

JUSTICE 1 COMMITTEE

Wednesday 15 September 2004

Session 2

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JUSTICE 1 COMMITTEE

†28th Meeting 2004, Session 2

CONVENER

*Pauline McNeill (Glasgow Kelvin) (Lab)

DEPUTY CONVENER

*Mr Stewart Maxwell (West of Scotland) (SNP)

COMMITTEE MEMBERS

*Bill Butler (Glasgow Anniesland) (Lab)

*Marilyn Glen (North East Scotland) (Lab)

*Michael Matheson (Central Scotland) (SNP)

*Margaret Mitchell (Central Scotland) (Con)

*Margaret Smith (Edinburgh West) (LD)

*attended

COMMITTEE SUBSTITUTES

Roseanna Cunningham (Perth) (SNP)

Helen Eadie (Dunfermline East) (Lab)

Miss Annabel Goldie (West of Scotland) (Con)

Mike Pringle (Edinburgh South) (LD)

THE FOLLOWING GAVE EVIDENCE:

Dr Andrew Fraser (Scottish Prison Service)

Janice Hewitt (Scottish Prison Service)

Alec Spencer (Scottish Prison Service)

CLERK TO THE COMMITTEE

Alison Walker

SENIOR ASSISTANT CLERK

Douglas Wands

ASSISTANT CLERK

Douglas Thornton

LOCATION

Committee Room 3

† 27th Meeting 2004, Session 2—held in private.

Scottish Parliament

Justice 1 Committee

Wednesday 15 September 2004

[THE CONVENER opened the meeting in private at 09:11]

09:52

Meeting suspended until 10:06 and continued in public thereafter.

Rehabilitation Programmes in Prison

The Convener (Pauline McNeill): Good morning, everyone. I welcome you to the 28th meeting of the Justice 1 Committee in 2004 and our first meeting in the new Parliament building. I think that we are all pretty pleased with our new surroundings.

The committee will deal with only one item in public: our inquiry into the effectiveness of rehabilitation programmes in prisons. I refer members to the papers that they have and the large folder that the clerk has helpfully put together for members for the purposes of the inquiry.

I welcome our witnesses from the Scottish Prison Service to the committee. We have Alec Spencer, who is the director of rehabilitation and care; Janice Hewitt, who is head of inclusion; and Dr Andrew Fraser, who is head of health. I thank all three of them for appearing before the committee this morning. We had the good fortune to have a chat with Janice Hewitt when we were out at Barlinnie on Monday morning and that has been useful to our inquiry.

Margaret Smith (Edinburgh West) (LD): What interventions and programmes are in place over the range of your establishments—the core programmes and the available specialist programmes? Will you give us an indication of the number of prisoners who are participating in those various programmes?

Alec Spencer (Scottish Prison Service): Yes, I will try to do that. We have supplied you with some of that information. I am trying to find a list with the various figures, which I have with me.

I think that committee members have been given a single-page leaflet that lists the sorts of programmes that we provide. We provide accredited programmes, which are fairly long. They last more than 50 hours and are accredited through the Scottish Prison Service accreditation

panel, which contains independent members as well as SPS people. The programmes are designed to try to effect attitudinal change in prisoners. We run cognitive skills programmes, anger management programmes, drugs relapse prevention programmes, problem solving programmes and sex offender treatment programmes in the core programme.

In addition, we are at various stages with other programmes that will, we hope, reach accredited programme status, but which are now being piloted and run. The documentation for accreditation is being prepared for those programmes, which include the adapted STOP programme, extended STOP programme and rolling STOP programme, which are for sex offenders. They also include lifeline, which is a drugs programme, and a violence prevention programme, which started recently at Shotts prison. All those programmes are long programmes. The STOP programme lasts for more than 200 hours and the violence prevention programme lasts for a similar time.

In addition to that, we provide a series of programmes that are called approved activities, which are of lesser duration. They exist to try to provide prisoners with life skills and equip them to consider a range of issues. They are not necessarily as long or designed for attitudinal change, so they might include information about alcohol or drugs. Those approved activities include interpersonal skills programmes, parenting programmes and health programmes.

We have supplied you with material as to numbers. This year, we have targets to try to deliver a combination of 1,500 programmes and approved activities. I am pleased to report that we are on target to deliver that over the year. If you like, we can look at the individual numbers for each programme. I hope that that answers your question.

Margaret Smith: Can you give us a bit more information about how the programmes are accredited? You said that there is a mixture of independent people and SPS staff. How does that work? Who are the independent people and how do you go about accrediting a programme?

Alec Spencer: Quite a lot of work is done on researching programmes and trying to get best practice from around the world. Some of the programmes have been bought in, having been developed elsewhere and adapted for the Scottish Prison Service. The drugs relapse prevention programme was designed in-house by one of our psychologists some time ago. The programmes have to be pretty rigorous in providing an evidence-based model for treatment and change and the documentation includes the theoretical academic model and the details of the programme

that is being delivered—the manuals; how the prisoners are selected in terms of the needs and risks that are identified; how the programme is delivered; the training for the programme deliverers; the expected outcomes; and the throughcare arrangements, where they exist.

The paperwork then goes to the accreditation panel. There is also a community justice programme and an accreditation panel for that has been set up. It is intended that, by April, those panels will be merged so that programmes will be accredited by one panel. It is hoped that joint programmes will be available that can be used both in prisons and in the community, rather than separate programmes that may not be as effective in reaching across the boundary from one place to the other. The panel includes two eminent psychologists, two people with social work experience, some people with criminology experience and some with accreditation experience. Only a couple of practitioners from the Prison Service are involved in that panel. However, that panel will be phased out by the end of April and a joint one will be established.

Margaret Smith: That is where I was going with my question, so I am glad that we got that answer.

I have had a quick look at your leaflet on the different programmes. When we visited Edinburgh prison, some of the prisoners told us that they were not able to undertake some of the programmes. One of those was the programme of anger management, which your leaflet tells us is available in certain places but not in others. What variations exist between establishments and what are the reasons behind those variations? Why would you decide no longer to run a programme of anger management in Edinburgh, although one was being run elsewhere? What is the thinking behind your doing different things in different places? Is there a shared vision or a nationally agreed strategic direction to that—a common purpose across the different establishments—and how much input do people at the prisons have in determining and shaping what programmes are available in their establishments?

10:15

Alec Spencer: I will start off and perhaps Janice Hewitt will want to pick up the question afterwards.

There is an historical picture; we do not start as of today. Programmes have been developed and run, such as the sex offender programmes that started in Peterhead in 1993, the cognitive skills programmes that were established in the same year and developed throughout the estate and other programmes that have been brought in and developed since then. Individuals have been trained in various locations and some prisons have

offered a menu of programmes because they have been keen to develop that work and make more programmes available. Others have fewer programmes. That is the historical position and we have tried to rationalise programme availability to meet the needs of the population. At Shotts and Glenochil we have long-term prisoners and, by and large, at Barlinnie and Edinburgh we have short-term prisoners. It makes sense to give the long-term change programmes to those who have higher risk, who are probably the longer-term prisoners, and those who are with us for longer. It is difficult to provide substantive programmes to people who are in and out for a few weeks at a time, and we have a large number of those.

Margaret Smith: Sorry to interrupt you, but will you clarify what you mean when you use the term “short-term prisoners”?

Alec Spencer: The definition that we use in the Prison Service comes from the criminal justice system. Prisoners who serve four years or more are eligible for parole and they are classed as long-term prisoners. They currently serve a minimum of 50 per cent and are eligible for parole from that period on, and they will normally be released at the two-thirds stage if they do not get parole. We can talk about licensing and the statutory arrangements later if you wish. People who do less than four years are considered to be short-term prisoners and they serve 50 per cent of their sentence, so somebody who comes in with a six-month sentence will be in prison for three months and somebody with a two-year sentence will be in prison for one year.

For longer-term prisoners in Shotts and Glenochil, the prisons have provided a menu of programmes. We recently acquired a violence prevention programme, which is the second programme that is running in Shotts. We did some analysis of the needs of prisoners. It is no good putting on programmes, as we did in the past, in the hope that we will have a sufficient number of prisoners in the right place. We undertook a needs evaluation and it was clear that there was a large number of prisoners in Shotts who required a violence prevention programme, so we decided that the programme should be piloted there. The rationale for that is that we will try to apply the programmes where they are most needed. Also, of course, programmes are fairly costly in terms of staff training and delivery resources, so it makes sense to place them where the need is.

That leads us on to the legacy of the accredited programmes that are delivered throughout the estate, including in local prisons where people might be in for a three-month sentence and are then out again. It does not make sense to have such resources there. When the committee visited Edinburgh prison, people said, “You do not have

these programmes,” and that is correct. The governor of Edinburgh, in conjunction with us, considered the programmes that he should make available and we agreed that it is rational not to put on long-term programmes there unless they are for people who will be there for a long time.

Margaret Smith: I am pleased with what you said about the violence prevention programme and the needs evaluation of the prison. Is there a needs evaluation of individual prisoners, to find out the types of programmes that they would benefit from?

Janice Hewitt (Scottish Prison Service): We have an extremely rigorous and robust assessment of needs for violent, angry and addictive clients. When we consider the aggregate need, it is important for us to make rational decisions about what programmes will best enable people to consider particular elements of their behaviour. I will pick up what Alec Spencer said. In conjunction with that, we need to use resources where we think that we can make the greatest impact. It is fascinating to examine the aggregate needs of some clients; the matter is complex because they are angry, violent and have a drug issue. Often, our psychologists and some of our social work colleagues must decide what is most appropriate to be first in a chain of programmes from which a client would benefit.

As Alec Spencer said, our service is being challenged to be more economically competitive. However, we have other challenges, such as overcrowding, so for prisoner management, how would it be to move prisoners to a site of excellence to deal with anger or violence? Both those challenges have pros and cons. Should we have many programmes on different sites or a site of excellence to which we move prisoners?

We have robust systems of sentence management and of aggregate needs management, especially for the long-term population, and we are becoming better at dealing with the short-term population.

Margaret Smith: You discussed going down the centre of excellence route and said that people's needs are complex. In addition to what you mentioned, it emerged from our visit to Edinburgh prison that another issue is the education that the SPS must provide. Some people have poor literacy and numeracy levels, although at the prison we met somebody who was continuing to study for a college degree, which shows that the SPS must deal with everything across the board. What efforts does the SPS make to address numeracy and literacy?

Janice Hewitt: We have been delighted by the drive to improve literacy throughout Scotland in terms of economic, skills and social development.

Now that the focus is on literacy, we are picking up on that drive and enthusiasm. We undertake basic skills assessments on every client who comes through our young offenders institution. We have picked up from that that the number of clients with that need is probably double the national average. We do not perform basic skills assessments of every client who comes through the system, but we feel that it is appropriate to undertake them with young adults.

We recognise that basic literacy and numeracy needs exist, as well as comprehension difficulties. That is why we have recently made a significant investment in learning. I like to use the word “learning” rather than “education”, because some of the language that we use with prisoners can be quite threatening, given their experiences.

We encourage learning in other areas and not just in the learning centre. We are making a significant investment in literacy through sport, which will represent a huge way forward. Anybody who knows prisoners will know that they want to get to the physical education area. That is not only for recreation; most of them excel in a sport, because there is no pressure to be academic. We are working with physical education instructors on how they can deliver literacy through sport. The opportunity is fantastic. We acknowledge that we need to weave learning through other opportunities in the Prison Service. We have made a significant investment. Last year, we added £250,000 to that budget.

Margaret Smith: You will be glad to hear that this is my final question. I do not wish to keep on having a go at Edinburgh prison, because I was thoroughly impressed by much of what we saw in the link centre there and by the throughcare work that is being done. I record my appreciation of the work that everybody there is doing. However, what role does work play in prisoner rehabilitation? I will link that to an issue at Edinburgh that the prisoners to whom we spoke raised—changes in visiting arrangements. The governor's response was that afternoon visits had been rescheduled for the evening so that people could work during the day. How do we prioritise the work that we do with prisoners? Do we prioritise work and rehabilitation or the maintenance of family and community links? Is there a hierarchy of priorities?

Janice Hewitt: You have hit the nail on the head. The Prison Service faces complex challenges. Research indicates that four main things contribute to the rehabilitation of offenders: access to sustained work; access to family; appropriate accommodation; and attention to addictions and other health needs. We have to strike a balance and find the right mix between maintaining family relationships, improving skills and giving people an incentive to understand that

work is appropriate as part of rehabilitation. We have to juggle all that and try to find appropriate times for family visits. Some families say that it is easier to visit in the evenings. However, when visits are moved, some prisoners say that they prefer to be visited in the afternoon. We have to get round that—it is a fine balance. Work on learning and skills development is often interrupted by legal visits, family visits or appointments with the doctor, so it can be appropriate for a governor to decide that work should not be disturbed because it is an appropriate intervention and the prisoner needs to understand the importance of the work ethic.

Alec Spencer: I asked the governor at Edinburgh prison about his decision and I think that his decision was in response to work avoidance. People were putting themselves on the list for visits—thereby messing up the visits system because only a certain number are listed per day—to avoid going to work. We might need to consider the issue further.

Traditionally, over the past 100 years or so, there has been a work ethic in as much as people know that they will go to work for the day, whether they are banging nails into pallets or working at sewing machines. However, we have not given enough thought to the benefits to prisoners of such activity. At Glenochil, Shotts or Peterhead prisons, for example, we have to occupy long-term prisoners during the day. Work forms part of that, but it is more important to make the occupation relevant to the prisoner, so that they might want to take it up. It is relevant to try to equip people with, for example, social skills or employability skills that will enable them to cope outside. It is not just about knowing how to swing a hammer; it is about knowing how to take instruction, work with other people or work in a team.

We are gradually trying to adopt that approach. The governor of Edinburgh prison says that he is changing visitor arrangements to try to improve the work situation, but the longer-term plan at Edinburgh is to abandon the traditional workshops. Some service industries will remain, such as laundry and catering, but by and large the prison will focus on social skills and educational programmes and interventions. We are currently building an impressive new block to house health care, education, inclusion programmes and so on. There is a move away from the old-fashioned approach whereby prisoners were told, “You will be occupied in mindless work for eight hours a day,” to an approach that considers the skills that are required to equip someone to survive outside.

Margaret Smith: At Edinburgh prison we noted that there seemed to be a recognition of the need to consider a person’s skills by going through their curriculum vitae—in a sense—to try to match their

skills and abilities with a programme of learning in prison. We also noted a growing sense that staff were trying to match prisoners’ skills with the skills that are required by society outwith the prison. That approach seemed to be bearing fruit. This year, around 48 people have gone into work or training as a result of that shift. It is a positive story, but there is obviously a delicate balancing act between the different rehabilitation priorities.

10:30

Mr Stewart Maxwell (West of Scotland) (SNP): I was interested in your answers to Margaret Smith’s questions. It struck me that we are talking about rehabilitation as if we all agree on what it is. My question is probably fundamental: how does the SPS define rehabilitation?

Alec Spencer: That is a good question. Prison has had many functions imposed on it, including containment and punishment, but most people in a civilised society expect us to do something while we have prisoners with us. People used to talk about reforming and changing prisoners, but we are gradually moving to the view that we do not do things to people, but try to facilitate change in them so that they cope better on release. That is what rehabilitation is about; the aim is to enable individuals to use the opportunities that are provided in prison so that they can cope better on release. We aim to be more than just a resettlement agency that provides links—the furniture van or whatever—and somewhere for people to settle. If people do not have the required coping skills, if they have debt and do not understand how to manage it, if they do not have appropriate accommodation to go to or if their family relationships are ruined and they have no support mechanisms, life will be difficult.

We have moved away from our original view, which was that we should provide people with a programme. We did that for some time and thought that the single activity of providing a cognitive skills or sex offenders programme would somehow cure people. We now understand that we must have a much more holistic view of the problems and issues that face people who are released and that equipping them through personal change programmes is but one part of that. If, when people are released, they do not have accommodation or have no concept of how to acquire a job, take up some useful occupation and use their time well, they are more likely to return to prison. The rehabilitative process is an holistic one through which we enable people to undertake change and support them in that process.

Janice Hewitt: In the “Making a Difference” document, the Prison Service agreed that by assessing and addressing need, we will put

offenders back into society better equipped and more able to be part of a community than they were when they entered prison. There is a series of challenging words in that—for example, what do “better equipped” and “part of a community” mean? However, we are aspirational; we recognise that people come into prison with challenges and we try to help to make them better equipped to go back into the community, whether that is over one week or 10 years.

Mr Maxwell: I understand where you are coming from and I do not want to be critical—although this will probably sound critical—but most members of the general public would say that rehabilitation means that when people come out of prison, they do not commit crime any more. The definition that you gave is interesting and aspirational, but it sounds a lot like managementspeak rather than being about stopping people from reoffending, which is people’s general simplistic view of what they want prisons to achieve. Given the definition that you gave, the outcomes that you are trying to achieve and the change in tack that you have described, what would be a successful outcome of a rehabilitation programme?

Alec Spencer: I refer you to the 10 outcomes, which are on a sheet that we have provided to the committee. I am not sure whether any citizen, including ourselves, is all those things. That is where we are trying to head, and we recognise that there is no one quick fix. It would be nice if we could put people out physically and mentally well. We cannot do that in society, but we at least want to try to enable people to cope better outside by undertaking any fixes that are available to us to do that or by starting on a course of treatment or an approach that will link them into local authorities and health boards. The list includes tackling addiction. Again, it would be nice if people were drug free, but if we cannot achieve that, we can at least stabilise the position and link people to addiction services in the community.

Mr Maxwell: That is effectively what I am asking about. I understand that the list of 10 outcomes that you are talking about is aspirational for us all, but a successful outcome could be defined as a person carrying out a criminal offence only once a month rather than once a week. How do you describe a successful outcome in specific terms? Would it be considered a successful outcome if the rate of offending were reduced a bit or if someone took fewer drugs?

Alec Spencer: Our high-level vision is that we should try to contribute to a safer Scotland by reducing reoffending and helping to protect the public, so anything that contributes to that is good. You are absolutely right to say that minimising the harm and reducing the amount of damage that

offenders do to people or property, or the frequency with which they do such damage, must all be positive.

Janice Hewitt: I refer Mr Maxwell back to the committee’s visit to Barlinnie and the one individual whom members saw in the addictions unit. The success for him was that it was the first time that he had been in custody for a non-drugs-related offence, but I do not know whether we still felt sad because, at the end of the day, he was in custody. We are often judged on non-return to custody, whereas that person believed that he was less of a threat to society because he had committed car crime as opposed to a violent offence related to addictions.

We need to agree corporately a definition of success for the criminal justice system, not just for the Scottish Prison Service. The fascinating aspect of the inquiry is that it is asking about what we commonly agree constitutes success—is it somebody reducing their offending and reducing their addiction, is it fewer victims in Scotland or is it prison numbers coming down?

The Convener: The things that you have mentioned are our reason for conducting this inquiry. We want to get to the bottom of what is meant by success. You have given your definition, but we will be hearing from lots of other agencies, which may have differing views.

Of the 10 outcomes that you describe in your paper, do you give weight to one more than the others? You obviously place a lot of store on the cognitive programmes. Would you give more weight to sorting out someone’s head before they could be employed?

Alec Spencer: The overarching priority is outcome 9, which is about stopping people reoffending. That is where a prison system can best succeed and contribute to society. However, all the outcomes are important and, as we have tried to explain, it is a complex issue. You might try to make somebody more employable, but if they still have an addiction problem or have not got accommodation, that is not likely to be very effective.

Dr Andrew Fraser (Scottish Prison Service): From my point of view, everything is important. You might expect me to give priority to outcome 1, on making people physically and mentally well, but, as you have heard, we have to individualise the approach according to what comes first for the prisoner. There are some fundamental requirements. A prisoner cannot really engage with some of the outcomes further down the list if we have not engaged with their primary problem when they come in. That primary problem is often addiction and where their next fix is going to come from, so we have to address that. They will not

engage with the process until we get a dialogue going. The majority will not engage because they have a mental health problem, and we have to talk to them on that basis. I would then pick reading, writing and counting. Literacy and numeracy are fundamental. If people cannot read the instructions on the side of the packet of life—metaphorically speaking—they will not get much further with life skills or coping skills, with the health and safety notice on the wall at their future place of work and so on. Although everything is important, some things are fundamental.

Some of the things that I believe to be fundamental are nothing to do with things that you or the public might feel are related to offending. For example, how are people going to address their anger or violence? We need to get a few things in place. All the outcomes are important, but some things come before others. Prisoners' needs must be reconciled with high-level needs.

Janice Hewitt: I have been particularly fascinated about how individual prisoners' needs are. I have lived all my adult life being this tall. I might walk into a shop and see labels saying "one size fits all", but that is not true.

The Convener: I know how you feel.

Janice Hewitt: You may have another issue—I am at the other end of the spectrum.

I have been amazed by how individualised plans have to be for individual prisoners. I endorse what Andrew Fraser says as the primary issue might have changed for a certain client, even if we are seeing them for the 14th time, because they might have become homeless as the result of an antisocial behaviour order, eviction or whatever. The key issue for that person is accommodation; then they will deal with their addiction. I have been astounded by the individual nature of need.

Michael Matheson (Central Scotland) (SNP): I turn to the issue of resourcing. Could you give us some idea of the level of resources that the SPS allocates to rehabilitation programmes?

Alec Spencer: I can, but I ought first to say that it is not easy to be specific. Quite a number of programmes are delivered by prison officers, who believe that doing so is good for the quality of their job. They relate to prisoners in and outside the programme. If an officer is involved in a programme, that means that there is support for that programme at the ground level. That member of staff also provides security and does other tasks during the rest of the week, so it is difficult to assign precise costs to their work.

I could give you a global figure, although it is probably of no real use. I would say that in the SPS about £50 million goes to a range of interventions—we can move on to focus on

programmes. That sum includes health care, which probably requires about £9 million or £10 million, physical education, catering and diet, the industrial complex, vocational training, chaplaincy, education and social work—the money goes towards a range of areas. In the addiction area, some staff deliver programmes and other staff are involved in drug testing. Some staff are not really in the equation, but they work in a hall or gallery and identify people with problems, which starts off the process of counselling, addiction support and so on. The figure is hard to define.

About 80 prison staff are engaged in the delivery of programmes more or less on a full-time basis, and their salaries might come to about £2.2 million. That is one way of assessing the cost. However, that sum does not include staff involved in delivering approved activities, whose main task might be something else. We have tried to do some work on what programmes might cost, but it is extremely difficult. The unit costs are not yet available in any reasonable form. I do not know whether that worries you or answers your question.

Michael Matheson: It does not really answer the question but I understand your difficulty. When you mentioned earlier that you had allocated an extra £250,000 to a programme, I wondered whether you were able to quantify the resources allocated to specific programmes.

10:45

Janice Hewitt: We have individual costs, and it will be interesting to see the outcome of Audit Scotland's investigations into some of the individual financial costs. We are interested to see if its figures match ours.

When we talk about finances and individual resources, we are talking about what part of the cost of an officer should be allocated to his delivery of a programme. For example, he might spend one day a week delivering a programme, but might do that work only five times a year. We are trying to tease out such costs. We have information on individual costs for our industries programmes and on the type of money that we invest in programmes. We also have information on the budget that we currently invest in education.

Education is an interesting area. The contract value for education is approximately £3.3 million, which does not include security costs. For example, an officer has to be available in the learning centre so that the teachers can do their work. That figure also does not include the costs of control and restraint training or key training for the teachers. If some of those costs are added, the £3.3 million for education would probably

come in at about £4.2 million. Therefore, you can see why it is difficult to allocate a whole cost to those activities. Corporately, we are saying that about £50 million goes into everything that we are involved in, from addictions work to the chaplaincy, which provides equally valuable support for rehabilitation.

Michael Matheson: Is it possible to distinguish between the resources that you allocate to rehabilitation programmes for long-term prisoners and those for short-term prisoners?

Janice Hewitt: Again, we know how much it costs to run programmes because we can add up officer time, psychologist time, the time that it takes to do the assessment on aggregate needs and so on. You have to remember that part of the incredibly sensitive programmes on sexual offending and violence involves the debriefing of staff at the end of the programmes, and there is also a cost attached to protecting our staff.

We also consider costs in terms of numbers. Some programmes run better with smaller numbers of participants, so the unit cost of such programmes obviously rises. We take that into consideration when we talk about accrediting the programme and how many prisoners it is best to work with. We have probable or indicative costs of running individual programmes—for example, a violence programme would be more expensive than some other programmes. However, as I said, we await the outcome of the Audit Scotland report.

Alec Spencer: We could say that a sex offender programme costs £2,000 per head to deliver, but I am not sure whether that would be a meaningful figure. As Janice Hewitt says, it depends what we include in or exclude from that figure. We do not include such things as the overheads of running a prison, and businesses would include such costs.

Michael Matheson: I appreciate the complexity of the situation. You are effectively saying that you are not able to tell us exactly how much you spend on rehabilitation programmes that are specifically for short-term offenders.

Alec Spencer: We could say how much we spend in each location. For example, Edinburgh prison has a mixture of short-term and long-term prisoners, so it is harder to identify the proportion of money that is spent on different categories of prisoner. We could give you the costs of running Shotts or Glenochil prisons because they are specifically for long-term prisoners, and we could give you a per-capita cost for each prisoner per year and try to break that down by staffing costs. However, it is difficult to give you figures for each programme or each prisoner at any one time.

Michael Matheson: Is the SPS's objective to rehabilitate short-term prisoners realistic?

Janice Hewitt: The short answer, which is the response that the chief executive gave, is no.

Dr Fraser: I will qualify that. I agree that for short short-term prisoners the short answer is no.

Michael Matheson: Can you define a short short-term prisoner?

Dr Fraser: If somebody is in for fewer than six weeks, the answer to your previous question is no—without qualification. If they are in for any longer than that, they begin to get to grips with some of their needs and the problems that they face. One of our rules is that while we deprive them of their liberty, we should do more than just hold them. We should put them in touch with services and supports that will help them on the way out if we can, but we should not expect too much of the prison, the prisoner or the services out there, because in many ways the prisoner has not straightened out.

You expect more of the Scottish Prison Service with prisoners who stay for more than a year, and we would expect more of the prisoner as far as addressing addiction—which is my field—mental health problems and offending are concerned. My view—which comes from experience, not accurate evidence—is that anything less than three months is an insufficient amount of time to do anything more than stabilise somebody and point them in the right direction on their way out the door.

Janice Hewitt: I endorse what Andrew Fraser says. That is why we introduced something for short-term prisoners. The core screening questionnaire—which we call “core screen”—picks up the immediate needs of the short-term population. On our visit to Barlinnie on Monday, for example, we found two individuals who did not know that they were not going home from court on Friday. On short-term and immediate needs, the link centre was able to pick up that one of those individuals had an issue with his tenancy that he needed to address and Prison Service staff were able to assist in contacting the accommodation provider.

There is a general view of how long we have to work with individuals and what we can reasonably expect to do. I do not expect to teach somebody to read, write and count during the average sentence in Barlinnie, which is 23 days. That would not be a realistic expectation of the Scottish Prison Service. However, following recent investment in literacy we can make connections with outside providers. We are very committed to in-reach services and to getting the community to recognise that there are individuals who need help with addictions or literacy. Part of our task is to put short-term prisoners in touch with community services on release.

Alec Spencer: Michael Matheson asked a good question. The public expect us to do something, but we cannot deliver everything in prison. As my colleagues said, there is little that we can do for people who are in for a short time.

I draw members' attention to our submission to the consultation on reducing reoffending that was conducted by the Minister for Justice, in which we say:

"SPS takes the view that many of the individuals requiring support are not a danger to the public, are serving short sentences and probably would not require imprisonment in an 'ideal world'. To the extent that SPS is involved in offering support for transition back to the community or establishing plans for integration of offenders, SPS believes this work is more properly the province of more supportive community environments and community based agencies."

We cannot undertake the work of society in general; we can only start the process. As my colleagues said, we can try to link people to community-based services, but it is not our function to arrange housing and employment or to deal with all the other issues. The question of expectations is difficult.

Michael Matheson: If you did not have to deal with short short-term prisoners, would you be able to focus your resources more effectively on other prisoners?

Alec Spencer: Yes.

Michael Matheson: Can I ask you about—

The Convener: I apologise for interrupting, Michael, but I would like to clarify something. The witnesses have said that they cannot rehabilitate an offender in a short time. However, that sounds like a policy statement. I wonder why the SPS is taking a view on whether, "in an 'ideal world'", short-term offenders should actually be imprisoned.

Alec Spencer: I am sorry. That statement was in response to the document "Re:duce, Re:habilitate, Re:form—A consultation on Reducing Reoffending in Scotland".

The Convener: So it is a policy statement.

Alec Spencer: That consultation focuses partly on how to deal with the large numbers of people who come to prison, and we were asked to provide an operational view on whether that was appropriate. I suppose that we challenged certain views by wondering why so many people are sent to prison and indeed what we can do with people who are with us for a very short period. For example, someone who is given a 30-day sentence will spend only 15 days in prison. We can certainly take people away from society for a fortnight, if that is the point of the sentence; however, it is not realistic to expect the SPS to

change such people's lives in a meaningful way and to help them to cope outside. In fact, those are community activities.

The Convener: That is helpful.

Michael Matheson: Some of the written evidence that we have received suggests that the SPS does not articulate well enough the rehabilitation programmes that are available to prisoners. How do you inform prisoners about such programmes?

Janice Hewitt: It was interesting to read some contributors' responses to our response. Over the past six months, we have worked very hard to introduce a rigorous induction programme. There used to be localised inductions, which are appropriate for people who might not have been in certain establishments before. After all, it is important that they have a general view of how Shotts, Glenochil or Barlinnie works. That said, the current national induction programme covers a range of topics such as the visiting committee, the addiction services that are available and so on. In fact, we now have a national harm reduction session, which has been introduced as a response to concerns about drug-related deaths. The officer now has to fill in a national induction checklist to make it clear that a prisoner has gone through the national induction programme. That is not a tick-box exercise because, as Andrew Fraser pointed out earlier, some clients who come to us in the first few days of their sentence are struggling to get their head together. For example, members and I met an individual on Monday whose head was not quite clear because he needed his methadone. In such cases, we would make a judgment on the appropriate time to give that individual the real induction.

We are now able to explain a range of opportunities to prisoners. Sometimes those meetings take place on a one-to-one basis with, for example, people who cannot read and write. Sometimes video is used and we are even now investing in a DVD loop system. That innovation, which was introduced by an officer in Barlinnie, provides information that a prisoner might need through the television network at various times of the day. For example, it might clarify visiting times or specify the programmes that are on offer. We have invested heavily in a very robust national induction service for prisoners and very clearly articulate to them what is on offer.

Michael Matheson: So you are quite satisfied with the way in which you articulate courses to prisoners.

Janice Hewitt: After considering some of the responses that have been received, we have taken the view over the past six months that we were perhaps not as good as we could have been.

As a result, we have introduced a nationally agreed induction programme to provide clarity.

Michael Matheson: One of my colleagues asked earlier about the accreditation of your current programmes. How do you evaluate the effectiveness of the programmes that you run?

11:00

Alec Spencer: We have tried to undertake some evaluation, but we have not done much work in that area. That is partly because, in the past, we have not had very large numbers to work on, but the numbers have grown as the programmes have developed over the years. Our research department has been looking at some of the programmes and has done some initial work. Generally speaking, the outcomes seem reasonable, although they are internally generated. We have looked at the attitudes of prisoners pre and post-programmes, and in some cases they have shown significant changes; however, that is within a prison setting. If a prisoner has taken an anger management course, we have also looked at how they have responded over the next six months or year to see whether their anger has reduced—whether there have been fewer misconduct reports against them.

The crucial bit of the jigsaw that we are only now starting to put together is tying up those figures with the reconviction data that the relevant Scottish Executive criminal justice division holds on individuals. I have talked with our head of research and although it has been quite a difficult process to marry up those data, we are in the process of doing so. In addition—I had better not announce things too early, as our chief executive will be announcing this in the next day or two at our prison conference—we are going to move the research facility from its current location into my directorate so that we can examine more closely the efficacy of programmes and ensure that what we are delivering is evidence based.

The programmes that are submitted for accreditation already have to demonstrate an evidence-based methodology so that we know that we are planning to deliver programmes that have achieved good results elsewhere. However, we do not have externally validated data from following cohorts for a number of years to see whether they are reconvicted. We are now trying to close that gap and we hope to have much better data in the next year or two.

Michael Matheson: You said earlier that it has been difficult to evaluate the programmes because of a lack of numbers. Are you saying that the programmes have been up and running in the SPS only in the past couple of years, or have they

been running for longer without having been evaluated?

Alec Spencer: We need reasonable numbers to establish a statistical basis. If 10 or 100 people go through—

Michael Matheson: Let me clarify what I am driving at. Are you saying that you have been unable to undertake the evaluation because the programmes have been introduced only fairly recently?

Alec Spencer: Yes—that applies to some programmes. We started the whole business of programmes only in about 1996. We are really only into the first eight years of running programmes, and the numbers are starting to increase. We are now trying to link the names of individuals who have undertaken programmes with the data that are held by the criminal justice system to try to establish whether people who have been on specific programmes are more or less likely to reoffend. We have the internal data that show the post-programme attitudinal changes. Those data seem relatively good; however, the hard evidence is whether those people reoffend, and we are only now starting to try to get those data into the loop.

Dr Fraser: In the health sector, we have a lively debate about what creates health. One school of thought says that this, that or the next component is crucial and that we should look at it in great detail. Another school of thought says that everything is important and that we have to evaluate the whole package. The question is: what are we looking at when we look at effectiveness? Is effectiveness the programme and the attitude relating to a particular aspect of the person's behaviour, or is it to do with reoffending about 10 years down the line—an outcome rather than an output? It will not be easy to define.

Alec Spencer has painted a picture that shows that we are doing our best. Certainly, in the health promotion area, we cannot tell exactly what will create health in a number of dimensions, but we can invest in an accredited programme that is as good as possible and we can invest in evaluating whether the people who will train others are happy with the material that they are dealing with. Furthermore, we can create conditions for the prisoners—with regard to their complete environment as well as their personal attributes—that make them thrive and enable them to make the most of the therapeutic effect of an intervention. It is not the intervention alone that is important; the whole package is important. Although that does not make it any easier to define what is effective, it emphasises the importance of considering the environment that the prisoner is in as well as the nature of the intervention.

The Convener: That is a good point from which to begin my line of questioning, as I want to examine the obstacles to rehabilitation that the Prison Service faces. Some analysts have argued that prisons fail to provide rehabilitation because the environment does not support it. We are clear that our inquiry provides a backdrop to that question, because it relates to overcrowding and the other problems that face the Prison Service. What are the conditions that can have an adverse impact on rehabilitation efforts in our prisons?

Alec Spencer: I am not quite sure what you mean by "the conditions", but my colleagues can think about that while I answer your question.

We accept that programmes are better delivered in the community, because in the community there are more opportunities for people to learn and to try out what they are undertaking in a programme than there are in prisons, where people do not have the same opportunity to take alcohol or drugs or practise sexual offending, for example. In prisons, the learning cannot be internalised as easily. It is more effective to undertake these programmes—

The Convener: Do you mean that the programmes that you are delivering would be better delivered in the community, or are you talking about the programmes that other people are delivering? I ask that because some prisoners told us that they needed an institutionalised environment to force them into dealing with certain things that they would not be forced to deal with if they were on a community project.

Alec Spencer: I was talking about the efficacy of programmes—the research shows that it is better to deliver the programmes in the community if possible. However, if we have people in prison, we have to accept that the outcomes might not be delivered as efficiently.

It is absolutely correct to say that prison provides an opportunity for people who have a chaotic lifestyle to reorder their lives, think about their responsibilities and change their perspective. We can do a range of things with prisoners to help them to think about issues, to give them knowledge about their various problems, if they are to do with addictions, and to try to affect their cognitive processes, if we have long enough, so that they can understand what their actions mean for them, their families and their victims.

Janice Hewitt: Convener, I think that you might be referring to the individual whom we saw on Monday, who alluded to the fact that he could not have coped with the programme in the community. He said that prison saved his life because he was, to use his word, crackers at that time. His problem was that he needed the institution to take him away from drugs and he needed the regime to

make him attend the programme. We saw an articulate man who was forceful about what he was saying had happened.

I am conscious that, when we try to arrange certain types of work opportunities, we cannot get accreditation, because the recognised accrediting body will not give it unless the prisoner can show that they are out in the community digging roads, for example, and we cannot bring digging equipment into prisons. The Construction Industry Training Board has said that it needs to know that the prisoners can work with scaffolding, but scaffolding is not really something that we want to bring into prisons at the moment.

The Convener: That is reassuring.

Janice Hewitt: One thing that we are particularly trying to encourage, especially with long-term prisoners, is the development of more placement opportunities. The open estate and some of the top-end facilities will try to encourage that type of opportunity, but we hear of new opportunities being discussed, such as home detention, curfews and the use of tagging, which would help to enhance what is already being done. However, I return to the point that some individuals require a certain level of prison regime and comfort to address their issues. In the case that I mentioned, the issue was anger.

The convener asked what might have an adverse effect. Most committee members are aware that we are making significant developments in the SPS's physical estate. We may have difficulties with the physical estate—

The Convener: I will stop you there. Do you have difficulties? That is the question. We know that the SPS estate is overcrowded and that there are plans to alleviate that, but does that situation hamper what you are trying to achieve in your rehabilitation programmes?

Alec Spencer: The short answer is yes. We have a high turnover, which means that a lot of people come through our doors, and we have overcrowding, which puts pressure on staff and prisoners. I am sure that Andrew Fraser will talk about some of the mental health pressures that that places on prisoners.

Dr Fraser: Although I am a relative newcomer to the Prison Service, I can say that there is a great list of barriers to rehabilitation. The built environment is one. Some of what one sees is awful. I would not want to live in it, either, but it is prison and a substantial proportion of prisoners would rather be there than outside. That brings me on to whether the world outside is a barrier to rehabilitation, which it certainly is in all sorts of ways.

To return to my list, the state that the other prisoners are in and how they engage in prison are important, because peer influence on prisoners' rehabilitation is important. The staff and their attitude are also important. The overall environment of prison can be a barrier or an asset; in many of the places that I visit, where there is a humane atmosphere, it is an asset.

There is also the reputation of prison that prisoners encounter before they go in. Prisoners ask themselves whether they will be treated with respect when they go in and whether the prison staff will address their immediate issues. Some anecdotal evidence shows that, when people with drug problems know that when they go to prison they will be treated and that people will meet them head to head about their problems, the prospect of prison does not hold awe or have the negative connotations of the deprivation of liberty.

I return to the point about the world outside. Let us say that someone who has been on an anger management programme goes straight out to the housing department, which gives them the runaround, finds that they cannot get on to a general practitioner's list and therefore cannot get access to a service for those with a drug problem and has their dealer or loan shark waiting on the corner. They are going to be angry—I would be angry too—and when someone is subjected to such stress, no anger management course is going to remove their capacity to take a few steps back, no matter how effective it has been.

Alec Spencer: Prison also creates problems. Quite a number of people lose their jobs and accommodation as a consequence of being in prison, even for a short period. If they have financial problems, those problems will not be any easier when they get out—whatever their debt is, it will probably have increased. They lose contact with their families and relationships. We have a lot of problems dealing with the reintegration of people into the community afterwards.

11:15

The Convener: Presumably, the question of people's self-worth as an individual adds to the problem. In your view, does prison lifestyle have a big impact on a person's self-worth, making it more work for you to rehabilitate them?

Dr Fraser: Prisoners rarely regard themselves as particularly smart in the first place. They are in a harsh hierarchy, both outside and inside prison. Although they may not wish to admit it, their self-esteem is often at rock bottom. We try to build up their life skills and mental health skills. Again, as someone new to the service, I would like prisoners to retain contact with families a lot more, so that close relationships are as good as they can be

when prisoners are released. There is a lot of apprehension among prisoners about what it will be like when they go back to their partners and families. It is slightly different for partners and families, who have coped without the prisoner for some time.

The Convener: I was going to ask you about that later. We would be interested in going into that issue in some detail.

Margaret Smith: What percentage of prisoners would you quantify as having a mental health problem? I know that that is a difficult question.

Dr Fraser: We have had a go at that. In the mid-1990s, a survey on stress, anxiety and depression found that 30 to 60 per cent of prisoners suffered from one or more of those. During their time in prison, the vast majority of prisoners—probably 80 or 90 per cent—will have a mental health problem, although it may not be profound. Taken together with the addiction problem, the personality disorder and their situation, prisoners may say that they are depressed or anxious.

Marlyn Glen (North East Scotland) (Lab): I would like to ask about minority groups and their reaction to prison. I welcome what you said about the importance of individualised plans and of considering individual needs—obviously, that is a huge difficulty, but I welcome that emphasis. Do agencies report problems concerning how minority groups cope with imprisonment? What are the specific areas of sensitivity?

Alec Spencer: That issue is increasingly important to the Prison Service. We are conscious of the need to respect diversity in all its forms. I do not have the results of our prison survey with me—although they have been published—but the report considers minorities in prison and tries to find out from them what issues they face and whether the service is adequately dealing with those issues. We have race relations officers in each prison; there are ethnic minority officers, too. We would certainly not say that we are any better than anybody else, but we are conscious of the issue and are attempting to deal with it. We know roughly the breakdown in religious differences. A very small number of prisoners—about 100 or so—class themselves as being from an ethnic minority, but for them the issue is important. We have complaints procedures in place and we try to do everything that we can.

Marlyn Glen: Are there opportunities for prisoners designed around those specific needs and sensitivities? You have the core assessment, but there must be difficulties for prisoners on ordinary issues such as food—what menus are available and so on.

Janice Hewitt: We have taken a very conscious view on managing diversity. Andrew Fraser will

pick up on diet and the sensitivities around that.

Dr Fraser: Food is certainly one issue that we have highlighted, but diversity needs to be taken into account in the whole regime. I do not mean to wander off the point, but one thing that I see as I go round is that many of the issues are about religion and football teams, although there can also be local rivalries. Those issues can cause a great deal of tension, so they need to be worked into the diversity mix in addition to what one might think of as conventional diversity issues such as race. Another issue is sexual minorities. Food is just one of a load of issues that affect particular minorities.

Marlyn Glen: Margaret Smith has reminded me that, during our visit to Polmont, we saw some of the good work that is being done to deal with the difficulties that arise around football teams. It seems to me that promoting the idea of diversity is the right approach, because there are so many different attitudes.

As well as mentioning prisoners with disabilities and the issue of sexual orientation, you touched on mental health problems. When we visited Cornton Vale a couple of weeks ago, the governor explained how a huge proportion of women prisoners have mental health problems. How can services and resources within prison be better co-ordinated to support women prisoners? In particular, how can they support young women prisoners, who bring with them another group of problems?

Dr Fraser: First, Cornton Vale is doing a great job. Its population is easily the most unwell—I use that word very broadly—of all our prison populations. Women's prison populations all round the world have high needs, including health needs. Often, women prisoners have had a dreadful life, in which prison is just another bad episode. It is to be hoped that prison is the final fall before the women go on the way up.

Obviously, we concentrate on women's needs by having a single establishment for the imprisonment of most women prisoners. Very few women prisoners do not go through Cornton Vale. However, as the committee is probably aware, we have small populations of women prisoners at a distance from Cornton Vale, in Dumfries, Inverness, Aberdeen and—due to overcrowding and the need to accommodate more women prisoners—in Greenock. However, the women who are sent to those prisons are usually short-term prisoners who have been convicted, although there are other criteria.

The principles of assessment are the same—they are just as rigorous—and there are high staffing levels. Cornton Vale is also organised in the right way. People with profound problems are

mainstreamed in one hall, Ross House. However, the service in Cornton Vale is shaped so that, from day one, prisoners are in an almost therapeutic environment to help them think about where they go from there. That helps to stabilise them and it starts to challenge them, but only at a pace that they can manage.

Janice Hewitt: We have developed a more rational approach to opportunities and interventions in our core-plus model, which is detailed at the back of the inclusion policy pack that we provided to the committee. That document describes how menus of opportunity can be made available to the young adult and female prison populations, although different styles of delivery might be emphasised for each of those populations. Together with the governor and management team of Cornton Vale, a member of my staff has put together a core-plus model for Cornton Vale that recognises the different types of needs that female offenders have and the need for different types of delivery and approach, such as smaller groups or a more therapeutic environment. Great cognisance has been taken of the possible need for a different type of delivery mechanism.

Marlyn Glen: I think that I know the answer to this question, but I shall give you an opportunity to expand on it. Could positive treatment services for women with addictions and mental health problems be better provided in a setting other than prison?

Dr Fraser: The answer is yes, but I have to qualify that. We are going out on a limb here, but I think that, from the point of view of both the prisoner and the sentencer, Cornton Vale is now seen as a therapeutic environment and a place to go for help. In fact, Her Majesty's chief inspector of prisons has said as much, if I may betray the contents of a phone call that I had with him some weeks ago. I had just been to Cornton Vale and had said that Ross House was basically a clinical environment; he agreed, although we disagree on whether it should be that way.

A lot of people there have immense health problems as well as social, environmental and other problems. To me, whether they have committed a crime is purely incidental. In the context of the wider environment of drug taking and crime, committing a crime is quite often an almost random event in someone's drug career. In a fairly short time, Cornton Vale has achieved a reputation of being a good setting.

To develop a point that was made earlier, we are considering how to bring people on by doing things in custody that are not being done elsewhere. I do not think that people should be imprisoned to get the help that they need, but it so happens that we can organise their care to make a coherent contribution where no other services are

available or where people might not take up those services because of capacity constraints.

Marlyn Glen: Thank you. When we are considering rehabilitation, it is important that we concentrate on those issues as well.

Bill Butler (Glasgow Anniesland) (Lab): The SPS's recent response to the consultation on reducing reoffending states, on page 11, that international research has shown that one of the top three factors affecting recidivism is

"The degree of family or similar contact maintained while incarcerated."

Janice Hewitt said in response to Margaret Smith's question that access to family is one of the main factors in relation to rehabilitation and Dr Fraser said that retaining contact with families is important. Could you outline how the SPS attempts to foster a culture of family relations and support in a prison atmosphere?

11:30

Janice Hewitt: I shall kick off on that. You are right to say that family contact is a critical factor. One of the things that I have been trying to explore, given my responsibility for families, is how many prisoners want to keep in touch with their families and how many want to keep in touch with their preferred social supports. I recently spoke to an officer about family contact in long-term establishments such as Shotts. It is quite fascinating to learn that some prisoners do not want contact with their families during that horrendous, long period of time. When there used to be transport to that facility, very few families took up the offer.

The decision not to have contact may have been made by the family, because of the nature of the crime, or it may have been the prisoner saying, "I don't want contact." However, we recognise the critical importance of maintaining family relationships where possible, especially during short sentences.

I will pick up on a point that Andrew Fraser made earlier about the female population. Compton Vale is encouraging contact with children while appreciating that some of the female inmates are there because they have committed a crime related to a partner who has been abusive. We are encouraging contact with the family, but we are saying that we appreciate that that might include extended family as well.

We are working on the issue of transport and families getting to the prison, especially Compton Vale and central facilities such as Polmont. We are undertaking a feasibility study to see how the transport infrastructure influences the contact that

families have with the family member who is in custody.

In the past few years, we have invested in family contact development officers. They work out with the visit staff, who have an important role in the interface with visitors and families as they come into the prisons. The officers, and our relationship with Families Outside, are critical. We need to ensure that we have officers who appreciate the needs of families in relation to transport as well as other things.

Other opportunities include homework clubs and developments allowing young fathers to read stories to their children. A creative look has been taken at how we maintain relationships with families and I have been impressed by the drive to do that. It is not particularly easy and individualised work has to be done to see what contact individuals want with their families.

Bill Butler: What improvement has been effected through developments such as family contact development officers and the relationship that the SPS has established with Families Outside? Has the work been going on long enough to show improvement in terms of enabling families to engage with those who are incarcerated and who wish to have contact with their families?

Janice Hewitt: We would say this anyway, but that is difficult to measure. How do we measure a family's confidence about coming in through the front door?

Bill Butler: Is there anecdotal evidence?

Janice Hewitt: Absolutely, and that is what we have to build on. I will give you an example that the former governor of Polmont would also cite. When Polmont started running induction days for families, especially around the young adult population, there was an attempt to bring families in to see the prison environment and where the individual was going to be housed, which we had not encouraged in the past. One mother said, "I will sleep tonight knowing where my son is. I have in the past had sleepless nights about not knowing where he is. At least now I know he's being cared for." We are building on the anecdotal evidence with Families Outside and with officers. I see great enthusiasm among the family contact development officers about that area of work.

Bill Butler: You said earlier that until recently many of those serving long-term sentences did not wish to have any contact whatever with their families. Is that still the case, or has there been a change in the percentage of those who wish to have contact? You seemed to imply that a large percentage of long-term prisoners wished to have no contact with their families. What can FCDOs—that trips off the tongue—or Families Outside do to

break into that? You are saying that the maintenance of some kind of contact is core to allowing the possibility of rehabilitation and a reduction in reoffending, so how are we getting on there?

Janice Hewitt: The governors of Shotts and Glenochil prisons are committed to trying to motivate families to stay in touch, which is why the service has invested so heavily in family contact development officers. There has been a sea change in our appreciation of that factor as a core element in the reduction of reoffending. The employment of family contact development officers is a positive step, but we also have a far greater partnership arrangement with families than we have had in the past. We have a joint role in motivating families to stay in touch. We provide information—for example, we run a helpline that gives information about visit times for certain establishments. We invest in transport infrastructure—for example, we consider how someone from Inverness might get to Polmont prison. Many families struggle to maintain contact as a result of their physical location.

Bill Butler: I understand the practicalities of trying to help people to maintain or re-establish contact with prisoners. What are the challenges in relation to long-term offenders? You imply that very few—certainly a minority—want to maintain that connection with their family throughout their sentence. Will the developments that you describe have a positive impact by persuading more people to maintain contact?

Dr Fraser: I have a few notes on the subject. It is not possible to create a relationship that is not there. It is possible to make the best of a relationship that is in difficulties by helping it along. Prisoners who have lost contact with people are often in a better state than people who have a dreadful or stormy relationship that suffers many setbacks. When that happens we can try to provide channels for the alleviation of the prisoner's distress, such as listeners schemes or empathetic prison officers. Officers say that when prisoners are suicidal, the best approach is to keep talking and keep their lines of communication open—for example, if their phone card runs out the system can be flexible about giving them one on tick so that they can make the next call. That happens informally. It is about being sensitive to the need to keep the lines of communication open where relationships exist.

Alec Spencer: I do not know the statistics about long and short termers' relationships. To return to the convener's question about the difficulty of rehabilitating people in prison: the high volume of prisoners that we have creates inevitable pressure on visit facilities and a greater turnover of visits, so visits are shorter than we would like them to be—

that is a problem. We have tried to improve the quality of visits, because although we might generate a large number of visits, if conditions are poor or the visitor is too anxious when they arrive to deal with the issues, and leaves in a worse state, the relationship cannot improve. We want families to be involved. We want there to be proper play facilities so that visits can be of a high quality. We need the family to be involved in the prisoner's sentence management and to discuss the prisoner's progress over time.

Bill Butler: How much progress have you made on improving visiting facilities and encouraging the relationships that you describe?

Alec Spencer: My personal view is that there have been huge improvements since we considered the issues in the mid-1980s and early 1990s. A problem that then bedevilled policy making in the prison service was that because prisoners themselves say that family contact is their number 1 priority, higher than sanitary issues, we took the lead from prisoners—perhaps wrongly—and focused on enhancing family contacts and providing crèches and so on. The legacy of that approach, of course, is the slopping-out problem and we are now trying to improve living conditions in prisons.

Margaret Mitchell (Central Scotland) (Con): We have touched on some of the programmes that are available for drug addiction but I want to focus on the broader issue of drug and alcohol problems. How are those problems currently dealt with in prisons?

Janice Hewitt: Andrew Fraser has already alluded to the high number of people who enter prison with addictions. I can support that by pointing out that, for example, there has been a huge increase in the amount of methadone that we dispense in Barlinnie. We recognise that the community has a huge addiction problem with drugs and alcohol.

The prison service is aware of the importance of robust assessment and is good at it. Prisoners allude to the fact that they have an addiction—although that is sometimes obvious from how they look and speak—because they know that they can get help. We have an excellent addictions contract in place that provides a range of opportunities and we are just about to tender for that again. We understand that prisoners require a bit more in terms of harm reduction, relapse prevention and one-to-one counselling. The new tender also includes a greater emphasis on alcohol.

We use a common addictions assessment recording tool—CAART—on each prisoner. Following that, there are a variety of options, including short-term programmes relating to addictions and alcohol. Partners such as

Alcoholics Anonymous, Narcotics Anonymous and a variety of community-based agencies are coming into the prison to help in that regard. On the more holistic view, most of the governors in charge of the establishments are members of their local drug action team. That is important for maintaining community contact and policy influence in relation to addiction services on a broad basis.

Dr Fraser: My end of the business is dealing with the maintenance and stabilisation interventions that try to get people off drugs and stop them abusing alcohol. People cannot do that without counselling and support and other non-medical interventions. Everyone needs some help. Some would say, in fact, that medical help is superfluous if other options are pursued.

We invest heavily in trying to assess and stabilise people—and detoxify them, if they are chaotic and we need to know what is going on with them. We also put people on maintenance treatments, especially if they were already established on those in the community. In the past three years, there has been a vast change in how drugs are dealt with in the prison environment. As I said earlier, many prisoners know that the prison service will deal with them, as far as possible, in a manner equivalent to how they would be dealt with in the community.

The risks that are associated with the subject that we are talking about are writ large in the drug-related death statistics. A high number of people who have died from drug-related causes in the community have been in prison in the year prior to their death. In 2002, well over 50 per cent of people who died from drug-related causes had been in prison in the previous year and 18 had come out of prison in the previous three days. In 2003, the figures improved and deaths were down in all categories, whether the people had been released in the past year, month, week or few days.

There is a risk that people who come off drugs in prison will, when they return to the community, be offered ultimately fatal doses. That is why we are working hard with research people and with community providers of services for people with drug problems, and through our policies, to arm people with skills, replacements and resistance to high doses of illegal drugs. That applies especially to people who are not confident of resisting the offer of drugs when they get out of prison—the aim is to help them survive when they get out.

To give the proportion of people who come into prison with a drug problem, it is the majority of men—between 75 and 85 per cent—and 95 per cent of women.

11:45

Margaret Mitchell: Is that people who have a drug problem rather than an alcohol problem, or does it include people with a mixture of both?

Dr Fraser: People rarely highlight alcohol as a principal problem when they come into prison. The standard statistics show that the majority of people who murder were drunk at the time, but when our prisoner survey asks prisoners what part alcohol played in their offending, the majority say that it played a part, but that it has been overtaken by their drug habit. That is partly because they know that alcohol is not available in prison and partly because it is a legal substance, which means that they can get hold of it.

Margaret Mitchell: If someone is caught taking drugs in prison, what would happen to them?

Dr Fraser: We realise that they have an addiction. We give people drugs to replace the drugs that they crave. It is difficult to know whether people have taken drugs in prison because it is an illegal activity and it is suppressed.

Margaret Mitchell: Is random testing carried out?

Dr Fraser: Yes. I will come to that, after I answer the point about alcohol. Alcohol comes and goes—40 years ago it was the main reason for people offending and coming into prison, but obviously it has been overtaken by drugs. I believe that we will see a rise in the awareness of alcohol issues, partly because we are heading from an environment in which heroin was dominant to a psychostimulant pattern of drug misuse, which means that we will see more methamphetamine and cocaine misuse. The way to come down from those drugs is to take a variety of substances, one of which is alcohol.

Given that we will see more reports involving alcohol, we need to address alcohol in prisons through specific programmes on alcohol excess. That is not so much treatment of alcohol problems—although we need to recognise the need for that—but the type of alcohol-related rehabilitation intervention that Janice Hewitt highlighted.

Alec Spencer: I will add one statistic on prevalence. We aggregate the needs that prisoners express when they are assessed and we have such data for long-term prisoners. In the year from April 2003 to March 2004, 1,748 sentence management cases were undertaken for long-term prisoners. Of those prisoners, 1,700 expressed an alcohol-related issue or need and of them, 340 said that it was high priority, 440 said that it was medium and 920 said that it was low. A large number of prisoners displayed an alcohol-related

need, although they rated their drug-related needs higher.

Margaret Mitchell: If a prisoner was found to be taking drugs, how would that impact on their rehabilitation programme?

Janice Hewitt: We have orderly room procedures if somebody is found with drugs or taking drugs, but as Andrew Fraser said, we recognise that such people have an addiction. In certain circumstances, one measure would be to remove privileges. One interesting thing that we are trying to do in some establishments is to change the orderly room into a care/orderly room. We recognise that many people have addictions and that we must consider how to support and help them.

However, we also recognise that we have to be careful about some aspects of the regime—for example, we have to be careful about health and safety if we recognise that somebody whose work involves operating machinery is using drugs. We have a twin-track approach. We can remove privileges, hence the many recalls from the open estate, but we have a caring approach to people who have to do placements and home visits; we are sensitive and we appreciate that the temptation in realistic environments is difficult to deal with. We can take punitive action, but the service also recognises that it needs to take a caring approach.

Margaret Mitchell: Can I interrupt you there? Do the prisoners have to volunteer for that? Do you need their permission to go ahead and carry out the programmes? Obviously, if you do not have the prisoners on board, the programmes will not be terribly successful. How does the mechanism work? How does the rehabilitation programme address the process of coming off drugs if a prisoner thinks that they do not want to do so because they are in for life?

Alec Spencer: At the end of the day, if somebody does not want to undertake a programme we will not force it on them. They have to want to do it. One of the problems that has plagued us for a while is the fact that our initial response, and the setting up of the mandatory drug-testing approach, had a punitive aim. We tried to find out, on a random basis, who was taking drugs and we would punish people who had drugs in their system. We are trying to move towards a more therapeutic approach that is not about catching people out, and we are engaged in discussions with ministers on that. Punishment will not necessarily take the problem away. We need to engage with people in therapeutic treatments to try to reduce demand and replace their dependency on drugs with other, more pro-social activity. That is the journey that we are taking; we are trying to encourage people into education and

treatment options, but we cannot force those options on them. We cannot force people to understand about life issues; they have to want to start engaging in them.

The Convener: Before we go any further, I point out that we must finish this session by 12 o'clock because we have a report to complete. I have one more question, so Margaret Mitchell's question should be her last.

Margaret Mitchell: How successful are the programmes? Often, drug and alcohol misuse are effects of being in prison and, if anything, they are increased. How effective are the treatments in prison?

Dr Fraser: In 2003, fewer people were dying when they got out than did so in 2002—that is good news. Governors tell us that prisons are calmer because people are less deprived of the drugs to which they are addicted, and there is less dealing and less debt, so replacement has helped. The move away from a punitive approach addresses the reality of people taking drugs; we are asking why they do it rather than hitting them for something that they will do anyway. We are going in the right direction. Hard indicators of how successful we have been are in their early stages, but the prison regime is better because it levels with the prisoner, and drugs are a major part of that.

Alec Spencer: Michael Matheson asked about expectations and about what we can achieve in prisons. We are trying to start people on a journey, but not all the results can be seen in prisons. The work is about harm reduction and about starting to engage in the issues. We desperately need to ensure that community services come into prisons, that we engage with other partners and that offenders get involved in the journey and continue with the issues outside.

Margaret Mitchell: This is probably my last question.

The Convener: Very briefly.

Margaret Mitchell: How does the fact that someone has been in rehab for drug or alcohol misuse affect their opportunities—with employers, for example—when they go outside?

Janice Hewitt: Their opportunities will be affected if they maintain a relationship with an addictions agency on the outside.

The Convener: Thank you. Stewart Maxwell will ask the final question.

Mr Maxwell: Questions, I hope. My first question is on drug and alcohol rehabilitation. You are using Alcoholics Anonymous in the prisons. Does that mean that you support the disease model that AA puts forward and the abstinence

view that it takes? That model of treatment for alcoholism is not universally agreed.

Dr Fraser: We realise that it is an effective intervention. Time and some evidence have supported that. My view is that we need a pluralistic approach that allows prisoners to select what fits for them. If that is one approach, that is fine.

Mr Maxwell: My second question is on interagency working and the connection between what goes on in all the programmes that you have mentioned in prisons and what happens when prisoners leave prison. When we were at Barlinnie on Monday, we talked about some of the problems of people who come in and go out again, in relation to methadone prescribing and retaining tenancies and employment. What steps does the SPS take to integrate its programmes with the agencies that work in the outside world?

Janice Hewitt: We are effective at that and we are getting even more effective at it. The gate book of any prison establishment contains the names of an astounding number of agencies that work in prisons. We do not necessarily get a pat on the back for that, as one could argue that we have just invited everybody and their granny—anybody who can help prisoners—to come in through the door.

The catalyst for such work is the community integration plan. We recognise that there is a lot of unmet need in the prison service. We need agencies on the outside to pick up on those unmet needs and, in many cases, to continue what we have started or what has already been started before the prisoners came into prison. On interagency work, we have made great strides in establishing family connections and connections with colleges and learning environments. We have also made great strides in engaging employers and getting them—

Mr Maxwell: Can I ask about health? Perhaps Dr Fraser can answer this. The issue of methadone came up on Monday. There are obviously other issues, but there are problems with someone not retaining their methadone prescription when they leave prison and the fact that there are often gaps between their leaving prison and their picking up their life in the community. That creates problems for individual prisoners, and that hole almost inevitably leads them to go in search of illegal drugs to fill the gap.

Dr Fraser: The situation is getting better, although there are patches around the country where it is not good. It is good in Edinburgh and Glasgow at the moment. We have to map on to the services that exist out there, which are variable. We are trying to be consistent within the prison service, which is quite a challenge. Linking

up with outside services is a challenge, too; however, the progressive services out there really want to link up with us and are increasingly successful at that, although there is still some way to go.

Mr Maxwell: My impression is that the situation is patchy.

Dr Fraser: Yes.

Mr Maxwell: We have heard that there can often be a conflict between different agencies because custodial and non-custodial agencies have different targets, needs and strategies. How do you attempt to share the priorities for delivering rehabilitation between those competing strategies and targets?

Janice Hewitt: From my previous employment, I know the dilemma of conflicting public sector targets and performance measures—for example, police clean-up rates, legislation on antisocial behaviour and fining parents for their kids not being at school. Those factors will, ultimately, have an impact on prison numbers. The Prison Service has to get better at policy influence, and we are trying to develop various forums. In the past, the SPS was probably guilty of not sharing the policy development with others.

We have developed the external advisers forum. Public, private and voluntary external agencies are members of that forum with us, which offers an arena like this committee in which the members can ask whether and how SPS objectives can be shared.

One positive outcome of the tripartite group, which involves the Scottish Executive, the Convention of Scottish Local Authorities—for which read the Association of Directors of Social Work, too—and the SPS, is that we are starting to talk about shared objectives. An example of that relates to addictions and transitional care. Positive strides forward are being made and the SPS is actively trying to influence policy when it can.

12:00

Mr Maxwell: My next questions may be unfair. On influencing policy, what has emerged consistently today is the many problems with the transitions between the outside world and prison and between prison and the outside world—problems at both ends of a sentence.

A person who went into prison for a short-term sentence might lose their tenancy. If their tenancy had been maintained and their house remained, many of the problems that they might have faced when they left prison would not exist. Family connections, which we have discussed, and the ability to retain employment are critical to avoiding

the downward spirals that prisoners can experience.

Do you have a view on the proposal from several sources of more flexible sentencing and part-time sentencing—whether at weekends, evenings or whatever—which are used in countries around the world? Would that perhaps not solve but assist in dealing with some of the issues that we have discussed?

Alec Spencer: I am not sure whether we have a formal view, but we were recently asked to think more about that. I make the general point that we do not want to encourage increased use of imprisonment. If an intermittent imprisonment arrangement—whether at weekends or during the week—were to add to the numbers who go to prison, we would try to avoid it. Replacing full-time imprisonment with part-time imprisonment must provide a benefit somewhere. It is important to consider individuals' needs and to award prison as a punishment of last resort. If weekend imprisonment meant that somebody could retain a job, so much the better, but perhaps that approach would not necessarily be important for somebody who was not employed.

The experiences from abroad are that when somebody receives 10 days in prison over five weekends, for example, they find the sentence quite punitive because, if they work, all their leisure time for the next month or so is spent in prison. The problem for us is that such an arrangement would add to the cost, because unless we can do a Box and Cox—unless we can have hot beds whereby some people are out while others are in—we will need more resources and more accommodation. We need to consider the system. If it is an alternative, it is welcome; if it is extra, we are not as keen.

Mr Maxwell: I do not see the proposal as an extra. On Monday, we met somebody who had had a serious drug problem but seemed to have cleared that up. Most of his crime had been associated with drugs. He had committed a car offence some time after his previous last offence and he was on remand. While he was out of prison, he obtained a job. It was obvious that he would have benefited from weekend sentencing, because he had dealt with the drug problem with which most of his crime was associated. He said himself that he had committed a stupid car offence some time after his last offence.

Alec Spencer: I will ask one question. What is the reason for putting that person in prison?

The Convener: Previous convictions.

Mr Maxwell: That is a different question.

Alec Spencer: If a person does not require imprisonment because society does not need to

be protected from them, why do we want to give them a weekend sentence? Perhaps judges want to impose punishment, but that is a different issue.

The Convener: You know what you are doing. We would like to be able to answer that question.

I am afraid that we must end now. I apologise to members and to the panel, because we could have continued all day—the session has been excellent. I assure the witnesses that they have given us valuable evidence for which we are grateful.

There are outstanding questions that we would like to have asked had we had more time. I presume that it would be okay to put them in a letter to you, to ensure that we cover everything.

Alec Spencer: Absolutely.

The Convener: We have learned a lot this morning. The session will be a good reference for us, because it will be in the *Official Report*. We will want to return to some of what has been said. I thank all three witnesses for appearing.

That was the only agenda item in public. The committee agreed to go into private to finish our stage 1 report on the Emergency Workers (Scotland) Bill, which we must complete today. Before we continue in private, we will have a comfort break.

12:05

Meeting suspended until 12:15 and thereafter continued in private until 13:56.

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