches the volume of visits (paragraph 7.35).

11.38 Facilities for PE should be reviewed (paragraph 7.36).

11.39 All prisoners should be able to consistently have a shower after a session at the gymnasium (paragraph 7.36).

11.40 The lack of sufficient and appropriate interview facilities in the Halls should be addressed, particularly the glass cubicles newly built in 'A', 'B' and 'C' Halls (paragraphs 4.15, 4.35, 6.21 and 7.47).

11.41 The provision of Chaplain-led prisoner activities should be reviewed (paragraph 7.62).

11.42 The appointment of a full time Chaplain to contribute to multi-disciplinary work should be considered (paragraph 7.63).

11.43 The arrangements for handling Tribunal material in periods when the Lifer Liaison Officer is absent should be reviewed (paragraph 7.65).

11.44 Efforts should be made to ensure that all ethnic minority prisoners are aware of Prison Rules and issues during Reception (paragraph 7.68).

11.45 All ethnic minority prisoners should be provided with appropriate menu choices to ensure they are confident in the quality of the food received (paragraphs 7.70, 8.9).

11.46 Opportunities for Religious Assembly should be in place for all prisoners (paragraph 7.71).

11.47 All staff should be made aware of the contents of the SPS Race Relations Policy and Race Equality Scheme (paragraph 7.73).

11.48 The kitchen facilities should be upgraded (paragraph 8.3).

11.49 The arrangements for evening meals at the weekend should be changed (paragraph 8.11).

## Sources of Evidence

Written material and statistics received from Barlinnie prior to Inspection

Prison's self-assessment

Governor's briefing

SPS Prisoner Survey

Barlinnie records

Barlinnie vision, mission statement

SPS background material

Discussions with prisoners

Discussions with prisoners family

Focus groups with prisoners

Interviews with prisoners

Interviews with prison staff

Focus groups with staff

Observations

**INSPECTION TEAM**

**HMP BARLINNIE 5-14 MAY 2003**

Andrew R C McLellan

HM Chief Inspector

Rod MacCowan

HM Deputy Chief Inspector

David McAllister

HM Assistant Chief Inspector

David Abernethy

HM Inspector

Jim Anderson

Associate Inspector

Harry Weir

Associate Inspector

Dr Mike Ryan

Medical Adviser

Margaret Reed

Nursing Adviser

Jane Thomson

Addictions Adviser

Observer: Chris Oswald

Commission for Racial Equality (Scotland)