A Thematic Review Of Segregation In Scottish Prisons

HM Inspectorate of Prisons for Scotland
2023

Dr Liz Ravalde,
HM Inspectorate of Prisons for Scotland

Deborah Russo,
University of Edinburgh

HMIPS
HM INSPECTORATE OF
PRISONS FOR SCOTLAND

npm
national
preventive
mechanism

THE UNIVERSITY
of EDINBURGH

A Thematic Review Of Segregation In Scottish Prisons

HM Inspectorate of Prisons for Scotland
2023

"Too long in the digger, your mind takes you to another place"

SRU Prisoner, 2022

Contents

Foreword

Wendy Sinclair-Gieben,
HM Chief Inspector of Prisons for Scotland

On visits to Scotland in 2018 and 2019, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) raised significant concerns over the management of segregated prisoners.

In response, HM Inspectorate of Prisons for Scotland launched this thematic review to provide a comprehensive insight into the treatment, conditions, and experiences of segregated prisoners across Scotland and to make recommendations for improvements.

While often viewed simply as dangerous, violent, or refractory, those held in Scotland's Separation and Reintegration Units (SRUs) are also often some of the most vulnerable prisoners, with complex psychological challenges and needs. It is therefore imperative that the State not only ensures that segregated prisoners' basic human rights are upheld, but also that they receive the support they need to move out of segregation, progress through their sentences, and, ultimately, return as responsible citizens living safely in the community when they leave prison.

This review makes clear that the Scottish Prison Service (SPS) and NHS staff do their best to meet segregated prisoners' complex needs and will often go above and beyond to provide support for them. But it is also clear that a significant shift in the approach to segregation is required.

We found that many of the concerns raised by the CPT remain. We found evidence of overuse and long, detrimental segregation periods, and we found a lack of meaningful human contact, mental health support, meaningful activity, and reintegration planning for segregated prisoners.

It was also clear that SRUs are too often used inappropriately as a place of safety for those who are extremely mentally unwell, whether awaiting placement in the forensic secure estate or suffering from severe personality or behavioural disorders which do not meet the threshold for inpatient treatment.

There is therefore a pressing need to review current segregation systems and behaviour management strategies to address these concerns and find alternative options for managing the cohorts of prisoners who cannot function in mainstream accommodation. There is an urgent need to address the issues surrounding the segregation of those identified as requiring inpatient treatment.

To address many of these issues, the focus must move away from simply separating and containing "difficult" and vulnerable prisoners, and towards seriously confronting the systemic issues that have led to the overuse of SRUs and the all-too-common failure of reintegration efforts. The SPS, NHS, and the Scottish Government all have a role to play in this.

Wendy Sinclair-Gieben,
HM Chief Inspector of Prisons

Acknowledgements

Executive Summary

Background

This is the final report of the Thematic Review of Segregation in Scottish Prisons by HM Inspectorate of Prisons for Scotland.

Reports by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on Scotland in (Council of Europe 2019; 2020b), raised significant concerns regarding segregation practices within the Scottish prison estate. The UK National Preventive Mechanism (NPM) reported in 2021 that progress since the CPT reports had been limited. Following these continued concerns, HMIPS launched this thematic review, examining segregation practices across the entire Scottish prison estate.

The aim of the review was to examine the practices and conditions of Separation and Reintegration Units (SRUs) in Scotland, to understand and assess the treatment and conditions of segregated prisoners, and to make recommendations on how to improve the management of segregated prisoners. The review took a human rights-based approach, giving prisoners an opportunity to share their experiences, and viewing the management of segregated prisoners against international human rights standards.

The review makes a number of recommendations, including five sets of key recommendations. These relate to: solitary confinement, management of mentally unwell prisoners, reintegration, tackling the causes of SRU overuse at the individual level; and tackling the causes of SRU overuse at system level. Further recommendations are made regarding: governance and monitoring of SRUs, staff training and support; mental health, trauma-informed practice and therapeutic support; facilities and physical environment; and purposeful activity.

In Scotland, those held in segregation are held in the Separation and Reintegration Unit (SRU) these terms are used interchangeably in the report.

Summary of Method

In this comprehensive review, visits were made to all 15 prison and young offender institution (YOI) establishments in Scotland between autumn 2021 and summer 2022. The methods included:

- Thirty-five interviews with prisoners held or recently held in segregation.
- Thirty-four interviews with prison staff members.
- An SRU prisoner survey.
- An SRU staff survey.
- Review of key documents, policies and data requested from the SPS.
- Observation of prisoners and staff in each SRU and/or other areas where segregated prisoners were held.
- A literature review of international best-practice in the management of segregated prisoners.

Key Findings

The key findings of the review are summarised below:

- Segregation is over-used across the prison estate and too many prisoners spend detrimentally long periods in SRUs.
- Across the estate, segregated prisoners are generally not able to access a minimum of two hours of meaningful human contact per day in line with the UN Mandela Rules.
- SRUs are increasingly, and inappropriately, being used as places of safety for prisoners who are extremely mentally unwell but have not been assigned beds in secure psychiatric facilities.
- There are a number of systemic issues across the prison estate (for example, drug circulation, mental health issues, Serious and Organised Crime Groups (SOCG), population management, safety, staffing) that need to be tackled in order to alleviate the estate-wide problems that lead to excessive pressure on SRUs.
- Too little is done to tackle the individual problems that lead to SRU stays and prevent successful reintegration – there is a need to move away from a focus on containment of challenging prisoners, to a primary focus on tackling the underlying problems that prevent them from staying in mainstream accommodation.

- There is a concerning lack of estate-wide planning, strategy, or structure to support successful reintegration from SRUs back to mainstream locations, resulting in too many long-term SRU stays.
- The physical environment of SRUs is generally not fit-for-purpose, particularly for managing the complex needs of many who are held there.
- The regime and availability of purposeful activity in all SRUs is too limited.
- Relationships between staff and SRU prisoners were mostly positive. SRU staff generally appeared to be highly motivated, but often frustrated by the limitations on what they could achieve for prisoners in their care.
- There is a need for better staff training, including greater expertise in mental health, therapeutic approaches to prisoner management, and trauma-informed practice. Ideally this should be delivered through a specialist SRU officer pathway.
- The recording, monitoring, analysis and use of SRU data was very limited, preventing the possibility of using this information to inform and improve practices both within individual establishments and across the prison estate.

Recommendations

The review identified five areas of key recommendations, along with a further five sets of other recommendations.

Key Recommendations

Key recommendation 1 – Solitary Confinement:

1. SPS should urgently develop and implement a framework for ensuring that, at the very least, minimum human rights standards are achieved for SRU prisoners, including the requirement under the Mandela Rules to at least two hours of meaningful human contact per day.

   1.1 This should include Scottish Government (SG) and the Scottish Prison Service (SPS) collaborating on writing this requirement into the prison rules.

Key recommendation 2 – Management of seriously mentally unwell prisoners:

2. SPS, SG and NHS Scotland should work together to urgently seek alternatives to accommodating those presenting as severely mentally unwell, including those diagnosed with or suspected to have personality disorders, in prison segregation settings. Within this:

   2.1 NHS Scotland to work with SPS to urgently review current provision for prisoners with serious mental health issues to ensure that those who need clinical intervention have access to secure mental health facilities in a more timely manner.

   2.2 SG, SPS and NHS Scotland to review the capacity of mental health beds in Scotland against need and model potential future requirements.

   2.3 SG, SPS and NHS Scotland to undertake a workforce capacity exercise to allow for greater mental health support for SRUs.

   2.4 SPS, SG and NHS Scotland to consider developing a joint independent oversight body to make objective and swift decisions about bed allocation for those held in SRUs who may be better placed in secure mental health facilities.

   2.5 SPS, SG and NHS Scotland to set up a joint working group to develop a proposal for alternative spaces for those in the prison estate who are too mentally unwell to be managed in mainstream halls or an SRU. This should specialise in the management of prisoners presenting as mentally unwell or with severe personality disorders and exhibiting extreme challenging behaviour who are not eligible to be allocated a place in a specialist mental health secure unit.

Key recommendation 3 – Reintegration:

3. SPS should urgently develop a comprehensive reintegration strategy. This should be person-centred, therapeutic, psychologically-informed, and trauma-informed, and allow for individual multidisciplinary case management planning on reintegration for all SRU prisoners. It should include:

   3.1 A primary focus on tackling the issues which cause individuals to be segregated in the first instance (such as underlying mental health issues, trauma, fear, substance misuse, anger management, etc) to ensure that their segregation period is as short as possible and is not repeated.

   3.2 The development of step-down/half-way house facilities across the prison estate and designed into new prisons to aid gradual reintegration

and provide in-depth psycho-social support to help SRU prisoners with complex reintegration challenges to progress gradually to mainstream halls.

3.3 Residential areas and personal officers should be fully involved in each SRU prisoner's reintegration plan, and should remain in close contact with the prisoner during their SRU stay.

3.4 SPS should consider developing dedicated "Case Management and Reintegration Officers" appointed to each SRU – similar to HMP YOI Polmont's inclusion officers – whose primary role is to work with SRU prisoners on underlying issues which prevent them from coping in mainstream halls, to manage their reintegration plans, and support them through the reintegration process.

3.5 Prisoners returning to halls from segregation should be given "throughcare" for their first few weeks or months of reintegration, with intensive engagement from their personal officer or "Case Management and Reintegration Officer", including considering adaptations to their regime to help them cope.

3.6 Replacing the Prisoner Management Assurance Group (PMAG) with a new forum which should operate as:

- A forum for Deputy Governors to discuss and assist each other with the management and reintegration of SRU prisoners.
- A chair with overall decision-making powers to ensure that decisive and definitive decisions can be made about prisoners' moves to locations which best suit their needs and enable them to reintegrate quickly.
- Consider developing a national multidisciplinary oversight panel to make recommendations on how to manage individual long-term cases, including experts from secure mental health settings.
- A referral process where prisoners are automatically referred to this forum once they have been in an SRU continuously for four weeks.

3.7 Review the use and success of prescribed rules and consider making more frequent use of these.

3.8 Individual establishments should be encouraged to trial different methods for improving reintegration practices based on international literature on best-practice, and to evaluate the outcomes of these.

Key recommendation 4 – tackling individual-level causes of SRU overuse:

4. SPS should – in conjunction with NHS Scotland where relevant – develop and implement a strategy for early intervention to tackle the underlying personal issues that lead to prisoners being moved from mainstream halls to SRUs (for example, trauma, mental health issues, substance misuse, lack of hope, lack of purposeful activity). It should include:

4.1 A greater and improved use of therapeutic interventions, mental health and psychological and social support, addictions support, and purposeful activity.

Key recommendation 5 – tackling system-level causes of SRU overuse:

5. SPS should – in conjunction with NHS Scotland where relevant – develop and implement strategies for reducing the pressures across the prison estate that lead to excessive pressure on SRUs. This should include:

5.1 Developing and implementing an SOCG population management strategy to reduce the numbers of SOCG-linked prisoners being moved to, and subsequently becoming "trapped", in segregation.

5.2 SPS and NHS Scotland to co-design a strategy for reducing the demand for alcohol and drugs among the prison population.

5.3 SG, SPS and NHS Scotland developing and implementing stronger measures to ensure the adequate provision of support for all prisoners who need support for alcohol and substance misuse.

5.4 Developing and implementing more and earlier mental health interventions, before mainstream prisoners' reach crisis point.

5.5 Introducing more purposeful activity for mainstream prisoners to avoid boredom and social isolation.

5.6 Ensuring that all new prisons are built with smaller halls and single cell accommodation, which more closely replicate living conditions in the community, with the aim that mainstream living areas are safer, calmer and quieter.

Other Recommendations

6. SRU Governance and monitoring

6.1 SPS should consider a revision of the current use and criteria for entry into segregation with the aim of the overall reduction of segregation use.

6.2 SPS should develop an effective data collection, recording, analysis and reporting system for up-to-date tracking of SRU use within each establishment to help identify and act upon trends in SRU use, including data on:

- Continuous length of SRU stay, including transfers between SRUs, for each prisoner to allow for monitoring of long-term SRU use.
- Number of SRU stays – and length of each stay – to monitor "bounce-back" SRU use.
- Reason for each SRU stay.
- Details of reintegration efforts and whether they were successful.
- Concerns about SRU prisoners' physical and mental wellbeing.
- SRU prisoners' access to basic needs and human rights each day.

6.3 SPS and SG should consider a revision to the prison rules to prohibit all use of silent cells.

6.4 SPS should seek to remove orderly room adjudications from SRU facilities – except in cases where the prisoner under adjudication is in, or is likely to be moved to, the SRU – to allow time and space within SRUs for a fully human-rights compliant regime.

6.5 Introduction of strict time limits on the length of SRU stays to reduce the impact of long-term segregation and create immediate opportunities for alternatives to segregation.

6.6 SG should review the current arrangement whereby the power to grant SRU extensions under Rule 95(11) and 95(12) is delegated by Scottish Ministers to SPS.

6.7 SPS should review the current policy necessitating three officers to open all SRU doors, with a view to considering whether greater flexibility in risk-assessed situations would safely enable a more adaptable regime, allowing for a more tailored approach to the individual risks and needs of each prisoner.

7. Staff training and support

7.1 Development of a professional pathway for officers to undergo training to become specialist SRU officers, with in-depth training in managing prisoners with mental health issues, trauma-informed practice and therapeutic support.

7.2 All SRU officers and managers to receive in-depth mental health training to better understand how to manage those who are mentally unwell, and understand the effects of segregation on mental health.

7.3 Training in trauma-informed practice and therapeutic support should be considered essential for all SRU staff.

7.4 Move towards a working culture in SPS within which the profound and potentially traumatic effect that segregation can have on prisoners is better recognised, understood, and mitigated.

7.5 Introduce a maximum limit of three consecutive years of service for officers working in an SRU.

8. Mental health, therapeutic support and trauma-informed practice

8.1 Introduce the systematic provision of psychological interventions rooted in therapeutic and trauma-informed practice provided by clinical specialists for those spending longer than one month in an SRU.

8.2 Consider changes in approach to segregation by drawing from the management of seclusion in mental health settings and adapting this for a prison environment.

8.3 NHS Scotland and SPS to consider routinely seeking SRU prisoners' consent to share key mental health information with SRU prison staff in cases where such information-sharing will improve the ability of SRU staff to support those in their care

9. Facilities and physical environment

9.1 The physical environment of SRUs should be substantially improved to create a more calming, therapeutic environment.

9.2 SRU cells and shared areas should be adapted to be more conducive to sensory stimulation and positive mental wellbeing, including: better access to natural light; bigger, brighter windows; improved air circulation; access to nature and green space; and introduction of facilities to allow for creative expression (such as chalkboards/whiteboards on cell walls)

9.3 Where new prisons/SRUs are built, dedicated space for service provision such as education, meaningful human contact, and psychological and therapeutic intervention should be built into the SRU design.

9.4 All new SRUs/holding cells should be designed as dedicated units with staff in close proximity to cells at all times.

9.5 In establishments where SRUs/holding cells are not dedicated units with staff in close proximity to SRU prisoners, (for example, HMP Inverness), these cells should be taken out of use.

9.6 All new SRU cells should have in-cell sanitary facilities (shower, toilet, sink).

10. Purposeful activity

10.1 Opportunities for purposeful activity should be substantially increased – particularly for those in an SRU for more than four weeks – with SRU prisoners afforded equal access to activities including education, physical activity, library, and chaplaincy.

10.2 Access to education and other purposeful activity in-person should be the norm for SRU prisoners where possible.

10.3 SPS should consider the development of a prisoner buddy/peer-support system whereby trusted mainstream prisoners can spend time interacting with risk-assessed SRU prisoners.

1. Introduction

Background

This is the final report of the Thematic Review of Segregation in Scottish Prisons by HM Inspectorate of Prisons for Scotland (HMIPS). The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) raised significant concerns, after visits to Scotland in 2018 and 2019, about segregation practices within the Scottish prison estate, and the treatment and conditions of segregated prisoners.

The UK National Preventive Mechanism (NPM) later reported that progress since the CPT reports had been limited (NPM 2021). Following these continued concerns, HMIPS launched this comprehensive thematic review, to examine segregation practices across the entire Scottish prison estate.

There is a long-standing tradition of segregation in Scottish prisons, dating back to 1888, when "challenging" prisoners were located in Scotland's first ever segregation unit at HMP Peterhead (Coyle, 1987). In 1966, this was closed and replaced by a new segregation unit in HMP Inverness, which became known as "the Inverness cages" (Boyle, 1977), due to its limited and severe regime.

In 1973, the HMP Barlinnie Special Unit (BSU) was opened, which adopted a different approach based on the principles of a therapeutic community (Bottomley et al, 1994). However, the status of the BSU as a more progressive unit became a source of conflict and it eventually closed in 1994. Another unit was opened in HMP Shotts in 1990, set up as an alternative to mainstream accommodation for those struggling to cope, but not designated a "special unit".

Today, segregated prisoners in Scotland are held in "Separation and Reintegration Units" (SRUs)[1], suggesting an attempt to move away from purely separation. These are often referred to colloquially as "the digger" or "the seg". During the review period, 12 of Scotland's 15 prisons had an SRU, including SRUs in the all-female HMP YOI Cornton Vale,[2] and the only prison holding young offenders, HMP YOI Polmont. However, the SRU in HMP Inverness comprised of only two cells and did not have dedicated SRU staff. The other three (HMPs Dumfries, Greenock, and Castle Huntly) had a small area of 'holding cells', and would transfer prisoners requiring long-term segregation elsewhere.

The relevant guidance for segregating prisoners is detailed in the Removal of Association policy document (SPS, 2019), which sets out the procedural steps necessary to remove a prisoner from association with other prisoners, in line with Rule 95 of the Prisons and Young Offenders Institutions Scotland Rules 2011 (the Scottish Prison Rules).[3] A prisoner may also be segregated for the protection of their health or welfare under Rule 41, when approved by a healthcare professional.[4]

---

1   This name applies to SPS prisons. In the two private prisons, (HMP Kilmarnock and HMP Addiewell), the segregation units had slightly different names, but for the purposes of this report, they will be referred to as SRUs.
2   Although mainstream female prisoners were also held in four other prisons at the time of the review, HMP YOI Cornton Vale was the only establishment where females could be held in the SRU.
3   The Prisons and Young Offenders Institutions (Scotland) Rules 2011; Rule 95.
4   The Prisons and Young Offenders Institutions (Scotland) Rules 2011; Rule 41.

Objectives

The aim of this review was to examine the practices and conditions of SRUs in Scotland, to understand and assess the treatment and conditions of segregated prisoners, and the experiences of SRU staff. Using this knowledge, the review makes recommendations on how prisoner care in SRUs in Scotland should be improved. Within this overall aim, the main questions and themes the review team focused on were:

1. The purpose of SRUs:

   - What are SRUs used for, what is their purpose, and to what extent do they fulfil this purpose?

2. Profile and management of SRU prisoners:

   - What types of prisoners are held in SRUs and why?
   - How long are prisoners held in SRUs?
   - How do SRUs manage different types of prisoners?
   - What is the role of the Prisoner Management Assurance Group (PMAG) in the management of segregated prisoners and how effective is it?
   - How well do reintegration efforts work, and what are the challenges to reintegration?

3. Prisoner experiences:

   - What are the major challenges facing SRU prisoners?
   - Are their human rights upheld?
   - Do they report any mental or physical health or other negative effects of being held in the SRU?
   - Do they report any positive aspects of being held in the SRU?
   - How do they think prisons could improve the management of SRU prisoners?
   - Are prisoners given adequate access to provisions, facilities, activities, and human interaction?

4. Staff experiences:

   - What are the major challenges faced by SRU staff?
   - Are staff well-enough trained, supported and equipped to work in SRUs?
   - How could the experience of working in SRUs be improved?
   - How do staff feel that SRU prisoner management could be improved?

5. How could SRUs be improved?

   - What examples of good practice were identified?
   - Are there other ways of managing some prisoners without holding them in SRUs?
   - Could other models for managing challenging prisoners be trialled or used as alternative options to current SRUs?
   - How can reintegration efforts be improved?

The review makes a number of recommendations including five sets of key recommendations relating to the most pressing issues raised. These are: solitary confinement; management of mentally unwell prisoners; reintegration; tackling the causes of SRU overuse at the individual level; and tackling the causes of SRU overuse at system level. Further recommendations are made regarding: governance and monitoring of SRUs; staff training and support; mental health; trauma-informed practice and therapeutic support; facilities and physical environment; and purposeful activity.

Limitations of scope

The main limitation of this review was that it was primarily focused on segregation within SRUs. While acknowledging that a large number of prisoners are held in segregation in their own cells (for example, where a prison had no dedicated SRU, or where the SRU was full), this was largely outside of the scope of the research. However, the review team did interview some prisoners who had been segregated in their own cells, both in prisons with no SRU (HMP Greenock) and where there was a dedicated SRU (HMP Perth and HMP Shotts).

The review covered the segregation experiences of males, females, and young offenders. Observations, interviews and surveys were conducted with all three groups. However, given that the vast majority of SRU prisoners are adult males, the review inevitably predominantly reflects their experiences.

Method

The fieldwork was conducted between autumn 2021 and summer 2022. All 15 prison and young offender institution (YOI) establishments in Scotland were visited. Of these, 13 were run by the SPS, and two were privately run. In most cases, visits were conducted over two days. In some instances, such as smaller establishments and those without dedicated SRU facilities, visits took place during a single day. The review took a human rights-based approach, giving prisoners an opportunity to share their experiences of segregation, and viewing the management of segregated prisoners against international human rights standards.

A mixed methods approach was taken to the review, including semi-structured interviews with staff and prisoners, document analysis, an SRU staff survey, an SRU prisoner survey, data requests, and physical observations.

Data and information requests

Prior to each establishment being visited, the review team requested management information on all currently-segregated prisoners (both those held in the SRU and those confined in their own cells) and prison policies on managing segregated prisoners.

Overall data on all segregated prisoners in Scotland across the entire review period was also requested from SPS. This included information on the number of segregated prisoners, length of stay, reason for stay and type of rule. However, much of this data was not available, so the same data for a given date in September 2022 was requested to provide a snapshot of the SRU prisoner population.

Observations

During each visit, the review team visited the SRU (or holding cells, in prisons without an SRU), observing prisoners and staff, and inspecting facilities and conditions. During visits, orderly room adjudications and case conferences taking place in the SRU were also observed.

Interviews

Semi-structured interviews were conducted with 69 participants. This included 35 prisoner interviews, most of whom were staying in an SRU at the time of the interview. A small number of interviews were conducted with prisoners who had recently been in SRUs and with those who were – or recently had been – confined in their own cells on a Rule 95 or Rule 41. One interview was conducted with a non-SRU prisoner who worked as a passman – a prisoner working in a trusted job who, in some cases, has access to different parts of the prison to work, for example, as a cleaner – in an SRU. In selecting prisoners to interview, the review team sought to hear from a wide range of prisoners, with different experiences regarding their length of stay, reason for stay and the type of rule they were held on in the SRU.

Interviews were conducted with 34 members of prison staff. Most of these were uniformed officers working in an SRU, including residential officers and first line managers (FLMs). Other staff members interviewed included: SRU unit managers, deputy governors, governors, mental health team staff, and prison psychiatrists and psychologists.

Participation in the interviews was voluntary. Prisoners and staff were asked by the review team during the visit if they wished to take part in an interview. If they did, they were given a consent form and privacy notice. Where they consented to it, interviews were recorded for transcription. All but one of the interviews were conducted in private, with only the review team and interviewee present. One prisoner interviewed was on special security measures, meaning that for safety reasons identified by prison management it was necessary for prison staff to remain in the room during the interview.

Staff and prisoner surveys

In most establishments, SRU prisoners and staff present on the days of the visit were given a short survey to complete about their experiences of living or working in the SRU.[5] Each survey was accompanied by a privacy notice and consent form, and participation was voluntary. These were collected by the review team before leaving the establishment.

As it was not possible to establish how well the survey samples reflected the experiences of all SRU prisoners or staff, its findings are somewhat limited, but are nevertheless informative in triangulation with the findings of other methods employed during the review.

Literature review

A literature review was carried out looking at international best-practice in the management of segregated prisoners to help inform the recommendations in this report. This focused on evidence relating to best-practice in the reintegration of long-term prisoners, managing segregated prisoners with mental health issues, and the use of trauma-informed practice and therapeutic support in the management of segregated prisoners. It focused on practices in countries in western Europe, North America, New Zealand and Australia.

Data collection and storage

All data was collected and stored in line with General Data Protection Regulation (GDPR). Participation in interviews and surveys was voluntary, and participants were provided with a consent form and privacy notice prior to taking part. Care has been taken to ensure that no individual participants are identifiable in the report. All personal and potentially identifiable data was stored in line with GDPR and HMIPS policy on HMIPS secure servers and will be destroyed following the publication of this report.

---

5   See Appendix 1 and 2.

2. Human Rights Overview: The Human Rights Implications of Segregation

Background

HMIPS's inspections and monitoring are embedded in human rights principles. This is critical in ensuring that the human dignity of prisoners is upheld and that prisons are places of productive, positive and purposeful activity, including education, work and interaction, leading to better outcomes in reducing recidivism.

HMIPS's approach is heavily influenced by a number of international human rights bodies and instruments, including: the standards of the Committee for the Prevention on Torture (CPT); the UN Standard Minimum Rules for the Treatment of Prisoners 2015 (the Mandela Rules); the European Prison Rules 2006 (as revised in 2020); UK domestic legislation including the Human Rights Act and the Scotland Act 1998; the European Convention on Human Rights (ECHR) and its case-law; the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders 2010 (the Bangkok Rules); and the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

In its examination of segregation in Scottish prisons, this review considered the national and international positions relating to solitary confinement, particularly the Mandela Rules. This is covered at length in the relevant section of this review.[6]

Relevant human rights bodies and instruments

The European Convention on Human Rights (ECHR)

The ECHR is one of the key legal instruments in the setting of human rights standards in prisons across the member states of the Council of Europe (CoE). Its relevance and strength lies – unlike other international instruments such as the Mandela Rules – in its legal enforceability within the European Court of Human Rights mechanism (ECtHR). The two fundamental provisions of the ECHR applicable in the context of prisoners' segregation are the following:

> **Article 2: Right to Life:** "Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which this penalty is provided by law."

> **Article 3: Prohibition of Torture:** "No one shall be subjected to torture or to inhuman or degrading treatment or punishment."

Both provisions are important in the segregation context. Article 2 relates to the positive obligation owed by the State to ensure prisoners' right to life is respected, while Article 3 relates to whether the segregation may amount to inhuman or degrading treatment or punishment in certain circumstances.

---

6   See Section 7 (Solitary Confinement) where solitary confinement as defined in the Mandela Rules is covered more fully.

The European Court of Human Rights (ECtHR)

The ECtHR is the body responsible for interpreting the ECHR and hearing cases brought to it by member states once domestic legal pathways have been exhausted.

Whether conditions of segregation amount to inhuman and degrading treatment or torture by virtue of solitary confinement largely depend on the individual circumstances of each case and will normally be coupled with other factors, including "conditions, regime, duration, the individual's socio-psychological make-up and the context for their placement in solitary." (Shalev, 2015:147).

As a general rule, to be within the scope of Article 3 the treatment must fall beyond what the ECtHR considers "the unavoidable level of suffering inherent in detention".[7] In the specific case of solitary confinement, the court's approach has been that the isolation would normally require aggravating features to reach the threshold required by Article 3.[8]

However, since 2012, the court appears to have been more influenced by the approach taken by the CPT. For example, in the cases of Piechowicz v Poland and Horych v Poland (2012), breaches of Article 3 were found due to the lack of physical and mental stimulation given to the applicants. Further, the court has adopted a cumulative effect approach in cases of solitary confinement, whereby when coupled with a strict regime, isolation may reach the threshold for a breach of Article 3.[9] Notably, in cases of solitary confinement for protective reasons, the court has been clear this would only be lawful for limited periods.[10]

As our review indicates, the combination of poor environment and limited stimuli in segregation units risk a stark deterioration in prisoners' mental health. Many of the prisoners we interviewed had self-harmed, some had previously attempted suicide, and a few had witnessed fellow prisoners taking their own lives. An extensive section focusing on the mental health of prisoners in segregation is covered in this review.[11]

The applicability of Article 2 in this context is therefore clear, as demonstrated in the case of Keenan v UK (2001), in which a prisoner with mental illness took his own life following a period of seven days in segregation for an assault on prison officers. Although the court did not find a violation of Article 2 in this particular case, it determined a member state's obligation to protect prisoners' lives. Notably, a violation of Article 3 was found, on the basis that the placement in segregation of a prisoner with mental illness was considered incompatible with the provision.

More recently in the case of Sy v Italy (2022), the court found a breach of Article 3 in the case of a prisoner with personality and bipolar disorders, due to the authorities' failure to transfer him to a suitable psychiatric unit.

---

7   Iorgov v Bulgaria (2004)
8   Notably in the case of Ilascu and Others v Moldova (2004), the court found a breach of Article 3, specifically that the treatment of the applicants amounted to torture due to a combination of factors, which included lack of heating and ill-treatment. In the later case of Ramirez Sanchez v France (2006) however, the court found no breach of Article 3 despite the applicant's eight-year period in solitary confinement, because of the human contact he was afforded during this time. More recently, in Babar Ahmed and Others v UK (2010), the court took the view that extraditing the applicant to a supermax facility in the US would not amount to a breach of Article 3, despite the extreme form of solitary confinement exerted on prisoners in such establishments.
9   Harakchiev and Tolumov v Bulgaria (2014); Bamouhammad v Belgium (2015)
10 In the case of X v Turkey (2012), for example, in which a homosexual prisoner was located in solitary onfinement for their own protection for a period of eight months, the court found a breach of the provision and considered his treatment excessive in the circumstances.
11 See Section 9 (Mental Health).

The Committee for the Prevention of Torture (CPT)

The CPT is the investigative body of places of detention within the CoE which embeds human rights principles in its daily practice, and, as such, HMIPS aims to adopt a similar approach to its inspections and monitoring.

As set out in its standards document, the CPT's position in relation to solitary confinement is the following:

> "The CPT pays particular attention to prisoners held, for whatever reason (for disciplinary purposes; as a result of their "dangerousness" or their "troublesome" behaviour; in the interests of a criminal investigation; at their own request), under conditions akin to solitary confinement."

> "The principle of proportionality requires that a balance be struck between the requirements of the case and the application of a solitary confinement-type regime, which is a step that can have very harmful consequences for the person concerned. Solitary confinement can, in certain circumstances, amount to inhuman and degrading treatment; in any event, all forms of solitary confinement should be as short as possible." (2011:18)

The CPT has been clear in its adoption of the definition of solitary confinement as enshrined in Rules 43 and 44 of the Mandela Rules.[12]

The European Prison Rules (EPRs)

The EPRs represent a substantial body of rules applicable in the prison context and often referred to in the judgments of the ECtHR. The EPRs were significantly updated in 2020 and provide a number of important provisions relating to solitary confinement, but also more specifically to prisoners who are segregated with mental illness.

In respect of solitary confinement, the introduction of Rule 53A provides a new focus on separation as a special high security or safety measure. Separation as a punishment in the form of solitary confinement is covered by Rule 60.

Rule 53A is an extensive and comprehensive provision, which provides for a number of key conditions, which are particularly relevant in the context of this review and are set out below:[13]

> "53A(a) prisoners who are separated shall be offered at least two hours of meaningful human contact a day;
>
> 53A(b) the decision on separation shall take into account the state of health of the prisoners concerned and any disabilities they may have which may render them more vulnerable to the adverse effects of separation;
>
> 53A(c) separation shall be used for the shortest period necessary to achieve its objectives and shall be regularly reviewed in line with these objectives;
>
> 53A(f) the longer a prisoner is separated from other prisoners, the more steps shall be taken to mitigate the negative effects of their separation by maximising their contact with others and by providing them with facilities and activities;
>
> 53A(i) when separation is adversely affecting a prisoner's physical or mental health, action shall be taken to suspend it or to replace it with a less restrictive measure …"

---

12 See Section 7 (Solitary Confinement).
13 For brevity, not all provisions are included – the EPRs can be accessed on the Council of Europe website.

Solitary confinement is specifically covered in Rule 60 of the EPRs, in which the same definition of solitary confinement as set out in the Mandela Rules is adopted, defined as: "the confinement of a prisoner for more than 22 hours a day without meaningful human contact". The following provisions are particularly relevant in the context of our review:

> "60.6.b The decision on solitary confinement shall take into account the current state of health of the prisoner concerned. Solitary confinement shall not be imposed on prisoners with mental or physical disabilities when their condition would be exacerbated by it. Where solitary confinement has been imposed, its execution shall be terminated or suspended if the prisoner's mental or physical condition has deteriorated.

> 60.6.c Solitary confinement shall not be imposed as a disciplinary punishment, other than in exceptional cases and then for a specified period, which shall be as short as possible and shall never amount to torture or inhuman or degrading treatment or punishment."

The inclusion of the new Rule 53A is significant as it aims to cover all circumstances of separation, covering any potential legislative or interpretative loopholes.

Human rights summary

As is clear in the findings of this review, we encountered many instances in which the provisions of the instruments cited above were at stake or potentially violated, particularly in the context of prisoners with serious mental illness being held in segregation, as well as prisoners in segregation not being offered the opportunity for a minimum of two hours' meaningful contact per day. The inherent vulnerability of segregated prisoners is heightened when coupled with mental ill health. SPS have a duty to protect, safeguard and promote the health and well-being of prisoners in their care, and this must extend to all of those held in segregation.

3. SRU Prisoner Profile

Background

This section provides a summary of SRU stays in Scotland, including the length, type and reasons, as well as the common characteristics of SRU prisoners.

Data was requested from SPS on SRU stays for the one-year period from 1 April 2021 to 31 March 2022. However, limitations in their data recording systems meant that SPS was only able to provide some of the data requested. HMIPS made a second request for the same data for a single day – Wednesday, 28 September 2022 – to provide a snapshot of SRU occupancy across Scotland. Both sets of data are used in this section.

Number of prisoners held in SRUs in Scotland

Between 1 April 2021 and 31 March 2022, 1,242 SRU stays were recorded. The overall number of individuals staying in SRUs will be lower, as a single individual could be recorded more than once in this figure, for example if the type of rule they were being segregated for changed, or if they left an SRU and later returned. However, the 1,242 stays does not include those who were segregated on a rule outwith an SRU (for example, in their own cells), and SPS was unable to provide a figure for this. Therefore the overall number of episodes of segregation is unknown, but is likely to be well in excess of 1,242.

On 28 September 2022, 112 individuals were held in SRUs, with most SRUs operating close to full capacity. Of these 112, two were held in the SRU at HMP YOI Cornton Vale, the only location with a segregation unit for female prisoners.

Table 1: Number of individuals located in an SRU on 28 September 2022 by establishment					
HMP Barlinnie	11	HMP Greenock	0	HMP Low Moss	11
HMP Edinburgh	11	HMP Dumfries	0	HMP Castle Huntly	0
HMP YOI Cornton Vale	2	HMP YOI Grampian	6	HMP Glenochil	11
HMP YOI Polmont	12	HMP Inverness	1	HMP Addiewell	11
HMP Perth	13	HMP Shotts	10	HMP Kilmarnock	13
Total					**112**

Reasons for SRU stays

Prisoners are segregated for a variety of reasons. As mentioned above, SPS was asked to provide data on the reasons for all SRU stays between 1 April 2021 and 31 March 2022. However, due to the limitations of their data-recording processes, this was not possible. Instead, they were asked for a single-day snapshot, and were able to provide this information for all SPS-run prisons. SPS was unable to provide data on the reasons for those segregated in their own cells, or the reasons for segregation in private prisons on this date.

Table 2: Reason for stays in all SPS-run SRUs on 28 September 2022			
Reason	**Number**	**Reason**	**Number**
Rule 95(1)	19	RRC	7
Rule 95(11)	24	Rule 41	4
Rule 95(12)	33	3 x Days Cells – Orderly room decision	1
Total[14]			**88**

As Table 2 shows, the most common reasons for segregation in SRUs were Rule 95, Rule 41, and Refusal to Return to Circulation (RRC).

Rule 95

The most common reason for someone to stay in an SRU is through the use of a Rule 95, whereby a prisoner is removed from association in order to maintain good order and discipline (GOAD), protect the interest of any prisoners, or to ensure the safety of other prisoners. Under a Rule 95(1) a prisoner can only be segregated for up to 72 hours. To extend their segregation, the prison governor must apply for a Rule 95(11), whereby segregation is extended for up to one month. Beyond this one month period, segregation can continuously be extended for periods of up to one month at a time under a Rule 95(12). The SPS can choose to revoke a Rule 95, if appropriate, at any time. As Table 2 shows, out of 88 prisoners held in SPS-run prisons on 28 September 2022, the majority (76) were on a Rule 95.

While SPS was unable to provide the reasons for each use of a Rule 95, during the review Rule 95 was commonly used for GOAD, for the segregated prisoner's own protection, and for the protection of others. In some instances, the individual appeared to be mentally unwell, but did not meet the criteria for a Rule 41 (see below).

Rule 41

Prisoners can also be segregated on health grounds under a Rule 41. This is used to protect that prisoner or other prisoners' health or welfare. As Table 2 shows, four of the 88 prisoners in SPS-run SRUs were held under Rule 41 on 28 September 2022.

Rule 41 is used both in the case of physical illnesses such as infectious diseases (such as Covid-19) and mental ill health. The majority of those on Rule 41 appeared to be suffering from severe mental illness, and in most instances were awaiting assessments for or transfers to secure psychiatric hospitals. Data from SPS shows that in the period between 1 April 2021 and 31 March 2022, 19 SRU prisoners were transferred directly from SRUs

---

14 Excluding data on private prisons (HMP Addiewell and HMP Kilmarnock).

in the prison estate to secure psychiatric hospitals. The review team also encountered several instances of individuals held on a Rule 41 for mental health reasons in their own cells. However, SPS was unable to provide the number of prisoners transferred to a secure psychiatric hospital following segregation on mainstream halls. Thus the true number of transfers from segregation is unknown but likely to be higher than 19.

Refusal to return to circulation (RRC)

Some SRU prisoners are classified as Refusal to Return to Circulation (RRC). RRC prisoners are those staying in an SRU because they refuse to return to mainstream halls, despite prison management viewing it as unnecessary for them to be held in an SRU. In general, attempting to move RRC prisoners to mainstream halls against their will was deemed unsafe due to the risk that they will harm themselves or others in order to be returned to the SRU. Those on RRC were generally held in the SRU for one of the following reasons: while the SPS felt they would be safe in a mainstream location, they themselves believed they would be at risk; they were seeking to manipulate a transfer to a specific hall or wing; or they struggled to cope with the environment on mainstream halls to such an extent that they preferred to stay in the SRU.

SPS data showed that on 28 September 2022, seven of the 88 prisoners (8%) held in SRUs in SPS-run establishments were RRCs,[15] and two individuals on RRC had been in SRUs continuously for over a year. Between 1 April 2021 and 31 March 2022, 14% of the prisoners who had spent over three months in an SRU were classified as RRC.[16]

Three Days Cellular Confinement

Prisoners can be moved to the SRU for a three-day punishment period for breaking prison rules. In general, these individuals would be held in the SRU for the duration of the punishment if space is available, but otherwise may be segregated in their own cell.

Length of SRU stays

SRU stays ranged in duration from several hours to over two years. As the report highlights, the treatment and conditions of those spending prolonged periods in segregation is of significant concern.

Short-term SRU stays

Many prisoners in the SRU are there for only a few hours or days. Examples included prisoners moved to the SRU as: punishment; to remove suspects in violent incidents from association while investigations took place; to recover after a drug-overdose; or for their own protection due to violence or a risk of violence against them. Generally those staying short-term are able to be moved back to mainstream halls, with few or no concerns about their ability to be reintegrated. However, often it is necessary for them to reintegrate onto a different mainstream hall, or into a different prison.

Long-term SRU stays

The CPT reports raised concerns about the fact that many "prisoners were being segregated for extremely long periods of time… either in 'carousel' (moved between different prison SRUs) or a 'yo-yo' situation (moved between the SRU to the mainstream and then back to the SRU" (2019:6; 2020:3). Following up this concern, the review found that between 1 April 2021 and 31 March 2022, 138 prisoners were referred to the Prisoner Management Assurance Group (PMAG), having spent three months or longer in an SRU. In total there were 82 instances in which prisoners were transferred directly from one SRU to another SRU – on the SRU "carousel" – during this period.

---

15 Data was not provided for the two privately-run prisons, HMP Addiewell and HMP Kilmarnock
16 RRCs accounted for 19 of the 138 prisoners who had been referred to the Prisoner Management Assurance Group (PMAG), to which any prisoner spending three months or more in segregation is referred.

SPS was asked for details of the 10 current prisoners who had spent the longest continuous periods segregated in SRUs, including those who had spent time continuously in multiple SRUs. This data shows that the longest continuous SRU stay on 28 September 2022 was 1,017 days – almost three years. Eight individuals had been held continuously in SRUs for over a year, including seven who had been in an SRU for over 600 days, and four who had been in an SRU for over two years.

Those staying in the SRU long-term were those who were most difficult to reintegrate due to their complex characteristics, often including poor mental health, behavioural issues, SOCG links, and substance misuse.

Specific concerns relating to long-term SRU prisoners

Throughout this report, concerns are raised about the conditions for long-term SRU prisoners. While many SRU officers and prisoners noted that short stays can be beneficial for some prisoners, they also noted that SRUs in their current form are not appropriate for long-term use. Documented risks of long-term segregation include adverse effects caused by sensory deprivation, social isolation, worsening mental health and increasing difficulties with reintegration (Grassian, 1983; Haney and Lynch, 1997; Haney, 2003; Smith, 2006).

In terms of meeting their basic physical needs – eating, showering, access to medical professionals and access to fresh air, phones and visits – care for long-term SRU prisoners tended to be good. However, this does not adequately compensate for the prolonged lack of meaningful human contact or purposeful activity they experience, which will be discussed in later sections of this report. The report also raises concerns about the

limitations of current efforts to reintegrate long-term SRU prisoners into mainstream settings, with a lack of a meaningful strategy for both ensuring the reintegration of long-term SRU prisoners and limiting the damaging effects of long-term segregation.

Common characteristics of SRU prisoners

Finally, while every individual case is different, some common characteristics were observed of those staying in SRUs during the review, which highlight the complexities and vulnerabilities of the cohort of prisoners who reside in SRUs.[17] These were:

- **Mental health** – a significant proportion of SRU prisoners reported being diagnosed with and/or taking medication for mental health issues, and a small proportion appeared to be suffering with severe mental health ill health.
- **Childhood trauma** – a number of SRU prisoners disclosed traumatic events they had experienced in childhood, including violence and sexual abuse.
- **Care-experience** – a number of SRU prisoners disclosed a history of care-experience, including those who had been incarcerated in secure care or YOI in their teens or earlier. Several had spent most of their lives in high security settings.
- **Substance misuse** – many SRU prisoners interviewed spoke of having a history of substance misuse both in and out of prison.
- **Serious Organised Crime Group (SOCG) links** – many SRU prisoners were in an SRU as a result of SOCG-related activities or the risks posed to them by SOCG enemies.
- **Multiple SRU stays** – many SRU prisoners had been held in SRUs on multiple occasions. A significant proportion had been on the "SRU carousel" for a long period.

---

17 It is important to note that the data is not available to confirm whether the above characteristics are more common among SRU prisoners than the general prison population.

4. Staff-Prisoner Relationships

Background

> "Honestly, [the SRU has] really helped me recover from where I was at, you know because, I hadn't eaten in two weeks and I landed here and I was kind of expecting more of the same, and it was just right from the start like completely landing in a different world, you know. I've never had one argument with [the staff] and they went out of their way to try and be helpful, you know. And it just takes a massive weight of your shoulders because you don't have that conflict to deal with every day, you know, and you feel safe too."
> – SRU Prisoner, HMP Edinburgh.

Overall, staff generally appeared engaged, motivated, and were trying their best for the prisoners they managed. SRU staff were often praised by prisoners for doing their best to help them deal with any issues they had, helping to access what they needed, treating them with respect, calmly de-escalating tense situations, and spending time talking to them and getting to know them. In particular, many prisoners recognised that staff would often go "out of their way" to help them despite challenging circumstances and the constraints of the regime and physical environment within each SRU. In particular, prisoners tended to report very positive relationships with staff in HMPs Barlinnie, Edinburgh, Glenochil, Kilmarnock, Shotts, and HMP YOI Cornton Vale. However, some prisoners did also report mistreatment in a small number of SRUs.

Building prisoner-staff relationships

Most prisoners spoke about SRU staff being friendly, personable, keen to engage with them, and trying their best to keep prisoners' spirits up. Many spoke of staff going above and beyond to try and help them, and recognising that even seemingly small acts of kindness could make a big difference to their wellbeing. As one prisoner in HMP Glenochil remarked:

> "They [the SRU staff] are alright. If they can help you, they will help you and what I've noticed, right, they always try and keep your spirits up in here. The officers, they are always like, alright, they'll have a little laugh with you and try and keep your strengths up and I think that's proper good."

Many officers and prisoners interviewed noted how SRU staff generally have more time for prisoners than in mainstream halls, with a mental health nurse, for instance, commenting that this leaves SRU prisoners "feeling that they are being listened to". One prisoner reflected this view, commenting that:

> "The staff down here have got more time for you, up the halls they've got like 52 cells which are all double cells so that's 100-odd prisoners. So they've not really got time for you. Everything I ask for I get [in the SRU]. When I ask to talk to a staff member I get to talk to a staff member. The staff have got more time for you."

In some cases, prisoners spoke of this positive environment, in which staff are willing and have the time to engage closely with prisoners and build their trust, as having significantly helped them with issues that led to their move to the SRU. At HMP Shotts, for instance, a prisoner noted how staff assisted him through a very difficult period:

"The guys [SRU staff] were fantastic so they were, fantastic. I was at my most un-trusting period at that time. I had several attempts on my life, I self-harmed on a daily basis, had all sorts of faeces protests. My mental health was probably at the lowest point it's ever been and it would've been easier for them to just put me on a ghost train and start going from pillar to post. But they actually – I think they actually realised that that's the worst possible thing they can do... [So they thought] 'we're going to try and support him through the difficult stage', and they committed to it hence the reason I was there for so long, cause there was obviously a lot of things that needed to be addressed at that time."

Staff members too highlighted this as a central aspect of the work that they do. As one SRU staff member noted:

"Prisoner X, [has] done the majority of his sentence, as far as I'm aware, since he was 16 in SRUs. Every jail he's been to, he's carried out really bad serious assaults on staff. When he came here initially he had a really bad relationship with us, not through anything that had happened, just his experience of dealing with staff in the past. We were in full PPE [personal protective equipment] with him for a period of time, we then de-escalated that down to white shirts [normal officer uniform]... Over time we kind of gained that trust with him. We're now at the stage where we deal with him like any other prisoner and that's not just him I've done that for. The last five, six years – with guys who have caused problems in the estate – and we've worked with them... we've identified the issues that they have... and we've built up that trust with them."

Limitations on staff-prisoner relationships

However, there were limitations on staff members' abilities to build the trusting, therapeutic relationships needed to help prisoners deal with their issues and move out of the SRU.

It appeared that it is difficult for staff to build close, trusting relationships with some prisoners given the requirement for three staff members to be present at all times when an SRU prisoner is out of his or her cell.[18] This requirement means that there is no opportunity for prisoners to have one-to-one, face-to-face conversations with a single member of staff, which is potentially inhibitive of the development of meaningful relationships with staff for those who would feel uncomfortable opening up to three officers at a time. As some staff noted, different prisoners tend to "get on" with different staff members, depending on their personalities, but the benefits of these trusting relationships can be limited if prisoners are not able to speak one-to-one with officers they have come to trust.

Related to this, while in the majority of SRUs staff noted that it was easier to spend more time engaging with SRU prisoners than in mainstream because of the relatively small number of prisoners in an SRU, some staff reported that they could not find time to engage with prisoners because of the busy routine. This was particularly the case in HMP Low Moss, where staff and prisoners tended to report a much stricter regime than other SRUs, with less positive staff engagement with prisoners.

If a large SRU was full or nearly full, some staff observed that they were limited to simply ensuring prisoners' basic needs were met, as well as hosting orderly room adjudications, case conferences, or appointments with external service providers. It was therefore difficult to provide prisoners with more than the most basic regime. As one SRU FLM noted:

---

18 SRUs operate a "three-to-a-door" policy for the protection of prison staff, as set out in the Safe System of Work (SSOW) policy. Under this policy, only one SRU prisoner can be unlocked at any one time, with three officers present at all times.

"… because you're dealing with only one prisoner at a time, it's very difficult with the current staffing levels to provide additional support and then you've also got added to that the safety of staff which is absolutely paramount. So … if we were offering support services to each individual on a daily basis then you would need at least another three officers here so that there's three dealing with the daily routine [and] three dealing with the case management, if you want to term it like that, for each individual prisoner."

Another officer echoed this, suggesting that the prisoner-staff ratio would need to change for officers to spend more time interacting more meaningfully with SRU prisoners:

"I'd like to see less prisoners and more staff, so [staff] have a better opportunity to spend time with prisoners to interact with them in a better way … I mean [we should] take time to take people in an office, sit down and talk to them, find out the root cause of their problems."

A further hindrance to building supportive relationships with prisoners was a lack of training in managing prisoners with issues relating to trauma and/or poor mental health issues, and a lack of training in therapeutic support and relationship-building. As a result, while most staff were dedicated to trying to improve SRU prisoners' situations, they did not necessarily feel that they had the right training or resources to do so.[19]

Variations in prisoner-staff relationships across the estate

There were significant variations across prisons in how much time staff dedicated to developing good relationships with prisoners. As discussed above, in many SRUs considerable effort was made, with prisoners highlighting HMP Edinburgh, HMP Barlinnie, HMP YOI Cornton Vale and HMP Glenochil in particular. As one prisoner reported of HMP Edinburgh:

"I would probably say this is the best out of all the segs I've been in … It's more laid back, you can get a better rapport with the staff here. The staff are more prone to, like, engage with you and ask you how you are and talk to you and stuff like that. With other segs some of them are more kinda stand-off-ish, but I'd probably say aye, this is the best segregation unit I've been in aye."

In others, relationships were less positive, however. Those who had been segregated in their own cells tended to report less positive relationships with staff, particularly females who had been segregated in their own cells at HMP Greenock and HMP YOI Grampian.

In a minority of cases, some SRU staff members' attitudes towards prisoners appeared poor. For example, the review team observed poor engagement with a severely mentally unwell prisoner from a member of staff in one prison, and in HMP Low Moss, staff appeared quick to shut down difficult prisoners, for example during case conferences, rather than allowing them to speak. HMP Low Moss was also notable for its strict, inflexible regime in comparison with other SRUs.

---

19 See Section 12 (Staff Training, Support and Job Satisfaction)

Allegations of mistreatment

Some serious allegations of violence, bullying and heavy-handedness by staff towards SRU prisoners, including during control and restraint procedures, were made by prisoners during the review. One prison in particular was singled out by several prisoners across the estate who had spent time in its SRU during the previous couple of years. Numerous allegations were made of violence, aggression, and intimidation by SRU staff, as well as a failure to take prisoners' mental health seriously.

While many of these reports, and the name of the prison in question, cannot be published here to protect interviewees' anonymity, one prisoner summarised the general tone of the complaints. He reported that in that particular prison:

> "…[staff are] overboard you know. See the amount of times I've been down there and there's boys with two broken wrists and all that. [Prisoners are] asking for the phone and they're [the staff] like 'you're not getting the f***ing phone' you know what I mean? And just leaving them for like two weeks trying to get their lawyers and all that up. They're like that: 'You'll not be going anywhere, we'll let you use the phone and get your lawyer basically once your bruises have healed up', know what I mean?"

Staff-prisoner relationships summary

In summary, prisoner-staff relationships were generally reported to be positive across most of the prison estate, with the exception of one prison about which the review team heard several allegations of violence and abuse from prisoners who had been in the SRU there in the last two years. The flexibility of SRU regimes also varied, and appeared to be closely related to how positively staff and prisoners interacted. Across the prison estate, some limitations to the ability to better harness the positive relationship-building between staff and prisoners were identified, most notably, the limited scope for prisoners to speak to interact with staff, particularly on a one-to-one basis.

Relevant Recommendations

6.7. SPS should review the current policy necessitating three officers to open all SRU doors, with a view to considering whether greater flexibility in risk-assessed situations would safely enable a more adaptable regime, allowing for a more tailored approach to the individual risks and needs of each prisoner.

7.1. Development of a professional pathway for officers to undergo training to become specialist SRU officers, with in-depth training in managing prisoners with mental health issues, trauma-informed practice and therapeutic support.

7.2. All SRU officers and managers to receive compulsory in-depth mental health training to better understand how to manage those who are mentally unwell, and understand the effects of segregation on mental health.

7.3. Training in trauma-informed practice and therapeutic support should be considered essential for all SRU staff.

5. Physical Environment

Background

Overall, the physical environment of SRUs across the estate appears unfit-for-purpose for managing the majority of SRU prisoners. The SRU environment is generally not conducive to the personal development of prisoners given the limited access to sensory, cognitive, physical or social stimulation, and the lack of physical space to try new initiatives to support prisoners. This is acknowledged by many members of staff, who recognise that SRUs were originally built and designed to take violent offenders out of mainstream circulation, with little or no focus on creating facilities to encourage and assist in personal development, rehabilitation, or reintegration.

Facilities, layout and space

The larger SRUs tended to consist of around 14 cells, while the smaller ones had two to five cells. Alongside these, most SRUs had a limited amount of storage and staff space (such as an office, kitchen and toilet) and one to three small exercise yards for prisoners to use alone. Some had an extra meeting/consultation room and/or a closed-visits room, and most had a small gym for individual use.

Lack of space was an issue in all SRUs, adding to the limitations on what services could be provided. Most had limited office space, meaning that there were restrictions on where and when activities such as case conferences or visits from solicitors, social work, medical staff or other external agencies could take place. The fact that, in most establishments, orderly room adjudications usually take place in the SRU each day, and can often take several hours to complete, further exacerbates this issue.[20]

Staff noted that the small amount of space in the SRU limited the scope for trying new ideas within the SRU setting, such as education classes, support work, allowing risk-assessed prisoners to socialise together, or even enabling prisoners to have a private conversation with a staff member. One officer suggested that ideally there would be more space for staff to work, and for prisoners to leave their cells:

> "[Ideally] there would be more space for staff – this room we're in is the orderly room, [our] office, and [the] meeting room. [Ideally] there would be more access to the phones, we've only got one phone – one pay phone … one of the things we'd maybe have is some small recreation room cause some of the guys they are spending extremely long periods in [the SRU] but they are pretty compliant with the staff, they are pretty well behaved with the staff so we could eventually look at maybe integrating them with even another prisoner in here as a part of a management plan. So yes, space, [we would need] space for something like that."

Environment

The general physical environment and condition of SRUs varied between prisons but was generally poor, particularly in the older prisons. In all establishments, most cells were small, painted in dark colours and were often in need of redecoration, with little natural light from windows. Cells were generally sparse and uncomfortable, furnished with very basic furniture – a bed, toilet, metal table and chair screwed to the floor, and a TV. Further, the majority of cells did not have showering facilities; instead prisoners would be escorted to the shower block once a day.

---

20 Orderly rooms (also known as orderlies or adjudications), are the process whereby disciplinary charges brought against prisoners are heard by a member of senior management during the mornings from Monday to Saturday. They are generally held in the SRU as it is common for those charged with a disciplinary offence to be held in the SRU while awaiting adjudication, or to be moved to the SRU as a result of the decision made during the adjudication process.

While the cells we observed were generally clean, some prisoners complained about the sanitation and temperature controls within their cells, with many noting that some SRU cells can get extremely cold or extremely hot at different times of year. One prisoner reported the following about HMP Barlinnie:

> "[The] cells up that end are disgusting. The passmen[21] don't clean them properly. There's stuff over the walls, they are black, some of the windows have got Perspex on the insides with just holes drilled in it so you canny actually open the window, so it's a bit backwards and it's hot cause the radiators are in the room, so it's kind of disgusting."

The majority of exercise yards were very small, predominantly concrete and undecorated. None had natural or green features such as grass or plants. Each small yard was separated by high partition walls. HMP Barlinnie was an exception to this, with yards divided by wire fencing, allowing prisoners to see and speak to each other while they exercised. One prisoner expressed how important it was for him to see a fellow prisoner in person:

> "Now I've been pals with [another prisoner] 17 years, and see just being able to go out and he sees you smiling and I see him smiling – that's a massive thing for a guy that's been down here for two years."

In contrast, a prisoner at HMP YOI Cornton Vale noted how bleak the exercise yards were:

> "I've been offered [time in the open air] but, I mean, it's minimal, again it's not like there's a ray of hope – you know, you look up and there's caging over the top of it and everything."

In general, where SRUs had a gym, this was a small room with several cardio exercise stations, where prisoners could exercise alone. These generally appeared to be in good condition although could have benefited from a wider range of equipment.

Noise was a particular issue in most SRUs, and in many earplugs were handed out to prisoners. Many prisoners complained about the noise from other prisoners banging, shouting, screaming and turning their TV volumes up, keeping them awake at night. As one prisoner noted:

> "I've asked before can I get moved to [the other side of the SRU] because [another prisoner] keeps us awake every night – I can't sleep. It's like I'm going on visits and my girlfriend's telling me I'm shattered, I look shattered. I'm like 'this bloke keeps us awake all the time.' But yeah, they won't. You just have to deal with it."

The combination of dark, bleak, uncomfortable surroundings – both inside and outside – and unwanted noise throughout the night is clearly not conducive to prisoners' well-being or mental health, especially when combined with the extremely limited access to sensory stimulation, natural spaces or light.

Proximity of staff to SRU cells

In larger establishments SRUs are dedicated units with their own staff, and tend to have staff desks located in a central position in close proximity to the cells, with cells on either side of the staff area. Cells all appeared to have working call bells, to allow immediate communication between prisoners and staff.

However, in smaller prisons the SRUs or holding cells form side extensions to a main hall, with staff covering both areas at the same time (for example, HMP Inverness, HMP Greenock, HMP Dumfries, and HMP Castle Huntly). Because of this separation from the main hall, there were often no dedicated staff within the SRU/holding cell areas of smaller prisons, meaning that the SRU unit/holdings cells felt more like a set of multiple silent cells than an SRU. This was a particular concern in HMP Inverness where staff mentioned that certain prisoners' call bells would be switched off as a result of overuse, including in the case of a prisoner who was severely mentally unwell.

---

21 A passman is a prisoner who is employed in the prison to work in a job requiring a high level of trust, such as cleaning in the corridors and/or other areas of the prison, cleaning in the governor's area, or working in the servery.

Similar to HMP Inverness, while HMP YOI Cornton Vale had dedicated SRU staff, the SRU staff office was set apart, and some distance away, from the SRU cells, meaning that staff could not see or hear what was happening in the SRU from their office.

Such set ups are problematic because of the risk of prisoners held in holding cells being left alone for long periods, particularly where prisoners suffer from poor mental health.

Special SRU cells

Most SRUs had specially fitted cells, such as safer cells or silent cells.[22] It was positive to see that, in line with HMIPS' stance against the use of silent cells, the majority of SRUs appeared not to use these to hold prisoners. However, some silent cells did remain ready for use, and their use is allowed under Rule 97 of the prison rules. In HMP Low Moss, the silent cell was used for storage most of the time, but staff noted that it would occasionally be emptied for use. Similarly, the silent cell at HMP YOI Grampian was used during the period of this review, and at HMP Addiewell the silent cell was ready for use, with staff reporting that it was still used occasionally.

Physical environment summary

Both staff and prisoners felt that the fabric of the buildings themselves limited the extent to which conditions in the SRUs could be improved. The lack of space for activities that could support reintegration efforts in combination with the lack of positive stimulation from the environment meant that in general the physical conditions of SRUs are not conducive to supporting prisoners with complex needs.

Relevant Recommendations

6.3. SPS and SG should consider a revision to the prison rules to prohibit all use of silent cells.

6.4. SPS should seek to remove orderly room adjudications from SRU facilities – except in cases where the prisoner under adjudication is, or is likley to be moved to, the SRU – to allow time and space within SRUs for a fully human-rights compliant regime.

9.1. The physical environment of SRUs should be substantially improved to create a more calming, therapeutic environment.

9.2. SRU cells and shared areas should be adapted to be more conducive to sensory stimulation and positive mental wellbeing, including: better access to natural light; bigger, brighter windows; improved air circulation; access to nature and green space; and introduction of facilities to allow for creative expression (such as chalkboards/whiteboards on cell walls).

9.3. Where new prisons/SRUs are built, dedicated space for service provision such as education, meaningful human contact, and psychological and therapeutic intervention should be built into the SRU design.

9.4. All new SRUs/holding cells should be designed as dedicated units with staff in close proximity to cells at all times.

9.5 In establishments where SRUs/holding cells are not dedicated units with staff in close proximity to SRU prisoners, (for example, HMP Inverness), these cells should be taken out of use.

9.6. All new SRU cells should have in-cell sanitary facilities (shower, toilet, sink).

---

22 Safer cells are cells designed to prevent self-harm or suicide, whilst silent cells are cells with double doors which prevent sound travelling between the cell and the hall outside it.

6. Regime

Background

> "[The SRU] needs structure. They [SRU prisoners] need structure. We can't now in 2022 justify putting somebody behind their door for 22, potentially 23, hours a day and they have a shower and a shot of the phone, and if by chance [they] have a family visit or an agent's visit, you know … I think we are way past that as acceptable now, and yeah, people do really bad things, we can't control that as such. But we need to give them the opportunity to improve their own behaviour, improve their education …" - SRU Officer

Overall, the regimes in SRUs were broadly similar across the prison estate, with minor differences between individual establishments. Across the estate, regimes were limited by factors beyond the control of SRU staff, making individual prisoner management difficult to navigate.

General regime conditions

Across the SRUs, the regimes were highly structured, allowing each prisoner – if desired – daily access to a shower, the phone, an hour of access outdoors in the fresh air, and an hour in the gym (if the SRU had a gym). Other than this, prisoners' cells would generally be opened on an individual basis for case conferences, to receive medication, for medical, legal or other appointments, for visits, to receive post, and to receive meals, which were eaten in their cells. Most prisons appeared to adhere to the requirement for a member of senior management to visit each SRU prisoner every day.

The rest of an SRU prisoner's time – often at least 22 hours a day – was spent alone in their cell, with little, if any, activity. The majority reported spending their time watching TV or DVDs, listening to the radio, or reading.

Some SRUs allowed prisoners to play video games. Activities provided in-cell included colouring books, word searches and, in some establishments, educational materials.[23] SRU prisoners could not attend education classes in-person. A few more options were available for young people held in the SRU in HMP YOI Polmont, such as individual sessions with external youth workers or the prison's inclusion officer.

One prisoner told us how she could only sit on her bed and watch TV, because there was nothing else to do most of the time:

> "You get a bit lonely … It's like nothing to do, like you don't have a chair or that in them [the cells] so your back gets sore with just sitting on the bed all the time and all you've got to do is sit and watch the telly, there's no activities … no nothing, just you and your telly."

Flexibility of regime

Different SRUs afforded different degrees of flexibility within the regime, with some SRU staff going out of their way to allow prisoners more flexibility. For example, on the one hand, HMP Barlinnie, HMP Edinburgh and HMP Glenochil, among others, allowed prisoners extra time outside, in the gym or on the phone if they wanted it and there was time and space available. On the other hand, HMP Low Moss maintained a strict, inflexible regime, only allowing for activities such as exercise and gym once a day, and only if prisoners requested it early enough in the morning.

In general, prisoners appreciated the efforts of SRUs who afforded them extra flexibility, accepting the need for a high degree of structure in the routine, but noting that being able to spend more time to exercise, for example, helped to keep them occupied and improve their mental wellbeing. As one prisoner at HMP Edinburgh reported:

---

23 See Section 8 (Purposeful Activity).

"I do quite a lot of pacing in my cell so they get me out for as much fresh air as possible. So usually it would be one hour a day but they tend to go that little bit further with me and try and offer me [more] cause they know it helps me … on paper you're only meant to get one hour a day's exercise but they've facilitated me going out on a more frequent basis cause they know it benefits my mental health."

However, while this is to be commended, where greater flexibility was afforded, this was limited to activities which did not place much extra demand on staff time, for example extra exercise and gym sessions, both of which were undertaken alone in a locked area, without the need for three officers to be present throughout.

Where regimes were less flexible, prisoners highlighted difficulties, particularly for those whose medications may affect their ability to engage in the regime at particular times of day. As one prisoner reported, in one SRU:

" … they want everything so tight and so structured and it doesn't work. You've got guys on anti-psychotics taking their medication at night time and then they're getting told to get out their bed at seven in the morning for a milk. [But] their medication's meant to knock them out, do you know what I mean? [But if] you don't get out your bed at seven in the morning, you don't get a fresh towel, you don't get a milk."

Limits to regime

SRU regimes were significantly limited by a number of factors. Firstly, as discussed in Section 5 (Physical Environment), a lack of space and general-purpose rooms limits what SRUs can do with prisoners.

Secondly, most prisons held their orderly room adjudications in the main SRU office.[24] These would last anywhere between 30 minutes to several hours. This has a significant impact on the regime as all SRU prisoners are held behind their cell doors, and no other activity can take place, until the orderly rooms are completed, because SRU staff are required to manage the orderly rooms, and cell doors cannot be opened unless three staff members are present. This means that the running of an SRU during once the orderly rooms have been completed can be frantic and requires considerable thought and management to ensure the prisoners' needs are met in the time available. An officer pointed out the difficulties of running orderlies in SRUs:

"We have the prisoners' adjudications happening down here … it takes time out our day that we can't afford, we don't have that time … We can't afford time out our day, it's tight enough as it is."

Thirdly, the three-to-a-door policy, as set out in the Safe System of Work Policy (SSOW),[25] allows for only one SRU prisoner to be out of his or her cell at any one time, with three officers present at all times. With staffing levels of around three officers and an FLM on duty at any one time in SRUs, this policy severely limits the regime.

All of these factors prevent the scope for more creative practices – such as therapeutic work, prescribed rules,[26] progression within the SRU, and greater opportunities for social interaction – to support SRU prisoners.

---

24 Orderly rooms (also known as orderlies or adjudications), are the process whereby disciplinary charges brought against prisoners are heard by a member of senior management during the mornings from Monday to Saturday. They are generally held in the SRU as it is common for those under adjudication to be held in the SRU while awaiting adjudication, or to be moved to the SRU as a result of the decision made during the adjudication process.
25 The review team had sight of the policy specific to HMP Shotts but were informed it applies across the estate. According to the SSOW, the only circumstance when the rule is reduced to two officers is when a prisoner held in the SRU is escorted from a holding cell to the orderly room for a disciplinary hearing.
26 See Section 10 (Reintegration).

Regime summary

The restrictions of the regime, both in terms of time, space and staffing, outlined above have a significant impact on the ability of SRUs to function as more than merely places of containment for prisoners who struggle to live safely on mainstream halls. The limited regime affords little scope for purposeful activity, meaningful human contact, therapeutic or psycho-social interventions – the kinds of activities required to enable SRU prisoners to work towards successful reintegration.

Relevant Recommendations

6.4. SPS should seek to remove orderly room adjudications from SRU facilities – except in cases where the prisoner under adjudication is in, or likley to be moved to, the SRU – to allow time and space within SRUs for a fully human-rights compliant regime.

6.7 SPS should review the current policy necessitating three officers to open all SRU doors, with a view to considering whether greater flexibility in risk-assessed situations would safely enable a more adaptable regime, allowing for a more tailored approach to the individual risks and needs of each prisoner.

9.3. Where new prisons/SRUs are built, dedicated space for service provision such as education, meaningful human contact, and psychological and therapeutic intervention should be build into the SRU design.

7. Solitary Confinement

Background

> "There's very little in the way of human contact … There's no socialising … [Even] when they go to exercise, they are not seeing anyone." – SRU officer.

One of the most concerning effects of the highly limited SRU regimes discussed in Section 6 (Regime) was the length of time SRU prisoners spent completely alone and the extremely limited provision of opportunities for meaningful human contact. This is particularly concerning given the numbers of prisoners spending months or years in SRUs. Despite this issue being raised by the CPT in their reports of 2018 and 2019, and again by the UK NPM in 2021, little, if anything, appeared to have changed.

The pervasive effects of solitary confinement have been extensively researched (see, for example, Grassian, 1983; Haney and Lynch, 1997; Haney, 2003; Smith, 2006; Shalev 2014), with the general consensus being that it has damaging long-term consequences. The United Nations Special Rapporteurs on Torture have taken a strong position in relation to the practice, leading to the incorporation of a definition of solitary confinement into the Mandela Rules 2015 (Mendez, 2011).

The research evidence demonstrates that the risks vary depending on individual factors, regime, physical conditions and length of time in isolation. This level of subjectivity inevitably adds complexity. Nonetheless, as noted by Shalev (2014:29), there is:

> "A general consensus among health practitioners and researchers that solitary confinement adversely affects health and well-being and prisoners' chances of successful reintegration into society."

Definition of solitary confinement

According to the UN Mandela Rules, solitary confinement is defined as 22 hours a day or more without meaningful human contact, while prolonged solitary confinement is defined as 22 hours a day or more without meaningful human contact for more than 15 consecutive days. There is an absolute prohibition on the indefinite or prolonged use of solitary confinement under the Mandela Rules. Essex Paper 3, the initial guidance on the interpretation and implementation of the UN Mandela Rules, provides the following guidance on what constitutes meaningful human contact:

> "Such interaction requires the human contact to be face to face and direct (without physical barriers) and more than fleeting or incidental, enabling empathetic interpersonal communication. Contact must not be limited to those interactions determined by prison routines, the course of (criminal) investigations or medical necessity." (2016:88-89)

Lack of meaningful human contact in SRUs

The review team found that in most SRUs, prisoners were not able to access a minimum of two hours a day of meaningful human contact, even those who had been in an SRU long-term. Routinely, almost all prisoners were confined to their cells except when exercising alone or showering.

In general, the only human contact SRU prisoners were able to have regularly was: routine interactions with prison staff; interactions with other prisoners by shouting through windows/over exercise yard walls; visits; daily telephone calls either from a wing phone or in-cell mobile phone; and medical appointments. Most of these do not amount to meaningful human contact in line with Essex

Paper 3. Opportunities for meaningful social contact with members of staff were limited by the constraints of the regime. While some prisons made particular efforts to create time for this, as one officer noted:

> "… we've got buzzers going, we've got people hitting doors, we've got people trying to take their own life … so you've got all that then you've got observations to do as well, 15 minute observations … There's only so much that three members of staff can do."

Moreover, many segregation units did not offer prisoners evening visits, making it difficult to maintain family ties, and not all SRU prisoners wanted or were able to take the opportunity to receive visits.

SRUs with more scope for meaningful human contact

There was slightly more scope for meaningful human contact on a regular basis in some SRUs than others, although in general even in these establishments, prisoners would not routinely have access to at least two hours of meaningful human contact each day. For example, in HMP YOI Polmont, SRU prisoners had access to services such as third sector youth work programmes, education, and work with the prison's inclusion officers. In HMP Barlinnie, two or three SRU prisoners could exercise simultaneously while talking through the wire partition fence, and in HMP Addiewell, there was a small window in the gate of each yard, through which two exercising prisoners could speak, although these were at one to two metres apart. However, in all of these examples, it is unlikely that prisoners were routinely able to engage in meaningful human contact for at least two hours per day.

Some other examples of non-routine opportunities for meaningful human contact were observed. These included the use of prescribed rules (discussed in greater detail in Section 10: Reintegration) to allow some segregated prisoners to socialise with other prisoners; the facilitation of a visit between a segregated prisoner and his father who was detained in the same prison; and two prisoners

in HMP YOI Polmont who were allowed to interact together once a week in the closed visits area.

Effect of lack of meaningful human contact

It was clear that some prisoners felt comfortable with the lack of social interaction in the SRU, and, indeed, some chose to be there. Some reported it as being preferable to being on the wing because they felt safer and calmer, whilst others said it was beneficial to have a short period alone to "clear their heads". As one prisoner reported:

> "[Segregation] doesn't really bother me … I prefer my own company than other people's, because I've been in and out the jail for that long it doesn't really bother me. I'm happy enough to entertain myself than listen to everybody else's bulls**t stories, cause everybody just wants to talk about crime and rubbish I cannot deal with …"

Similarly, another prisoner reported that:

> "I actually prefer [segregation], which I know is a dangerous cycle to get into because it's very easy to shut yourself away and then before you know you've done two and a half years in the digger. But, I'm very untrusting of prisoners and … I've never understood the concept whereby you're encouraged to make positive relationships with your friends in prison but then when you're released you can't sustain the friendships because you've got conditions in place that stop you."

However, many prisoners described being negatively affected by spending so much time alone, describing feeling "lonely", "worthless", "delusional", feeling their mental health deteriorating, and losing their social skills. They also described reintegration becoming harder the longer they spent alone, with one prisoner, for example, reporting feeling "on high alert" and "constantly looking in my wing mirrors" because of the anxiety about being around other people that builds up during time in the

SRU. Negative effects were reported even by prisoners who had only been segregated for a matter of days. As one prisoner reported:

> "See just coming back out to seeing everybody again, going to dining hall and stuff it felt weird because it was only three days but it was three days of being totally isolated from everyone. So, even going back out to exercise I used to go every day and I still don't do that every day now because I'm used to not being out for those three days. Some days I can be annoyed, it's weird, it does have a knock-on effect to your mental health."

Particularly concerning, though, were those prisoners who had spent long periods – months or years – in SRUs. As one prisoner described it: spending "too long in the digger, your mind takes you to another place". Another prisoner noted that:

> "It's no good for you I'll say that. You probably think too much and aye it's no good for you. I've probably done about nine, 10 year in the segs since I was a kid. It's no a good thing, [I'm] no proud of that. I just learned to cope with it, eh. Just here, just it's no good for your mind eh, [I] think you're probably the first [people] that I've spoken to in the last two weeks …"

Some members of staff reported witnessing the deterioration in the mental health of SRU prisoners as a result of prolonged segregation. As one officer observed:

> "I think when we've had guys in here for over a year, I don't think mental health-wise it's good for them 'cause they start to get paranoid because they are there by themselves all the time … They can start suffering probably worse for mental health because they are not getting human interaction as they should."

Staff attitudes towards lack of meaningful human contact

Many staff, as demonstrated above, expressed concerns about the lack of human contact afforded to SRU prisoners, and the effects that this had on them. However, it was notable that during some review visits that while prisoners would speak of their struggles with spending so much time alone to the review team, staff in the same prison felt that this was not an issue for SRU prisoners. For example, in one SRU where prisoners had reported struggling with social isolation, one officer reported that:

> "…in all my time here I've never thought of that; I've never had a prisoner say look I'm really bored. They've got their in-cell TVs, their DVDs and stuff like that, access to the phones, the yards. They can shout over, they're in quite close proximity to the halls, [so] although they cannot see anybody they can shout over and still sort of [be] in touch with what's going on … I've never heard anyone complaining about the sort of social seclusion part of it …"

Equally, some officers did not appear to appreciate the difficulties the lack of meaningful contact caused to prisoners, suggesting a lack of understanding among some SRU officers of the profound effects that social isolation can have on individuals, or how prisoners in the SRU were feeling. Some SRUs did not offer listening schemes to prisoners, which could be beneficial in beginning to address, at least in part, the lack of social contact SRU prisoners experience.

Solitary confinement summary

Overall, the lack of meaningful human contact afforded to SRU prisoners is a major concern, which continues across the estate despite the concerns raised in reports by both the CPT and the UK NPM. As a general rule, SRU prisoners across the estate do not have access to a minimum of two hours of meaningful human contact per day as set out in the Mandela Rules, and many remain in this situation for many months or years.

Relevant Recommendations

KR 1: SPS should urgently develop and implement a framework for ensuring that, at the very least, minimum human rights standards are achieved for SRU prisoners, including the requirement under the Mandela Rules to at least two hours of meaningful human contact per day.

1.1 This should include Scottish Government (SG) and the Scottish Prison Service (SPS) collaborating on writing this requirement into the prison rules.

6.2. SPS should develop an effective data collection, recording, analysis and reporting system for up-to-date tracking of SRU use within each establishment to help identify and act upon trends in SRU use, including data on:

- Concerns about SRU prisoners' physical or mental wellbeing.
- SRU prisoners' access to basic needs and human rights each day.

7.4. Move towards a working culture in SPS within which the profound and potentially traumatic effect that segregation can have on prisoners is better recognised, understood and mitigated.

9.3. Where new prisons/SRUs are built, dedicated space for service provision such as education, meaningful human contact, and psychological and therapeutic intervention should be built into the SRU design.

10.3. SPS should consider the development of a prisoner buddy/peer-support system whereby trusted mainstream prisoners can spend time interacting with risk-assessed SRU prisoners.

8. Purposeful Activity

Background

"They've not got work to get up for, they've not got education to get up for or anything like that. So they become, they almost like stagnate down here. [We need to give them] that wee bit of structure … if you're busy all day, you'll sleep at night; you'll not sit with your telly on all night. [They're] getting into the pattern of [being] up all night, sleeping all day, and it's just again another dampener on their mental health." – SRU Officer

In 2014 an SPS review of purposeful activity announced a new mission: "Providing services that help to transform the lives of people in our care so that they can fulfil their potential and become responsible citizens". It specified that "this vision applies to all categories of prisoners" (2014:5). This vision is underpinned by the prison rules, which specify that prisons "must provide a range of purposeful activities for prisoners".

HMIPS defines purposeful activity as including "activity, which, during the working day, encourages the process of improvement" (2012:6). The 2013 Justice Committee of the Scottish Parliament inquiry considered it to encompass work, education, physical exercise, counselling, rehabilitative programmes, vocational training, work placements (2013:10-11).

Taking all of this into account, prisoners held in segregation units should be offered opportunities to engage in purposeful activity. However, given the limitations of the regime and physical environment discussed in Sections 5 and 6, purposeful activity was very limited across all SRUs, despite calls from the CPT to increase purposeful activity for segregated prisoners in Scotland in their 2019 and 2020 reports. Moreover, there was a degree of acceptance among many staff and prisoners that the basic provision of "books, DVDs, DVD player, telly, gym" was sufficient daily activity.

Education

In general, any SRU prisoner wishing to undertake an education programme would only be given an in-cell activity pack. It was notable that the majority of staff considered in-cell activity packs to amount to an adequate form of purposeful activity. As one officer at HMP YOI Cornton Vale told us:

"I think that we offer them a lot; whether they accept is different. TVs, radios, books – we have got an abundance of books. We've got our own kind of library … [and] art packs, we've got Sudoku and quizzes. It's all about where they are at and what level they are on. We are great at printing stuff off; colouring in seems to be a real favourite which is fabulous."

The review team found that a few establishments provided a more engaging and individualised approach to in-cell education, with some input from the education team. For instance, one officer at HMP Edinburgh reported that:

"If they do want to apply to do education then we'll get in touch with the education people and they'll come down, find out what they want to do then they'll bring materials down. Generally if they do that they'll keep in touch with them, once a week they'll come down sort of set them homework basically. They'll come down and see their assessment sheets that type of thing."

In rare cases, prisoners had access to in-person education classes via a prescribed rule, although these were not commonly used.[27]

---

27 A prescribed rule is a rule which has been specifically created or altered for an individual prisoner, for example, allowing a prisoner in the SRU to attend a session in the the main library. Prescribed rules, although rarely used in SRUs, form an integral part of the reintegration process (see Section 10 on Reintegration).

Other than in-cell education and activity packs such as colouring books, no other education activities were offered to segregated prisoners, contributing to boredom, lack of sensory stimulation, and furthering their isolation.

Work

None of the prisoners we interviewed had jobs while segregated, although several expressed a desire to work. One prisoner noted:

> "I've been in this jail for just over a year [and] they haven't even given me a job or nothing. I've asked and, like, in the previous jail [elsewhere in the UK] I was straight away had a job so you've got something to do with yourself so you're a bit tired at the end of the day. In here … I've asked for jobs. I told them I'm hardworking, like, I'm a grafter, I'm good with me hands so if you give me a job, like, I will do it, but they just don't give me one."

Some staff and senior managers recognised this to be a shortfall in SRU prisoner management, and expressed a desire to explore how work could be integrated into the SRU regime. As one deputy governor observed:

> "… we need to be starting to open our minds up. We are very rigid in our thinking about 'you're in SRU and that's where you stay – you don't go anywhere else' … Could [SRU prisoners] go to work for a morning? Could they go to work for an hour? Could they go for a couple hours? Is there interest? How do you build that support plan around what their needs are? And how do we change that environment to make it a bit better?'"

However, many others made clear that, as is outlined in Sections 5 and 6, the current limitations on SRUs would make this difficult to implement.

Physical exercise

Overall, the access to the gym was very good in most SRUs, often better than provision on mainstream halls. However, some SRU prisoners could not access a gym, for example at HMP Addiewell, HMP YOI Cornton Vale and HMP Inverness, unless prisoners were on a prescribed rule allowing them to use the main gym. Prisoners segregated in their own cells would generally not have access to a gym due to logistical and security issues. In a few cases, prisoners who had been segregated in their own cells on mainstream halls reported being put off by staff from accessing their time in the open air, or limited to 30 minutes.

While exercise tended to be the most positive aspect of purposeful activity on offer to SRU prisoners, many did not take up the opportunity either to go outside or use the gym. Some prisoners and staff also suggested a need for investment in better gym equipment, including fixed outdoor items such as punch bags. This was raised by a number of interviewees, including a mental health nurse:

> "They have access to the gym but some of the patients have said about maybe actually having more in the gym. So somebody had mentioned getting a punching bag, which we thought was actually a really good idea because the fact is they need some way to let off emotions. We all do, and the fact is it's safer punching a punching bag than smashing up a cell and it's safer for everyone and just makes a lot more sense. Plus its physical exercise and it's letting off steam as well."

Other purposeful activity

SRU prisoners could not access any programmes needed for progression through their sentences, contributing to a lack of hope among long-term SRU prisoners. One prisoner shared his view that the availability of anger management and/or cognitive skills programmes could be beneficial for prisoners in SRUs.

Moreover, very little was offered in terms of counselling, therapy, vocational training or rehabilitative programmes. One rare example of an effort to provide a creative outlet for prisoners was the provision of large blackboards on SRU cell walls at HMP YOI Cornton Vale.

Purposeful activity summary

Overall, while access to solo physical exercise was generally good across the SRUs, other forms of purposeful activity were noticeably lacking. Aside from very few exceptions, such as those on prescribed rules, SRU prisoners had no access to in-person education, work of any kind, or courses or programmes necessary for progression through their sentences. It was also clear that, given the limited regime and stretched resources, significant changes in the management and resourcing of SRUs would be needed to ensure SRU prisoners have access to purposeful activity in line with the recommendations set out by HMIPS, the CPT the Justice Committee of the Scottish Parliament, and the SPS itself.

Relevant Recommendations

9.3. Where new prisons/SRUs are built, dedicated space for service provision such as education, meaningful human contact, and psychological and therapeutic intervention should be built into the SRU design.

10.1. Opportunities for purposeful activity should be substantially increased – particularly for those in an SRU for more than four weeks – with SRU prisoners afforded equal access to education, physical activity, library and chaplaincy.

10.2. Access to education and other purposeful activity in-person should be the norm for SRU prisoners where possible.

10.3. SPS should consider the development of a prisoner buddy/peer-support system whereby trusted mainstream prisoners can spend time interacting with risk-assessed SRU prisoners.

9. Mental Health

Background

"[Mental heath is a] big problem … the prolonged periods of time that they spend down here it does, you can see it generally their mental health will decrease … But unfortunately there are prisoners that come down that their mental health is too far gone for us to get [the] mental health [team] to engage with them before it gets worse. Then we have to deal with that and … it can take eight weeks to get someone from [the SRU] to the Orchard Clinic[28] or the State Hospital."[29] – SRU FLM

Poor mental health among SRU prisoners was a recurrent and dominant theme across the estate. This section covers both the management of SRU prisoners with mental health issues who can be managed in a prison setting, as well as concerns regarding those with severe mental illness for whom an SRU setting is inappropriate.

Overall the mental health of SRU prisoners was concerning. Many SRU prisoners reported having diagnosed mental health issues, were taking medication for mental health illnesses, and/or wanted support for their mental health. Staff too noted that poor mental health was a common characteristic among SRU prisoners.[30] As one officer, working in the female SRU at HMP YOI Cornton Vale observed when asked what percentage of prisoners she believed were suffering from mental health issues:

"Probably 85%, 90%. I would say one in 10 have just been bad; I'd say the other nine have had something else going on."

In interviews, SRU prisoners reported a wide range of mental health diagnoses, including depression, anxiety, post traumatic stress disorder (PTSD), psychotic disorders and personality disorders.

Although quantitative data is not available to support or refute this view, staff generally felt that over recent years they had seen an increase in prisoners with mental health issues in SRUs, as well as more cases of severe mental ill health. Prisoners themselves shared concerns about hearing fellow prisoners struggling with their mental health, and expressed frustration that too little is done to support them. As one prisoner reported:

"They've had all sorts of people with mental health issues down here: screaming, making a load of noise, it's been ridiculous. They've had to give out ear plugs it's been that bad … that guy [another SRU prisoner] shouldn't even be in the jail, he's obviously disabled; he's just sitting in his gaff going 'ahhh, ahhh' and … they are just leaving him."

---

28 A medium-secure forensic mental health unit in Edinburgh.
29 A high-secure psychiatric hospital in Carstairs.
30 It should be noted, however, that it is not clear whether mental health issues were more pronounced among those in SRUs than those in the general prison population.

Managing those with mental health needs not requiring secure hospital treatment

Support from NHS mental health professionals

Staff noted that it was becoming increasingly difficult to provide SRU prisoners with mental health difficulties with an adequate level of care. SRUs did not have dedicated mental health staff assigned to them, and in most establishments mental health teams were extremely stretched. For example, HMP Barlinnie had four mental health nurses for a prison population of over 1,200.

Although most SRUs were visited regularly by members of the mental health team, and in general prisoners found it relatively easy to contact the mental health team, the service provision was limited. There were many complaints from SRU prisoners of slow responses to requests for mental health appointments, for example. The regular visits carried out by mental health teams were generally brief, either for the purpose of dispending medication or quick check-ups. One prisoner reported that after five months in the SRU and having made several requests he was yet to be seen by a member of the mental health team. He said that:

> "I've been through a lot of stuff the past couple of months and I would have benefited from talking with them [the mental health team] … I've asked the question but due to COVID they can't come in and see anybody, but they can bring other people in to see people so I don't see what the big problem is …"

SRU officers also expressed frustration at the lack of support from mental health professionals. As one senior SRU officer explained, in relation to trying to get a mental health professional to visit one of his SRU prisoners:

> "Where there's not the NHS support that is actually needed, that's massive. That's needed. [It] frustrates me slightly, you know, I think the other day I was sitting and I'm like: 'who do I contact?' This is morally wrong. We have a duty of care, the NHS have a duty of care, if they are in the establishment, [NHS staff need to] come and see [mentally unwell prisoners]. But, that's not how it goes which is frustrating. These are people at the end of the day who are going through a very, very difficult time and to expect us to just put a sticking plaster and that will fix it, it's not very fair."

This is highly problematic both in terms of prisoners apparently not receiving basic mental health care, and in terms of the implications of untreated and worsening mental health on the longer-term outcomes for SRU prisoners. While some international literature, as well as the CPT, suggests the benefits of rehabilitative and/or therapeutic mental health units on-site for segregated prisoners in similar situations, these are not currently available in the Scottish prison estate (Kupers et al, 2009; Glowa-Kollisch et al, 2016; Cloud et al, 2019; Remch et al, 2021).

Officers' ability to manage mentally unwell prisoners

Some SRU officers expressed frustration at the expectation that they must manage prisoners who were mentally unwell, without appropriate facilities, information or training to do so. As one officer reported:

> "Through no fault of their own they end up becoming violent or aggressive and we're not coped to deal with that at the moment, [either] through medical health training [or] facilities-wise. They make safer cells which have got less things in them but in reality [they are] still dangerous places to be and I don't think

everybody should be in a padded cell, but we need to have some form of facility to deal with these guys' mental health issues."

Some SRU staff had undertaken a short mental health first-aid course at some point in their career, but many had no mental health training and very few had received in-depth mental health training. Some staff and senior managers felt this was detrimental given the number of prisoners with mental health problems that they were managing.

Officers also repeatedly reported it being difficult to manage some prisoners because of the inability of NHS staff to share health information with prison staff as a result of patient confidentiality requirements. This meant that staff had no access to prisoners' mental health histories, diagnoses or medication requirements unless these were disclosed by the prisoners themselves. This was seen as a major barrier to providing adequate care. As one senior manager observed:

"… we sit at risk management meetings where some of the SRU prisoners will be discussed and they [the mental health team] can legitimately say 'I'm not allowed to tell you that.' I don't need to know the individual's personal circumstances, but if I'm making a decision on whether somebody is suitable to move to open conditions, but don't know that actually they are on anti-psychotic medication for X, Y and Z, you're making a decision with your hand tied behind your back."

The review team found the lack of information sharing between NHS Scotland and SPS problematic as it left officers struggling to understand or cope with the behaviour of some mentally unwell prisoners, or to plan appropriately for their reintegration. This underlines the need to ensure that SRU prisoners with mental health issues are given the support they need by clinical experts, rather than relying primarily upon prison officers for their care. Where those held in SRUs are mentally unwell, however, it may

be beneficial to seek prisoners' consent for NHS staff to share key information about their mental health needs with SRU staff, where this would ensure the provision of adequate support to keep that individual safe.

Management of prisoners with severe mental health problems

It was evident throughout the review that SRUs were frequently being used, in contravention of the Mandela Rules, as places of safety for prisoners – both male and female – with serious mental illness. As Rule 45 of the Mandela Rules states:

"The imposition of solitary confinement should be prohibited in the case of prisoners with mental or physical disabilities when their conditions would be exacerbated by such measures."

Many officers reported that there had been an increase in recent years of SRU prisoners suffering from serious mental illness, with long waiting times – sometimes several months – for transfers to secure mental health units outside the prison, often due to a shortage of available beds.

One SRU residential officer reported that:

"… half of our prisoners right now are mentally ill and we don't know how to deal with them. Obviously we deal with them the best way we possibly can, and don't get me wrong we interact with NHS and outside agencies and stuff like that. But they're not here 10 hours a day, 11 hours a day. As you have seen before, the doctor came in, had a two minute conversation and [they're] back out the door. They go and then it leaves us with say, prisoner X there, as you can obviously hear, who continuously bangs his door, who is waiting on a [hospital] bed. But we don't have any idea when that bed is going to become free. Prisoner Y as well, who urinates through the door, spits through the door has severe mental health problems, you can see that …"

Some staff also reported a dramatic increase in the number of prisoners arriving in SRUs who were seriously mentally unwell. One officer observed:

> "Well, I would say the first 15 years I was in the prison service I would have put maybe five people to stay at hospital. In the past five years, [it has been] one a month, two a month. So that's 20 odd a year, as opposed to five in 15 years."

Difficulties transferring to NHS care

In some cases, SRUs held prisoners with serious and complex mental health illness and needs for extended periods because they could not be managed in mainstream accommodation and were awaiting assessment by a pyschiatrist, or a bed in a secure mental health facility. In some prisons officers reported that a psychiatric assessment could take weeks to arrange.

More concerning still, staff reported that in many cases in which prisoners appeared clearly extremely unwell and unable to function normally, gaps in NHS provision meant that NHS facilities would not accept them for treatment. In these cases, the SRU was usually considered the only safe place for the prisoner to stay. A number of officers and senior managers reported that psychiatric services would refuse to admit prisoners to secure units if it was felt that the condition could not be treated or improved. Some felt that these decisions were taken by clinicians, at least in part, because of concerns about managing prisoners' risk in hospital settings. As one senior manager put it, referring to an apparently extremely unwell prisoner who had been refused a transfer to a secure mental health unit:

> "I wonder if individuals like him are particularly challenging for secure wards that are not as secure as prison is, and for health care staff that are not as well trained or well versed in dealing with violent individuals as prison staff are."

Moreover, SRU staff reported that the complex issues and needs of segregated prisoners were often labelled as "behavioural" (as opposed to a "mental illness") by either the mental health teams or external psychiatric services, resulting in limited mental health interventions being available to them, and no access to a bed in a secure mental health facility. SRU officers and senior management expressed significant frustration at this, with one senior manager noting that:

> "It's probably very unfair of me to say this because I have no medical training, but I've worked with prisoners all my working life and therefore we understand people. We have no psychology or mental health qualifications, but we know the difference between behavioural [issues] and [mentally] unwell."

To illustrate this point, one senior manager described a situation in which a serious incident of self-injury and threats to others by a prisoner was witnessed by members of the mental health team, who labelled the prisoner's presentation as "behavioural", despite him receiving a prescription for anti-psychotic medication. Meanwhile, another senior manager spoke of a prisoner being denied support in a secure mental health unit despite the prison repeatedly raising significant concerns about his mental health:

> "I'm not a trained professional and if that's his diagnosis [a personality disorder], that's his diagnosis. But it doesn't mean to say he can't have mental health [issues] as well as a personality disorder. It doesn't mean to say he's not unwell, and I just think that, I suppose, people require a label and that label seems to stick and that label then drives how we manage, or how well supported, or how other support services and agencies deal with that individual. But we don't necessarily take into consideration the impact of isolation since – I mean that boy's been in isolations for an extended period of time and that cannot be good for his mental health. So how do we gauge – how do you see through his

personality disorder and gauge how much of that is personality disorder, how much is that onset of psychosis, or onset of some enduring mental health [disorder], underlying mental health problems?"

Challenges for prison staff managing severely unwell prisoners

Many prison staff expressed a sense of helplessness in dealing with these prisoners, concerned that they are not trained to manage people who are so severely mentally unwell, and can do little other than attempt to meet their basic needs. One senior officer described the management of a prisoner with serious mental health issues who was regularly on a dirty protest:

> "I mean we had a … guy in here for about 14 months and we moved him – we would move him weekly, at least before the other shift came on you would actually open the door and say 'we're moving you in there to this clean cell' and he would be that scared and frightened he would just attack you. So you'd need to fight with him to move him into a clean cell and he was on a dirty protest. It was just a mess and, you know. He eventually got sectioned."

Severely mentally unwell prisoners would also often cause severe disruption to other SRU prisoners. One female prisoner described her experience at HMP YOI Cornton Vale:

> "There's quite often people down there that's got really bad mental health and they are up all night and all day, like they don't sleep. They're banging the door, the telly is up full blast, they are shouting, they are screaming … you just need to get by on no sleep and I get anti-psychotics which makes you feel sleepy, and even then I'm up and down all night hearing them."

Mental health summary

As described in this section, there are significant issues facing SRUs regarding mental health. Firstly, a substantial proportion of SRU prisoners appear to have mental health difficulties. While often these could be managed in a prison setting, serious concerns remain regarding how well supported and trained staff are to manage and alleviate these. Given the stretched resources and regimes of SRUs, very little work was taking place to provide mental health and psychological interventions to provide support for these prisoners to assist them to settle in a mainstream prison environment. Indeed, many staff and prisoners reported mental health declining as prisoners stayed longer in SRUs.

Secondly, as evidenced in this section, SRUs have increasingly come to be used as places of safety for those who are extremely mentally unwell, despite being wholly inadequate environments – both in terms of facilities and staff expertise – to manage such individuals.

Relevant Recommendations

KR 2: SPS, SG and NHS Scotland should work together to urgently seek alternatives to accommodating those presenting as severely unwell, including those diagnosed with or suspected to have personality disorders, in prison segregation settings. Within this:

2.1. NHS Scotland should work with SPS to urgently review current provision for prisoners with serious mental health issues to ensure that those who need clinical intervention have access to secure mental health facilities in a more timely manner.

2.2. SG, SPS and NHS Scotland to review the capacity of mental health beds in Scotland against need and model potential future requirements.

2.3. SG, SPS and NHS Scotland to undertake a workforce capacity exercise to allow for greater mental health support for SRUs.

2.4. SPS, SG and NHS Scotland to consider developing a joint independent oversight body to make objective and swift decisions about bed allocation for those held in SRUs who may be better placed in secure mental health facilities.

2.5. SPS, SG and NHS Scotland to set up a joint working group to develop a proposal for alternative spaces for those in the prison estate who are too mentally unwell to be managed in mainstream halls or an SRU. This should specialise in the management of prisoners presenting as mentally unwell or with severe personality disorders exhibiting extreme and challenging behaviour who are not eligible to be allocated a place in a specialist mental health secure unit.

7.1. Development of a professional pathway for officers to undergo training to become specialist SRU officers, with in-depth training in managing prisoners with mental health issues, trauma-informed practice and therapeutic support.

7.2. SRU officers and managers to receive in-depth mental health training to better understand how to manage those who are mentally unwell, and understand the effects of segregation on mental health.

8.1. Introduce the systematic provision of psychological interventions rooted in therapeutic and trauma-informed practice provided by clinical specialists for those spending longer than one month in an SRU.

8.2. Consider changes in approach to segregation by drawing from the management of seclusion in mental health settings and adapting this for a prison environment.

8.3. NHS Scotland and SPS to consider routinely seeking SRU prisoners' consent to share key mental health information with SRU prison staff in cases where such information-sharing will improve the ability of SRU staff to support those in their care.

10. Reintegration

Background

The CPT reports on Scottish prisons published in 2019 and 2020 highlighted concerns about reintegration efforts for segregated prisoners, noting that many SRU prisoners had become "institutionalised" in SRUs, preferring to stay where it was quiet and ordered. It recommended that Scottish authorities "seek alternative solutions to break the cycle and reduce the number of prisoners held in prolonged segregation" (2019:41; 2020:15).

The present review found that these issues remain, along with a number of significant short-comings and gaps in reintegration efforts. As Section 3 (SRU Prisoner Profile) outlined, there were a significant number of complex cases involving long-term SRU prisoners where difficulties reintegrating them resulted in long, and potentially detrimental, SRU stays, or frequent returns to SRUs following failed reintegration efforts.

Current Reintegration Practices

Reintegration plans

Most SRU prisoners encountered during the review did not appear to have a formal reintegration plan, and in most SRUs the development of a reintegration plan for all SRU prisoners was not standard practice. While some SRU prisoners did have case management plans – for example where there were concerns about suicide risks – overall the practice appeared to be sporadic.

The SRU prisoner survey showed that 56% of the 50 SRU prisoners who responded said they had not seen a copy of their reintegration plan, and 58% indicated they had not been involved in the development of their reintegration plan. Many staff spoke of SRU prisoners for whom there was no particular reintegration plan, due to the apparent difficulties of placing them in any mainstream location. For example, an officer noted one prisoner's situation:

> "There's no real set timescale for him, there's no concrete plan … [but] there still needs to be something, I think, some sort of plan in place for them other than 'we'll just hold him for a period of time.'"

Another described reintegration efforts for a prisoner who had been held in segregation for over two years as:

> "We just seem to go from one case conference to the next and there's no direction."

These situations, in which prisoners stay in SRUs for months or years with little or no direction in terms of their reintegration, highlight a system with limited options for reintegrating the most complex SRU prisoners, and an apparent lack of overall strategy for ensuring that the SRU is not used as long-term accommodation.

Prescribed rules

One option for supporting the reintegration of SRU prisoners back to mainstream circulation is the use of prescribed rules. These enable amendments to a prisoner's Rule 95 to allow particular activities to help support their reintegration. As one senior manager described it, prescribed rules essentially "drip-feed people back into what general circulation looks like" to try to avoid them becoming overwhelmed by a sudden move back to a mainstream hall. The review came across examples of prescribed rules including prisoners going to education classes and the links centre, as well going for recreation, exercise and staying overnight in the hall they would eventually be reintegrated into.

Prescribed rules appeared to be used relatively commonly in the female SRU at HMP YOI Cornton Vale, where SRU prisoners could gradually be reintegrated via a prescribed rule into Ross House,[31] which essentially acted as a stepping-stone location between the solitude and structure of the SRU and the more noisy, chaotic, mainstream halls. Women would begin a gradual reintegration into Ross House on a prescribed rule, followed by a chance to settle there before moving on to a mainstream hall in another prison.[32] SRU staff in HMP YOI Cornton Vale tended to feel that prescribed rules worked well, allowing women to move relatively smoothly from the SRU to mainstream locations. However, staff reported that in general women tended to have much shorter periods in the SRU than in the male estate, with few spending long periods in segregation.

In the male estate, prescribed rules were rarely used and their effectiveness in ultimately leading to the successful reintegration of SRU prisoners was unclear. The male SRUs generally had far more prisoners in their care than HMP YOI Cornton Vale, but with the same number of staff, and none had access to a location similar to Ross House which could be used as a stepping-stone facility. As such, there appeared to be greater limitations on the extent to which prescribed rules could be used. Staff highlighted that prescribed rules can be highly resource-intensive and logistically challenging, requiring significant staff time for escorting the SRU prisoner, and are dependent upon the possibility of fitting into both the SRU and the wider prison regimes.

While it is impossible to provide an objective view of the success of prescribed rules as currently used given the lack of assessment of their effectiveness, some staff and senior managers were positive about their usefulness in helping SRU prisoners to gradually reintegrate into mainstream halls. However, others were less positive, noting that they were often unsuccessful in terms of leading to long-term reintegration.

The Prisoner Monitoring Assurance Group (PMAG)

Once a month, deputy governors from across the prison estate attend PMAG to discuss the management and movement of long-term SRU prisoners.[33] Both SRU staff and senior managers appeared critical of the usefulness of PMAG, with many suggesting that as the PMAG chair does not have the power to make decisions on prisoner transfers, it can be difficult for establishments to agree transfers of segregated prisoners in the best interests of the individual prisoner.

Staff noted that a transfer to another prison is often essential for a prisoner to be reintegrated. However, such transfers can only take place if other establishments agree to it; something that can be difficult in the context of population and staffing pressures across the prison estate. As a result, staff frequently reported holding prisoners in their SRU who could be reintegrated into mainstream circulation elsewhere. As one SRU officer summarised:

> "It [PMAG] doesn't appear to work. The governor sits down with [the SRU prisoner] and says 'okay, we'll discuss you at PMAG and see if we can move you wherever else that would be suitable', [but nothing happens] and next month's just the same, and next month's just the same, you know, nothing seems to change."

31 Ross House was a small residential area adjacent to the SRU in HMP YOI Cornton Vale housing women who required additional support from prison staff, NHS and/or other partners for issues relating to mental or physical wellbeing. Prisoners held in Ross House included first-night arrivals, pregnant women, those most acutely mentally unwell (including some on Rule 41) and remands.
32 At the time of the review, HMP YOI Cornton Vale was close to closure and had very few remaining prisoners, with most held in female wings of other establishments while awaiting the opening of the new women's establishments, HMP Stirling, and the Bella and Lilias Centres.
33 Prisoners are referred to PMAG once their period in segregation has been extended beyond three months.

With no power to enforce moves, PMAG essentially acts only as a negotiating platform. As one senior manager suggested, its effectiveness would be improved if it had decision-making powers:

> "PMAG's an assurance body and as a result of that sometimes it can feel like not a lot happens … So certainly my frustration [is that it does not] make decisions and as such people may be being held in [SRUs] for longer than they need to be because [the PMAG chair] was unable to make 'right, you take him' decisions."

Gaps and limitations in current reintegration efforts

The review team identified two key gaps in current reintegration strategy and policy meaning establishments have limited options when seeking to reintegrate complex cases. Firstly, there was a lack of focus on tackling the issues that lead to SRU stays, and secondly, there are a lack of methods and resources for encouraging gradual reintegration.

Focus on tackling underlying issues leading to SRU stays

> "I think there's an emerging group of individuals who evidently have complex mental health or personality needs that perhaps require a bit more specialist input and I think that SRUs are maybe not necessarily the right environment for those individuals. Yes it manages risk in terms of risk of harm, but it doesn't necessarily address the underlying care needs or get to the root cause of what makes them that problematic." – SRU Officer.

It was evident that many long-term SRU prisoners did not receive the kind of interventions to help tackle the underlying issues that led to their segregation. Rather, the focus was primarily on meeting their basic needs and ensuring prisoners' physical safety. This remained a significant problem despite the CPT's recommendations that the SPS should "consider investing more in the concept of the establishment of small therapeutic units that can provide robust psycho-social support" (2019:6).

In line with the CPT's findings, some SRU staff and senior managers felt there was a need for greater resources to enable SRUs to provide therapeutic support and psychological and other clinical interventions to help prisoners deal with underlying issues – such as childhood trauma, mental health, personality disorders and behaviour management – in order to give them a better chance of successfully reintegrating into a mainstream population. Some studies have highlighted the potential benefits of such an approach, based on evidence from countries where such initiatives have been tested in segregation units (Cloud et al, 2019). As one senior manager noted:

> "I think the focus on SRUs can be very much about containment and whilst that may be necessary with certain individuals I think [we need] the appropriate interventions for the individuals that we have accommodated within that environment. I think if we identify [that] individuals have a clinical need, it's about fulfilling that clinical need and working with that individual. So it's about having the appropriate resources."

While some prison staff felt that these types of interventions could be woven into pre-existing SRUs, others suggested a need to move to a model of separate specialist therapeutic support facilities within the prison estate, to assist those with the most complex needs. Again, such facilities already exist in other countries, with some studies highlighting their potential benefits (Kupers et al, 2009; Glowa-Kollisch et al, 2016; Remch et al, 2021). One senior manager described the challenges of one individual case to highlight the need for some SRU prisoners with complex issues to be given more support than they can currently access:

> "He's got mental health issues, perceived health issues, he's definitely got sensory deprivation, and he's a classic case of 'what are we going to do with this guy?'… We've got a number of people [in similar circumstances] across the estate that actually, it's not an SRU they need anymore, they need more than that."

SRU staff generally did a very good job of meeting SRU prisoners' basic needs and ensuring they were cared for as well as possible. However, they were not qualified or expected to provide the kind of interventions that might be successful in helping prisoners overcome the difficulties that prevent them from coping in mainstream conditions. In most cases, SRUs themselves did not have the physical space, clinically trained practitioners, or time in their regimes to accommodate such interventions.

Methods and resources for gradual reintegration

A common issue regarding reintegration into mainstream populations was the difficulty in transferring prisoners from the relatively quiet, calm, safe, structured and attentive SRU environment back onto large, often noisy and chaotic, mainstream halls, where some prisoners spoke of feeling anxious and unsafe. Staff spoke of a lack of, and need for, methods and resources for supporting gradual reintroductions to mainstream halls. A major issue raised by staff and SRU prisoners was the culture shock prisoners experience when moved from the SRU to a mainstream hall, with many staff perceiving this as a significant factor in the failure of many reintegration efforts. As one SRU officer explained:

> "[Reintegrating] can be quite daunting. Sometimes people can be in here [the SRU] for a few months and it may not seem like a long time but it's enough time – its throwing them back into a hall and they are kind of like 'oh my god, there's so many people all around'. There is constant shouting, there's barely any access to certain things … it would be very overwhelming if you've gone from [an SRU where] the most noise is a radio and a bit of chatter, to people shouting at each other, calling for others, having constant movement around the place. So having a stepping stone [facility] would be really helpful."

Middle Ground

As discussed above, in HMP YOI Cornton Vale, Ross House was used as a stepping-stone facility, allowing prisoners to move out of the SRU into a small, well-staffed unit, and become familiar to that setting before moving on to a mainstream hall. As one staff member explained:

> "We've had quite a few girls … who have been in the SRU, who we've taken, we've worked with them and we've progressed them back up into Ross House even, we've then worked them through Ross House [and] got them back into circulation there … it's that stepping stone to get them back into circulation, get them integrated and then we've transferred them on from there and they've never come back."

In the male estate, some establishments did attempt to reintegrate SRU prisoners into the smallest available halls, but the effectiveness of such efforts was hampered by the fact that even the smallest halls tended to have large numbers of prisoners living in them. As one senior manager working in a prison with halls housing over 200 prisoners explained:

> "You are having 60 or 70 people on a flat – that's the number who will be let out for a meal to go down at once, and that's the maximum who would be out on exercise at one time … whereas if you are suffering with anxiety or anything else those big halls are not great so we tend to try and have an internal step process where you would go from the SRU into D-Hall which is smaller units of maybe 60 people but is still not the best – it really depends on who's there, what the mix is before I can look to move some people."

A similar issue was raised by a senior manager working with young prisoners at HMP YOI Polmont, who suggested that there was a need for an "in-between" location for SRU prisoners to move to before reintegrating into mainstream halls:

> "It's almost like we need a something in-between because the transition back from the SRU to the hall, we are very limited on what our options are. So [with] the guys that we are working with longer-term [in the SRU] we'll do things like go to the gym one-to-one with an officer or they'll go up – on a prescribed rule – to activities and they might go to see youth work up there or they might go to their performing arts. The next step for us is always 'okay, you need to go into the hall and there isn't an in-between'. So if I could have an in-between I would like that. It would have to be quite resource-intensive I think."

Many staff members interviewed during the review felt that the introduction of middle-ground or stepping-stone units would be a positive change to help prisoners reintegrate from SRUs. As the above interviewee and others noted though, while potentially beneficial, these would be resource-intensive and potentially difficult to fit into the estate as it stands currently. Some officers also suggested that middle-ground facilities would risk developing the same problems faced by SRUs, with prisoners seeking to manufacture moves into them and then refusing to move on. While these are valid concerns, such risks could be mitigated by learning from the experiences of other prison systems where such facilities have been implemented, and working to remove the "push factors" which lead mainstream prisoners to seek an alternative to mainstream accommodation (see Section 11: External Pressures).[34]

Engagement in reintegration from hall staff

Some SRU officers reported that reintegration efforts were often made more difficult by a lack of co-ordination with hall managers regarding prisoners' reintegration, with prisoners receiving little or no communication from staff on the hall they were due to be reintegrated into. As one SRU officer explained:

> "I would like more interaction from the hall, and that's not a criticism of the staff that work there. I think sometimes when you have someone who's removed from the hall, [they are] out of sight out of mind … [but the hall staff] need to think about the integration plans [and] become involved in their management down here [in the SRU]."

Similarly, some prisoners reported a loss of contact with the personal officer assigned to them while in mainstream accommodation, and some reported that their personal officer was one of the SRU officers. Particularly in the more complex cases involving prisoners who have been segregated long-term, it is clear that there is a greater need for a more joined-up approach to reintegration between SRU and mainstream hall staff.

Reintegration of Serious Organised Crime Group (SOCG)-linked prisoners

The reintegration of SRU prisoners linked with SOCGs posed a significant and – according to many staff members – growing problem for the management of the SRU population because of the risks posed by and/or to many SOCG-linked prisoners in mainstream halls. Given the small size of Scotland's prison estate, staff reported difficulties finding a safe mainstream location for some SOCG-linked prisoners anywhere in the country. As one prisoner reported:

> "The best thing for me the now is to be sitting in the segregation because of how many enemies I've got through the establishment. So their plan was to try and move me onto a different prison but even that, that's difficult for them. I've got enemies everywhere."

---

34 See Section 11 (External Pressures).

As such, the options for reintegrating some SOCG-linked SRU prisoners are limited. However, this is not necessarily because they cannot be safely managed on a mainstream hall per se. Rather, the relatively high number of SOCG-linked prisoners across the prison estate means that in some cases there are few, or no, prisons where particular SOCG-linked are deemed safe. As one senior manager noted:

> "The challenge for me with the SRU is people getting stuck … that they don't necessarily need to be in an SRU but with population pressures, other association pressures, enemy pressures [they get stuck in the SRU]. So for some of the people who are more high profile, I can't then move them somewhere else. As of yesterday morning there are probably about three or four of them, [where] if there was different, alternative accommodation for them they could be out of a SRU."

Some SRU staff and senior managers felt that this problem is exacerbated by the inability of PMAG to dictate prison transfers, meaning that some SOCG-linked SRU prisoners who could be transferred to a mainstream location in another establishment get "stuck" because prisons where they may be safe are unwilling to take them.

Similarly, both prisoners and some staff suggested that some SOCG-linked prisoners appeared to seek out segregation because they feared violence against them, so felt it was safer to ensure a move to an SRU where they knew they would be safe, and would therefore refuse opportunities to reintegrate even if it was deemed safe.

Reintegration summary

Overall, reintegration efforts for many SRU prisoners are currently inadequate. The existing mechanisms available to support reintegration – reintegration plans, prescribed rules, and PMAG – are generally little used and/or insufficient. There are numerous gaps and limitations, including: too little focus on

providing SRU prisoners with the support they need to deal with underlying issues that lead to SRU stays; no options in the male estate for providing a gradual transition via a "middle-ground" facility; too little engagement in reintegration planning from mainstream hall staff; and a lack of management of the SOCG-linked prisoner population.

Some staff worried that instigating more human-rights compliant and therapeutic practices within SRUs or in "middle ground" units would lead to more prisoners seeking out segregation, thus exacerbating the current issue of overuse. However, this risk can be mitigated by accompanying such changes with measures to ensure: that prisoners are safer on mainstream halls;[35] that SRU stays are always short, and cannot be used as a long-term escape from problems in mainstream halls; that reintegration efforts are well-thought out, gradual, and supportive.

The key point here is that the care, treatment, and human rights of SRU prisoners – many of whom have complex needs which must be addressed if they are to successfully reintegrate – should not be compromised by fear of improving the standard of their treatment.

---

35 See Section 11 (External Pressures).

Relevant Recommendations

KR3: SPS should urgently develop a comprehensive reintegration strategy. This should be person-centred, therapeutic, psychologically-informed, and trauma-informed, and allow for individual multidisciplinary case management planning on reintegration for all SRU prisoners. It should include:

3.1. A primary focus on tackling the issues which cause individuals to be segregated in the first instance (such as underlying mental health issues, trauma, fear, substance misuse, anger management, etc) to ensure that their segregation period is short and is not repeated.

3.2. The development of step-down/half-way house facilities across the prison estate and designed into new prisons to aid gradual reintegration and provide in-depth psycho-social support to help SRU prisoners with complex reintegration challenges to progress gradually to mainstream halls.

3.3. Residential areas and personal officers should be fully involved in each SRU prisoner's reintegration plan, and should remain in close contact with the prisoner during their SRU stay.

3.4. SPS should consider developing dedicated "Case Management and Reintegration Officers" appointed to each SRU – similar to HMP YOI Polmont's inclusion officers – whose primary role is to work with SRU prisoners on underlying issues which prevent them from coping in mainstream halls, to manage their reintegration plans, and support them through the reintegration process.

3.5. Prisoners returning to halls from segregation should be given "throughcare" for their first few weeks or months of reintegration, with intensive engagement from their personal officer or "Case Management and Reintegration Officer", including considering adaptations to their regime to help them cope.

3.6. Replacing Prisoner Management Advisory Group (PMAG) with a new forum which should operate as:

- A forum for Deputy Governors to discuss and assist each other with the management and reintegration of SRU prisoners.
- A chair with overall decision-making powers to ensure that decisive and definitive decisions can be made about prisoners' moves to locations which best suit their needs and enable them to reintegrate quickly.
- Consider developing a national multidisciplinary oversight panel to make recommendations on how to manage individual long-term cases, including experts from secure mental health settings.
- A referral process where prisoners are automatically referred to this forum once they have been in an SRU continuously for four weeks.

3.7. Review the use and success of prescribed rules and consider making more frequent use of these.

3.8. Individual establishments should be encouraged to trial different methods for improving reintegration practices based on international literature on best-practice, and to evaluate the outcomes of these.

KR 4: SPS should – in conjunction with NHS Scotland where relevant – develop and implement a strategy for early intervention to tackle the underlying personal issues that lead to prisoners being moved from mainstream halls to SRUs (for example, trauma, mental health issues, substance misuse, lack of hope, lack of purposeful activity). It should include:

4.1. A greater and improved use of therapeutic interventions, mental health and psychological support, addictions support and purposeful activity.

KR 5: SPS should – in conjunction with NHS Scotland where relevant – develop and implement a strategy for reducing the pressures across the prison estate that lead to excessive pressure on SRUs. This should include:

5.1 Developing and implementing an SOCG population management strategy to reduce the numbers of SOCG-linked prisoners being moved to, and subsequently becoming "trapped", in segregation.

5.2 SPS and NHS to co-design a strategy for reducing demand for alcohol and drugs among the prison population.

5.3. SG, SPS and NHS Scotland developing and implementing stronger measures to ensure the adequate provision of support for all prisoners who need support for alcohol and substance misuse.

5.4. Developing and implementing more and earlier mental health interventions, before mainstream prisoners' reach crisis point.

5.5. Introducing more purposeful activity for mainstream prisoners to avoid boredom and social isolation.

5.6. Ensuring that all new prisons are built with smaller halls and single cell accommodation, which more closely replicate living conditions in the community, with the aim that mainstream living areas are safer, calmer and quieter.

6.2. SPS should develop an effective data collection, recording, analysis and reporting system for up-to-date tracking of SRU use within each establishment to help identify and act upon trends in SRU use, including data on:

- Continuous length of SRU stay, including transfers between SRUs, for each prisoner to allow for monitoring of long-term SRU use.
- Number of SRU stays – and length of each stay – to monitor "bounce-back" SRU use.
- Reason for each SRU stay.
- Details of reintegration efforts and whether they were successful.
- Concerns about SRU prisoners' physical and mental wellbeing.
- SRU prisoners' access to basic needs and human rights each day.

6.5. Introduction of strict time limits on length of SRU stays to reduce the impact of long-term segregation and create immediate opportunities for alternatives to segregation.

7.1. Development of a professional pathway for officers to undergo training to become specialist SRU officers, with in-depth training in managing prisoners with mental health issues, trauma-informed practice and therapeutic support.

7.3. Training in trauma-informed practice and therapeutic support should be considerd essential for SRU staff.

8.1. Introduce the systematic provision of psychological interventions rooted in therapeutic and trauma-informed practice provided by clinical specialists for those spending longer than one month in an SRU.

9.3. Where new prisons/SRU units are built, dedicated space for service provision such as education, meaningful human contact, and psychological and therapeutic intervention should be built into the SRU design.

11. External Pressures

Background

> "The number of prisoners who engineer a move to segregation should be seen by managers as an important barometer of conditions on normal location, and they should target efforts to improve treatment for all prisoners accordingly." (Shalev and Edgar, 2015)

The challenges facing SRUs highlighted throughout the review must be seen in the context of the prison estate as a whole. As a number of researchers and experts have demonstrated, when prisoners seek out segregation – as a significant minority of SRU prisoners in Scotland do – this tends to be an indication that the prison system as a whole is under pressure (Shalev and Edgar, 2015; Shalev, 2018b; Vince, 2018 and Laws, 2021). The same can be argued for prisons where SRUs are over-subscribed with those who do not wish to be there.

The review identified a number of pressures external to the SRUs, all of which have implications for the overall safety of Scotland's prisons, and by extension, affect the demand for and functioning of SRUs. These include pressures relating to SOCG-linked prisoners, substance misuse, mental health issues, and staff shortages.

HMIPS conducted pre-inspection prisoner surveys in three closed conditions prisons in 2022. Of 326 survey respondents across the three prisons, only 21% said that they "always" felt safe in the prison they were in, while 23% said they "rarely" or "never" felt safe.[36] As this section outlines, improving safety, and perceptions of safety, across mainstream settings in Scotland's prisons is essential to reducing the demand for SRUs.

Prisoners linked to serious organised crime groups (SOCGs)

As discussed in Section 10 (Reintegration), the number of prisoners across the estate with links to SOCGs puts pressure on SRUs. According to SPS figures shared with the Cabinet Secretary for Justice in January 2023, 534 prisoners – around 7% of the prison population at the time – had known SOCG links. Officers and senior managers noted that an increase in SOCG-linked prisoners across the estate in recent years had led to growing levels of SOCG-linked violence in Scottish prisons, in turn leading to growing numbers of SOCG-linked prisoners being held in SRUs. As one senior manager noted:

> "When [SOCG-linked] individuals come into custody … those battles and those feuds don't cease, they continue. How that's realised in custody for us is quite often through violence, through contracted violence, through the continuation of their drug selling and their desire to accumulate wealth even whilst they are in custody."

And, as demonstrated in Section 10 (Reintegration), prisons struggle to reintegrate some SOCG-linked SRU prisoners safely away from enemies given the relatively large number of SOCG-linked prisoners housed in a small prison estate.

It was clear during the course of this review that SPS did not have a working strategy for managing the SOCG-linked population to ensure that SRUs do not become places of safety for SOCG-linked prisoners who could, with better population management in place, be housed in mainstream locations. Moreover, as noted in Section 10 (Reintegration), some SRU staff and senior managers felt that this challenge is exacerbated by a lack of willingness among some prisons to accept

---

36 Data from surveys conducted in HMP Shotts (HMIPS 2022), HMP Inverness (HMIPS 2023a) and HMP Addiewell (HMIPS 2023b) in 2022.

particular SOCG-linked individuals who could safely reintegrate into mainstream locations in those prisons. It is therefore paramount for SPS to develop and implement a clear, workable strategy on the population management of SOCG-linked prisoners.

Drugs

Drug-use a common reason for SRU stays

Many SRU staff members cited drug use as a common reason for prisoners being moved to the SRU. In one SRU, for example, a residential officer reported that "ninety per cent" of the prisoners held in the SRU were there as a result of drug use, whether directly or indirectly. Drugs-related admissions were generally due to the effects of having taken illicit drugs; punishment for being found under the influence of illicit substances; violence associated with drug use or drug debts; or actively manipulated moves by prisoners to escape drugs or drug debts on the halls. As one SRU officer noted:

> "[The reason for most SRU stays] will be connected [to] drugs either through violence for drug debts or whatever. Some guys just go completely off the rails and are smashing the cells in the halls and then get brought down here under restraint, under the influence and then wake up three days later."

Prisoners and staff reported some prisoners seeking to move to the SRU to avoid drugs or drugs debts on the halls. As one SRU prisoner stated:

> "To tell you the truth I actually needed this wee time out [in the SRU] to get myself better, see to get myself away from the drugs and away from certain people and stuff like that".

And an officer explained that:

> "People get into debt, they rack up a lot of debt with things like drugs and that forces them into doing things like smashing up [their cell] to come down the SRU to move on and try and get away from it."

Type and strength of illicit drugs available in prisons

Prison staff raised concerns about the type and strength of illicit drugs circulating in prisons, and the pressure that their effects were putting on SRUs. Officers reported seeing a rise in use of new psychoactive substances (NPSs)[37] in recent years, and, they felt, resultant rises in drug-related SRU admissions. These observations are tentatively supported by data from the SPS biennial Scottish Prisoner Survey (Carnie and Broderick 2015; 2019). This data shows that although between 2015 and 2019 the rates of prisoners reporting having taken any type of illegal drug while in prison remained relatively stable, the percentage of prisoners self-reporting the use of NPSs inside prison increased from 11% to 30%.[38]

SRU staff reported that this apparent rise in NPS use had led to them having to manage more severe effects from drug misuse than in the past, including, in some cases, long-term or permanent damage to prisoners' mental health and cognitive function. Multiple officers reported that it is relatively common for SRU prisoners to become paranoid and delusional as a result of taking certain substances. For example, one officer noted that:

> "There are a lot of mental health issues – a lot of this is caused by the drug use as we know with the side effects of burning these [substances] – psychiatric problems that come from burning the paper and tablets. It's quite pronounced down here [in the SRU], you see more of it here, some [are] very paranoid ... We got a lad down here, he's done a long time, he's

---

37 Drugs such as synthetic cannabinoids, or "spice", designed to mimic the effects of other illegal substances. These are sometimes known as "legal highs".

38 These figures should be treated with some caution the statistical significance of these results is unknown, meaning that it is unknown how likely the change in percentage is due to chance rather than a real-life effect. More recent comparable data is not available as the survey was not run in 2021.

always been a very good natured person and you've seen a completely different side of him because of the side effects of the drugs he's been taking. He's attacked staff which he's never done in 20 years of his sentence … But down here, because of the side effects of this, [he] came out like paranoid [and] delusional."

While acknowledging that they were not medically qualified to diagnose the effects they had witnessed, several SRU officers reported that the effects of certain illicit substances on prisoners' mental capacity were sometimes extremely severe and apparently irreversible, leading to increasing numbers of people in SRUs with serious mental health needs. In one prison, officers suggested that most SRU prisoners needing beds in psychiatric hospitals did so as a result of the effects of taking psychoactive substances. Two officers in separate prisons spoke of the serious, long-term effects of drug use on SRU prisoners:

"[A] lot of them [SRU admissions are] drug-induced, I suppose. You know, [they have] taken their legal highs, their spice and all the rest. So [they become] really delusional and it just takes time for them to come back round, and sometimes they don't. We've got one I think is in [a psychiatric hospital] now, he was a reasonably okay prisoner but the drugs had just addled his brain, I think he's been at [the hospital] two or three times and he's not really any better."

"… It's [drug use] ruining people. There's guys that are – [they] don't take the drugs anymore – but they did it for a few months and they're never coming back. You know, like, they're sober but their brain is not the same."

Lack of support for drug use before reaching the SRU

Concerns were raised during the review about whether prisoners are adequately supported to deal with substance abuse before they reach crisis point and find themselves in an SRU. Some staff and prisoners suggested that people were not getting the support they needed for drug misuse either in the community before arriving in prison, or while in the mainstream population in prison. As one prisoner explained:

"See up the halls for drugs and stuff like that, and a wee bit of the mental health as well, it's as if they are no getting any help man. See when you're up the hall, what's happened I've had to come down here [to the SRU] and for that to happen – to get the help [for substance misuse]. But now that I'm here I'm alright."

This sentiment is echoed by the findings of the three HMIPS pre-inspection prisoner surveys carried out in 2022 in closed conditions prisons. These findings show that of 138 respondents across the three prisons who indicated they had needed support for drug use since arriving in prison, less than half (45%) said that they had received support and that the support had been helpful. Almost a third (32%) said they had not received any support, and 23% said they had received support that had not been helpful.[39] It is clear, then, that more could be done to support prisoners who need help for substance addiction and misuse while in mainstream prison accommodation, in order to reduce the demand for illicit substances among the prison population overall. As a Scottish Government report highlighted in 2022, substance use is "generally a coping strategy and logical response to imprisonment", and is often linked to mental health issues.

It was also of concern that in some prisons, it was normal practice to segregate prisoners as punishment for being found under the influence of drugs, regardless of whether the individual posed a risk to staff or other

---

39 Surveys were carried out in HMP Shotts (HMIPS 2022), HMP Inverness (HMIPS 2023a) and HMP Addiewell (HMIPS 2023b) in 2022.

prisoners. While recognising the need to maintain good order and discipline, this is an example of an area where SPS could seek to limit entry to SRUs by instead putting a greater emphasis on prevention and support for relapse. Again, this was highlighted by the Scottish Government's 2022 publication, which noted that "moving away from a punishment-focused approach is key to supporting those using substances in prison".

Need for greater measures to tackle drugs entering prisons

Some officers noted that they had seen improvements in substance misuse since new legislation in December 2021 allowed prisons to photocopy all mail to stop anything laced with psychoactive substances being passed on to prisoners (The Prisons and Young Offenders Institutions (Scotland) Amendment Rules 2021). However, some suggested that there was still a need to do more to stop drugs entering prisons, which in turn would relieve pressure on SRUs. While reduction of demand for illegal drugs through improved addictions services to help prisoners avoid substance misuse is paramount, there is also a need to ensure that as few drugs as possible enter prison settings. As one officer said:

> "I think in general one of the best things we can do is increase our own security in terms of monitoring staff and visitors coming in and try increase the physical end of security and cut back on the amount of drugs coming in. Cause the more drugs come in the more drugs these people use. [Then] the more violent, the more unpredictable their behaviour is … We need to make it [the prison] safer … at the moment I think … it's far too easy to smuggle drugs in here. The amount of phones that we've found the drugs [in], staff corruption, it's been well documented."

Mental health

Poor mental health across the prison estate

> "Definitely I think more guys are in SRUs cause of their mental health issues rather than discipline … [many of them] are not violent prisoners they are not going about punching and assaulting staff or other prisoners." – SRU Officer

Several SRU officers cited poor mental health among the overall prison population as a significant factor in SRU admissions. These anecdotal accounts are supported by the findings of the HMIPS pre-inspection prisoner surveys conducted in 2022, which suggest that a substantial number of prisoners struggle with their mental health. Across the three closed-conditions prisons surveyed in 2022, 60% of respondents said they had needed mental health support since arriving in the prison they were currently in.[40]

Some staff felt that overall prisoner mental health had worsened in recent years, usually citing as possible causes the effects of the COVID-19 pandemic – during which many prisoners spent extended periods in isolation – and substance misuse, particularly the use of NPSs.

Some staff and prisoners suggested that for those with poor mental health, it can be preferable to manipulate a move to the SRU, as in some prisons (though not all) prisoners felt that mental health support is better and easier to access in the SRU, and the atmosphere is generally calmer. As one prisoner explained:

> "Boys that have got the mental health [issues] are better here as well, they act out so they can stay here. Why would a guy with [poor] mental health want to go back up to that zoo [mainstream halls]? …This place [the SRU] gives people security, peace of mind."

---

40 Surveys were carried out in HMP Shotts (HMIPS 2022), HMP Inverness (HMIPS 2023a) and HMP Addiewell (HMIPS 2023b) in 2022.

Need for greater mental health support across the prison estate

A shortage of mental health professionals working in prisons was also highlighted as an issue, with many prisons operating with mental health team staff shortages, and larger prisons in particular struggling to meet demand for mental health services. Some SRU prisoners reported having made numerous requests for mental health appointments while on mainstream halls over several months without being seen, while others reported not getting access to the specialist support they needed. These reports are supported by evidence from the HMIPS pre-inspection survey data from 2022: of the 189 respondents across three closed-conditions prisons who said they had needed support for their mental health, 39% said they had not received any support and a further 31% said they had received support that had not been helpful.[41]

Moreover, this appears to be a growing problem: figures from the most recent SPS prisoner survey show that in 2019, 41% of respondents who had sought a mental health appointment had not been seen within 10 days, compared to 25% in 2013 (Carnie and Broderick 2019; 2013).[42]

Similarly, there was a feeling among some staff that there is a need for greater mental health and trauma-informed practice training for prison officers in mainstream halls, so that emerging issues are identified at the outset before reaching crisis point with the individual ending up in an SRU. As one deputy governor said:

> "I think if we trained our staff – if our staff were trained in trauma-informed practice and have an understanding of mental health you might find that you have less people in your SRUs because we'd be able to intervene it upstream as opposed to waiting to a point of crisis before we start intervening."

This sentiment was echoed by some SRU prisoners, who felt that their mental health difficulties were not taken seriously on mainstream halls. As one prisoner commented:

> "I've got mental health issues. I said that to them [hall staff], [but] they don't really bother so I just kick off in the hall to come down here… I come down here to give myself a break really."

Staffing and limited regimes

Finally, officer staffing issues across the prison estate were raised by some interviewees as an issue affecting prisons' ability to meet prisoners needs in mainstream halls. As one officer noted:

> "Right now, the staffing in this jail and every other jail is the worst – 17 years I have been a prison officer and this is the worst I've ever seen it … the staffing [levels are] horrendous, for lack of a better word. It's horrendous the now."

In turn, some officers felt this affected the number of prisoners struggling to cope on mainstream halls, and ultimately finding themselves in an SRU. As one SRU officer noted:

> "Prisoners come down here [to the SRU] because – and I don't necessarily think it's anything to do with the staff on the hall, I think the staff on the hall try their absolute best – there's 42 prisoners and one member of staff [on mainstream halls]. That member of staff just gets run in circles, [whereas] down here [in the SRU] there's three of us and at the most 10 [prisoners]. So they ask for things and we go to sort it out. And again, when a prisoner comes down to an SRU, every Monday a doctor comes to see them, I've got a mental health nurse I can pick up the phone and say this guy needs seen and they usually get seen. But they canny get that in [mainstream] so a lot of them do manipulate the system to end up down here, because they know 'oh, if I'm in the digger I'll get [help].'"

---

41 Surveys were carried out in HMP Shotts (HMIPS 2022), HMP Inverness (HMIPS 2023a) and HMP Addiewell (HMIPS 2023b) in 2022.

42 This comparison is not statistically significant, and it is unknown how representative of the whole population of prisoners each cohort of respondents was.

Moreover, as a result of both staff shortages and COVID-19 restrictions, many prisons during the review period were operating with restricted regimes, meaning mainstream prisoners' access to purposeful activity – and particularly to progression opportunities was often limited, leading to boredom, frustration and resentment among prisoners.

External pressures summary

It is clear that while many of the challenges identified in this report must be tackled within SRUs themselves, wider issues across the prison estate also place significant pressure on SRUs, by increasing both the numbers and complexity of SRU cases. There is a need, therefore, for estate-wide action to tackle these issues – safety, SOCG-linked activity, drugs, poor mental health, and staffing pressures – and enable prisoners to live safely in mainstream halls.

The importance and effectiveness of tackling SRU usage by focusing on ensuring a positive environment "upstream" in the prison system is exemplified by HMP Warren Hill in England. There, an approach of fostering a progressive regime, strong community ethos, meaningful opportunites for personal transformation and sentence progression, and trusting relationships between prisoners, staff, and senior management has enabled the prison – holding life-sentence and IPP[43] prisoners – to function without a segregation unit at all (Leibling et al, 2019; Laws, 2021).

Relevant Recommendations

KR 4: SPS should – in conjunction with NHS Scotland where relevant – develop and implement a strategy for early intervention to tackle the underlying personal issues that lead to prisoners being moved from mainstream halls to SRUs (for example, trauma, mental health issues, substance misuse, lack of hope, lack of purposeful activity). It should include:

4.1. A greater and improved use of therapeutic interventions, mental health and psychological support, addictions support and purposeful activity.

KR 5: SPS should – in conjunction with NHS Scotland where relevant – develop and implement strategies for reducing the pressures across the prison estate that lead to excessive pressure on SRUs. This should include:

5.1. Developing and implementing an SOCG population management strategy to reduce the numbers of SOCG-linked prisoners being moved to, and subsequently becoming "trapped", in segregation.

5.2. SPS and NHS Scotland to co-design a strategy for reducing the demand for alcohol and drugs among the prison population.

5.3. SG, SPS and NHS Scotland developing and implementing stronger measures to ensure the adequate provision of support for all prisoners who need support for alcohol and substance misuse.

5.4. Developing and implementing more and earlier mental health interventions, before mainstream prisoners' reach crisis point.

5.5. Introducing more purposeful activity for mainstream prisoners to avoid boredom and social isolation.

5.6. Ensuring that all new prisons are built with smaller halls and single cell accommodation, which more closely replicate living conditions in the community, with the aim that mainstream living areas are safer, calmer and quieter

43 An IPP (Imprisonment for Public Protection) sentence, now abolished, was an indeterminate sentence similar to the Scottish Order for Lifelong Restriction (OLR).

12. Staff Training, Support and Job Satisfaction

Background

> "It takes its toll, definitely, working in here, because you are the go-to people for these individuals, it does take a strain on you. I'm absolutely shattered every single time [I finish work]." – SRU Officer

Overall, SRU staff generally reported positive job satisfaction, and felt that they were well supported. However, they also highlighted the challenging nature of SRU work, and frustrations at the limits to what they could achieve. Discussions about their training and experiences reflected the wider theme running throughout this report that while SRU staff are able to meet the basic physical needs of prisoners, they struggle to support meaningful change among the more complex and challenging long-term SRU prisoners.

Job satisfaction

While acknowledging that working in an SRU could be stressful and difficult, most staff reported enjoying their work; particularly the challenge and camaraderie of working in the SRU. Many also saw the rota and shift patterns as a positive aspect of working in an SRU. SRU staff often compared working in the SRU favourably to working on other halls, reporting that there was more time to focus on individual prisoners. In particular, some staff enjoyed the problem-solving nature of SRU work. As one officer commented:

> "I like the fact that I've got the time to get to know the prisoners that I'm working with, [to work out] how to manage them, what are their triggers, what are their weak points, what's their strengths. It allows me to adapt and change my approach to how I deal with them so that we've got a better working relationship."

Staff suggested that this ability to spend time getting to know each prisoner makes a difference to officers' ability to support them, and is a source of pride and satisfaction when prisoners successfully reintegrate. As one staff member in the female SRU said:

> "The [prisoners] that are here for quite a wee bit of time, you start to see the difference in them. Starting to open up, starting to get little issues that they've had getting that sorted. I think that's really, really rewarding. Just seeing where somebody was when they came in to how they leave [the SRU], it's like night and day and I think that's probably one of the most rewarding things."

However, while rewarding, as has been highlighted throughout the review, most staff acknowledged that these successes were frustratingly "few and far between".

Challenges

Limits to what can be achieved

Staff expressed frustration at the limits to what they could achieve, given the lack of resources and the complex prisoners held in SRUs . In particular, as discussed in Section 9 (Mental Health), officers felt inadequately trained to care for severely mentally unwell prisoners, and were concerned that their care for such prisoners was inadequate. Even in less extreme cases, officers often felt that their ability to support those with mental health issues was too limited. As one officer said:

> "A lot of the mental health stuff is sad cause we cannot change that we can only kind of walk hand-in-hand with it whilst the [prisoners] are here ..."

This officer felt that while the SRU staff were able to provide a supportive environment for prisoners, often this did not continue once they reintegrated into mainstream halls. Others spoke of the common frustration of working with prisoners for long periods and without making progress, or seeing their interventions fail:

> "The worst thing is when you make so much progress with someone and then ultimately they fail and you have to start again and go back three or four steps. Just when you think you're getting there it goes wrong … it's just frustrating, when you start to get to a point where you're thinking they are doing really well, you know, if you've got somebody in here for months and you get them to a point where they are up on the hall and they're doing great and everything's brilliant then all of a sudden they end up back down here. It's difficult."

Emotional and physical challenges

Some officers noted that SRU work is emotionally draining, and it can be difficult to move on from difficult experiences or to avoid compassion fatigue. One officer observed the psychological impact of being in constant close contact with prisoners with complex needs:

> "It can be quite intense and we get some quite challenging individuals in here and I don't just mean like violence, I mean we get the psychological push, push, push, constant, constant, constant. And some staff struggle with that because there is no walking away from here because they [the prisoners] are never more than 15 feet away from you."

The unpredictable nature of SRU prisoners was cited as being particularly challenging, along with the risk of violence and abuse. Some officers described feeling exhausted and stressed from constant stress this caused. As one officer summarised:

> "[It is difficult] not knowing what's behind that [cell] door every day. You [could] come into work and everything's in the air – shouting, screaming, dirty protests. Things getting chucked at you, abuse getting thrown at you and you've done nothing wrong, all you've done is open the door. So that's the biggest challenge. You go to a door and you're getting shouted abuse, screamed at shouted at, called all the names under the sun. [You] close that door, [then] open the next door and you've got to try and be civil to that next person even though you've just had a barrage of abuse."

Others noted that the worst aspect of the job was the violence, particulary when it is necessary to restrain those who are mentally unwell. As one officer reported:

> "[The worst aspect of the job] is probably the threats of violence and actual violence … and [when we need to] restrain them out of a cell they are in which is full of rubbish into a clean cell just because they are unwell, that is not nice. You know if you need to restrain people you need to restrain people, but restraining people that are just unwell and just won't comply [can be distressing]."

Training and preparedness for SRU work

No bespoke training was offered to officers working in most SRUs, with officers instead learning on-the-job. Most were content that this was all the preparation they needed to work in an SRU: 87% of those who responded to the SRU staff survey reported feeling that they had sufficient training. In general, they felt that on-the-job learning provided them with the necessary skills. Some said that training courses undertaken in previous posts had been helpful for working in the SRU, including on control and restraint, prisoner management, dealing with violence, and with prisoners posing a suicidal risk.

As highlighted in Section 9 (Mental Health) one area where many staff felt more training would be beneficial was mental health and trauma-informed practice, with 94% of respondents to the SRU staff survey stating that mental health training "is or would be helpful".

Across SRUs, the level of mental health and trauma-informed training varied among staff, and there appeared to be more training available for SRU staff in one of the private prisons, as well as in the women's estate. For example, some officers working with women reported having received training in trauma and therapeutic approaches, personality disorders and mental health. Generally, however, most SRU officers had received very little, if any, mental health training, with some feeling under-prepared for SRU work as a result. As one officer explained:

> "I don't know a lot of different types of mental health [illnesses] that are all out there and obviously in here especially you do get different types of mental health issues … and it's just trying to identify different mental health issues that people have got. It would be good just to have even a basic knowledge of indicators of what the different mental health [issues] are."

An FLM in one prison spoke about a successful piece of training conducted with SRU staff by a prison psychology team to help manage their specific caseload. This was a one-off session specially arranged to help them better understand the issues some of their SRU prisoners were presenting with. He reported that this tailored support was useful, and led to the SRU team changing how they dealt with two prisoners, with some positive results.

A small number of staff at all levels disagreed that SRU officers should receive mental health training. They were concerned that giving officers more training in mental health result in less input from the mental health team, and over-burden the SRU officers. As one deputy governor explained, mental health training for SRU staff:

> "… would help but my fear would be that it [mental health] then becomes their job, and they do such a fantastic job anyway … So whilst it would be helpful, I think, for [identifying mental health] clues and cues my fear would be if we went down that road it would become easy to say 'okay now you're a mental health professional'. And to be fair, that's not their skillset. Their skillset is talking to people, not necessarily analysing why they are unwell."

This concern highlights the fact that while many SRU staff felt they would benefit from greater mental health training, this should not be instead of enhancing the clinical support available to SRU prisoners, and clear boundaries would be required regarding where the officers' role stops, and where the role of the mental health team begins.

Support for SRU staff

In general staff reported positive relationships with their colleagues and managers, and felt well-supported. However, there were suggestions that sometimes, after difficult situations, too little support was offered, or that officers did not access the support available.

Support between colleagues

Many of the staff spoke of working in "tight-knit" and "close" teams with strong bonds and a good sense of camaraderie. In general, they felt they could rely on their colleagues to support them. Staff suggested that this is borne out of having a small number of – often very experienced – staff working in very close proximity together in challenging circumstances. As one residential SRU officer said:

> "The team bonding we've got in [the SRU] is probably different from where I've been elsewhere in the SPS. [In other roles] it was a lot of people coming in and out of the teams so you've not got that team bond. I'd say because you've only got the six or seven here it's a close knit sort of family we've got."

Many staff also praised the work of their FLMs, and FLMs tended to speak very highly of the teamwork, independence, and work ethic of their SRU staff. As one FLM commented:

> "[We have] a great team in here. Everybody watches for each other here … It's one of the elite teams I've worked in … It's easy to manage the team, it self-manages to an extent."

While overall staff were very positive about their team working, one FLM interviewed felt that this positive environment could be harnessed more effectively by putting in place more formal processes for reflective practice. For example, reviewing cases within the team, using the experience and talents of the SRU staff to work out ways to better manage more difficult SRU prisoners.

Support for dealing with emotional challenges

Most staff reported feeling well supported by their managers when dealing with traumatic or emotionally challenging aspects of their jobs in the SRU. Some spoke of the range of support services they could access, and 96% of SRU staff survey respondents said they felt "adequately supported to do my job by my line manager". As one officer explained:

> "After anything that's happened you'll usually you'll get offered, like if you need counselling or anything like that, you'll get offered all of that. You'll get offered like … help from the managers and as I say we are quite close [as a team] and that [camaraderie] we have … keeps you going."

Another echoed this sentiment, saying:

> "My managers are great, not got an issue. My unit managers are great you know they'll come down we'll talk it out and I do know that if I felt that talking it out wasn't enough that I would have places to go to speak to. So I'm quite content with that side of things."

However, this feeling was not universal. Some officers felt that they were not offered enough support after dealing with traumatic or highly emotional incidents. For example, one officer said they would benefit from mental health support, which was not available. Another spoke of being offered no support and being expected to continue working immediately after dealing with a suicide attempt:

> "If you were working in an office and someone tried to kill themselves, you know, you might need to take some time off … But working in here and someone does it [attempts suicide], it's just like you deal with that then you go and serve dinner. It's normal."

Some managers also suggested that where support is available to officers, often they do not take it up. As one senior manager explained, after an incident:

> "There's a CIRS[44] process and usually a debrief as well, and there's the employee assist line and there's loads of things in place. Unfortunately, prison staff are so gung-ho and big and brave they don't use the things available."

Support from senior management

In general, staff who expressed an opinion tended to feel that SRUs were well supported by senior management. Most SRU staff noted that they never had staffing issues because it was always a priority to ensure that the SRU was fully staffed, even if the prison as a whole was short-staffed. Exceptions to this highlighted in the SRU staff survey were HMP Perth, and HMP YOI Cornton Vale and HMP YOI Polmont, where some staff reported that staff shortages in the SRU were not always covered.

Some FLMs noted that working in the SRU meant having greater engagement with senior management than they would have in FLM roles in other areas of the prison and, in general, they reported feeling well supported by senior management.

---

44 Critical Incident Response and Support (CIRS) is the support offered to staff when they have undergone a traumatic experience such as violence or a suicide.

Staff training, support and job satisfaction summary

Overall, SRU staff appeared content in their jobs, despite the stressful nature of the work. Most reported enjoying the challenge of SRU work and were positive about the support they received. However, they were frustrated by the limits to what they could achieve, particularly regarding meaningful support for prisoners with complex needs.

It is clear that many SRU officers are highly motivated, enjoy problem-solving, and want to do their best to help prisoners work through the underlying issues and reintegrate. Through improvements to training, facilities, resources and policy, there is potential for this highly motivated staff group to drive substantial change support for SRU prisoners, ensuring that the successes currently described by staff as "few and far between" become the norm.

Relevant Recommendations

7.1. Development of a professional pathway for officers to undergo training to become specialist SRU officers, with in-depth training in managing prisoners with mental health issues, trauma-informed practice and therapeutic support.

7.2. All SRU officers and managers to receive in-depth mental health training to better understand how to manage those who are mentally unwell, and understand the effects of segregation on mental health.

7.3. Training in trauma-informed practice and therapeutic support should be considered essential for all SRU staff.

7.4. Move towards a working culture within SPS within which the profound and potentially traumatic effect that segregation can have on prisoners is better recognised, understood, and mitigated.

7.5. Introduce a maximum limit of three consecutive years for officers working in an SRU.

13. Data, Monitoring and Assurance

Monitoring of SRU prisoners

Most prisons had systems in place for recording SRU prisoners' behaviour and progress, predominantly through written narratives. While SPS guidance on removal from association states that prisons are to record daily narratives for SRU prisoners (SPS, 2019), this was very rarely the case. In most cases, narratives were recorded weekly, with varying degrees of detail. In many prisons, they often appeared to have been copied and pasted from previous narratives. In some prisons, such as HMP Dumfries, no written narratives were provided to the review team.

The review found a lack of rigorous and systematic data collection and recording regarding trends in SRU use, both at an individual and population level. When HMIPS requested basic routine data on SRU usage and wider segregation practices across the prison estate over a period of one year, much of this data was not made available by SPS as a result of the limitations of the data recording and reporting systems currently in place.

For example, it was not possible for SPS to provide data to HMIPS on:

- The number of individuals spending time in an SRU in this period.
- The number of individuals segregated in their own cells in this period.
- The reasons for each SRU stay in this period (for example, type of rule).
- The lengths of individual SRU stays in this period.
- The number of separate SRU stays for each individual prisoner in this period.
- The total number of days spent in an SRU in this period for each individual who had been in an SRU.

SPS reported that provision of this data would require time-consuming manual checks as their data recording system does not allow for automatic reporting on most SRU usage. This is a significant cause for concern, given that quick and easy access to such data could be a valuable tool in tracking both individual, prison-wide and estate-wide trends in SRU use, and informing decisions on how to better manage SRU prisoners.

Transparency

While most prisons were open and transparent with the review team about their SRU use, in one prison the written information provided by the SRU did not match the reality that the review team found or the verbal detail provided by prison staff. The review team was also concerned during this visit by the apparent removal of a mentally unwell prisoner from the SRU on the day of our visit, who an HMIPS Independent Prison Monitor confirmed was moved back into the SRU immediately after the review team had concluded their visit.

Data, monitoring and assurance summary

Overall, the SPS's systems for recording and monitoring SRU use are insufficient. Currently it is very difficult to track SRU usage at prison or estate level, to examine trends in use and identify areas for concern, including equalities concerns. There would be significant benefit in developing a data recording, monitoring and analysis system which would allow for enhanced understanding of SRU use, for the tracking of trends in use across the estate, and the SRU usage for individual prisoners.

Relevant Recommendations

6.2. SPS should develop an effective data collection, recording, analysis and reporting system for up-to-date tracking of SRU use within each establishment to help identify and act upon trends in SRU use, including data on:

- Continuous length of SRU stay, including transfers between SRUs, for each prisoner to allow for monitoring of long-term SRU use.
- Number of SRU stays – and length of each stay – to monitor "bounce-back" SRU use.
- Reason for each SRU stay.
- Details of reintegration efforts and whether they were successful.
- Concerns about SRU prisoners' physical or mental wellbeing.
- SRU prisoners' access to basic needs and human rights each day.

14. Overall Conclusions

The key themes emerging from this review are:

- **Segregation is overused in Scottish prisons**, with too many prisoners stagnating in SRUs, spending detrimentally long periods there. Moreover, too many prisoners are in SRUs who could be safely accommodated elsewhere with better population management and better use of interventions to tackle individuals' underlying problems.
- **Segregated prisoners are generally not able to access even the minimum of two hours of meaningful human contact per day in line with the UN Mandela Rules.** There is an urgent need to address this, given the risks associated with prolonged solitary confinement.
- **SRUs are increasingly being used as places of safety for prisoners who are extremely mentally unwell.** This is a cause for significant concern, as SRUs – and prisons in general – are wholly inappropriate settings for prisoners with severe mental health disorders. Urgent action is required to ensure sufficient availability in hospital settings.
- **There are a number of systemic issues across the prison estate adding pressure to SRUs.** These include widespread mental health issues in the general prisoner population, substance misuse, issues with SOCG population management, safety and staffing pressures. Without tackling these issues, SRUs will continue to struggle with high demand and increasingly complex cases.
- **Too little is done to tackle the individual problems that often lead to SRU stays and prevent successful reintegration.** There is a pressing need to move away from a focus primarily on containment of challenging prisoners, and towards a primary focus on tackling the underlying issues (including substance misuse, poor mental health, behavioural issues and trauma) that prevent some prisoners from coping in mainstream prison settings.
- **There is a lack of planning, strategy or structure to support successful reintegration back to mainstream prison locations**, with long-term SRU prisoners often having little prospect of a return to mainstream circulation.
- **The physical environment of SRUs is generally unfit for purpose**, with a lack of space or facilities for personal improvement activities, and a dark, unstimulating, non-therapeutic environment.
- **The regime and availability of purposeful activity in SRUs is too limited and not fit-for-purpose**, with prisoners spending 22 hours per day or more alone in their cells with little activity to stimulate them or support their rehabilitation.
- **Relationships between SRU staff and prisoners were generally positive**, but staff lacked the relevant training and expertise to provide the type of therapeutic and psycho-social interventions that may help long-term SRU prisoners to progress and move on from SRUs.
- **There is a need for better staff training, ideally through a specialist SRU officer pathway.** Most SRU staff appeared highly motivated, but many were frustrated by the limitations to what they could achieve for the prisoners in their care. Coupled with specialist training, this motivation could be a key driver in improving the way segregation is managed in Scotland.
- **The recording, monitoring, analysis and use of SRU monitoring data was poor.** This limits the possibilities for the SPS and individual establishments to track, analyse and improve their segregation practices.

Glossary

BSU	Barlinnie Special Unit
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
CoE	Council of Europe
Digger	Colloquial term for Separation and Reintegration Unit (SRU)
ECHR	European Convention on Human Rights
ECtHR	European Court of Human Rights
EPR	European Prison Rule
FLM	First Line Manager
GDPR	General Data Protection Regulation
GOAD	Good Order and Discipline
HMIPS	His Majesty's Inspectorate of Prisons for Scotland
HMP	His Majesty's Prison
NPM	National Preventive Mechanism
NPS	New Psychoactive Substance
Orderly Room	Process whereby disciplinary charges brought against prisoners are heard by a member of senior management.
Passman	A passman is a prisoner who is employed in the prison work in a job requiring a high level of trust, such as cleaning in the corridors and/or other areas of the prison, cleaning in the governor's area, or working in the servery.
Personal Officer	An individual prison officer assigned to a prisoner as their first point of contact for information, advice and support
PMAG	Prisoner Monitoring Assurance Group
PPE	Personal Protective Equipment
Prescribed Rule	An amended Rule 95 which allows a segregated prisoner wider scope for activity and social contact, usually tailored to the individual's reintegration needs.
Prison Rules	The Prisons and Young Offenders Institutions (Scotland) Rules 2011
RRC	Refusal to Return to Circulation

Rule 41	The legal mechanism whereby a prisoner can be held in segregation for the protection of their or other prisoners' health or welfare.
Rule 95	The legal mechanism whereby a prisoner can be held in segregation to maintain good order and discipline (GOAD), protect the interest of any prisoners, or to ensure the safety of other prisoners.
SG	Scottish Government
SOCG	Serious Organised Crime Group
SPS	Scottish Prison Service
SRU	Separation and Reintegration Unit
SSOW	Safe System of Work
SSM	Special Security Measures
YOI	Young Offender Institution

References

Literature

Batastini, A. B., Lester, M. E., Morgan, R. D., & Atterberry, E. (2021). Stepping Up, Stepping Out: A Program Description and Preliminary Findings. Psychological Services, 18(4), 679–688. https://doi.org/10.1037/ser0000430

Batastini, A. B., Morgan, R. D., Kroner, D. G., & Mills, J. F. (2019). A Mental Health Treatment Program for Inmates in Restrictive Housing. https://doi.org/10.4324/9781315180755

Bottomley, K., Liebling, A., & Sparks, R. (1994). Barlinnie Special Unit and Shotts Unit : an assessment. Edinburgh: Central Research Unit.

Brown, E. (2020). A systematic review of the effects of prison segregation. Aggression and Violent Behavior, 52(February), 101389. https://doi.org/10.1016/j.avb.2020.101389

Carnie, J., and Broderick, R. (2013). Prisoner Survey 2013. Scottish Prison Service: Prisoner Survey 2013 Main Bulletin (sps.gov.uk)

Carnie, J., and Broderick, R. (2015). Prisoner Survey 2015. Scottish Prison Service: Prisoner Survey 2015 (sps.gov.uk)

Carnie, J., and Broderick, R. (2019). Prison Survey 2019. Scottish Prison Service: 17th Prisoner Survey 2019 (sps.gov.uk)

Clark, K. (2018). The Effect of Mental Illness on Segregation Following Institutional Misconduct. Criminal Justice and Behavior, 45(9), 1363–1382. https://doi.org/10.1177/0093854818766974

Cloud, D., Augustine, D., Ahalt, C., Haney, C., Peterson, L., Braun, C., & Williams, B. (2021). We just needed to open the door: a case study of the quest to end solitary confinement in North Dakota. Health and Justice, 9(1), 1–25. https://doi.org/10.1186/s40352-021-00159-1

Cloud, D., Lachance, J., Smith, L., & Galarza, L. (2019). The Safe Alternatives to Segregation Initiative: Findings and Recommendations for the Louisiana Department of Public Safety and Corrections, and Progress Toward Implementation https://www.vera.org/publications/safe-alternatives-segregation-initiative-findings-recommendations

Council of Europe. (2012). Report to the German Government on the visit to Germany carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 25 November to 7 December 2010. February. https://rm.coe.int/1680a80c63

Council of Europe. (2017). Report to the Government of the Netherlands on the visit to the Netherlands carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 2 to 13 May 2016. January, 1–53. https://rm.coe.int/16806ebb7c

Council of Europe (CoE). (2019). Report to the Government of the United Kingdom on the visit to the United Kingdom carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Tratement or Punishment (CPT) from 17 to 25 October 2018. Strasbourg

Council of Europe. (2020). Report to the United Kingdom Government on the visit to the United Kingdom carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 14 to 18 October 2019. 1-99. https://rm.coe.int/16809fdebc

Council of Europe (CoE). (2020a). Recommendation Rec(2006)2-rev of the Committee of Ministers to Member States on the European Prison Rules (Adopted by the Committee of Ministers on 11 January 2006, at the 952nd meeting of the Ministers' Deputies and revised and amended by the Committee of Ministers on 1 July 2020 at the 1380th meeting of the Ministers' Deputies). Retrieved from https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016809ee581#_ftn1

Council of Europe (CoE). (2020b). Report to the Government of the United Kingdom on the visit to the United Kingdom carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Tratement or Punishment (CPT) from 14 to 18 October 2019. Strasbourg

Council of Europe. (2021). Report to the Swedish Government on the visit to Sweden carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 18 to 29 January 2021. September, 1-53. https://rm.coe.int/1680a3c256

Council of Europe. (2022). Report to the United Kingdom Government on the periodic visit to the United Kingdom carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 8 to 21 June 2021. 1-99. https://rm.coe.int/1680a72b71

Coyle, A. (1987). The Scottish experience with small units. In A. E. Bottoms & R. Light (Eds.), Problems of Long-Term Imprisonment. Aldershot: Gower Publishing Company.

European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). (2011). CPT Standards. Strasbourg: Council of Europe Retrieved from https://www.refworld.org/pdfid/4d7882092.pdf

Glowa-Kollisch, S., Kaba, F., Waters, A., Leung, Y. J., Ford, E., & Venters, H. (2016). From punishment to treatment: The "clinical alternative to punitive segregation" (CAPS) program in New York City jails. International Journal of Environmental Research and Public Health, 13(2), 1–11. https://doi.org/10.3390/ijerph13020182

Gold, C., Assmus, J., Hjørnevik, K., Qvale, L. G., Brown, F. K., Hansen, A. L., Waage, L., & Stige, B. (2014). Music therapy for prisoners: Pilot randomised controlled trial and implications for evaluating psychosocial interventions. International Journal of Offender Therapy and Comparative Criminology, 58(12), 1520–1539. https://doi.org/10.1177/0306624X13498693

Grassian, S. (1983). Psychopathological Effects of Solitary Confinement. American Journal of Psychiatry, 140(11), 1450-1454.

Haney, C. (2003). Mental Health Issues in Long-Term Solitary and "Supermax" Confinement. Crime & Delinquency, 49(1), 124-156.

Haney, C., & Lynch, M. (1997). Regulating prisons of the future: a psychological analysis of supermax and solitary confinement. New York University Review of Law & Social Change, 23(4), 570.

HM Inspectorate of Prisons Scotland (HMIPS). (2012). Annual Report 2011-2012. Edinburgh Scottish Government Retrieved from https://www.prisonsinspectoratescotland.gov.uk/sites/default/files/publication_files/00402883.pdf

HMIPS. (2021). Independent Review of the Response to Deaths in Prison Custody. Retrieved from https://www.prisonsinspectoratescotland.gov.uk/sites/default/files/publication_files/Independent%20Review%20of%20the%20Response%20to%20Deaths%20in%20Prison%20Custody%20p6%20%281%29%20WEB%20PDF.pdf

HMIPS. (2022). HMIPS Pre-Inspection Survey Findings (Pilot): HMP Shotts, April 2022. HMIPS Pre-Inspection survey findings (prisonsinspectoratescotland.gov.uk)

HMIPS. (2023a). HMIPS Pre-Inspection Survey Findings: HMP Inverness, July 2022. https://www.prisonsinspectoratescotland.gov.uk/publications/hmp-addiewell-full-inspection-report-november-2022

HMIPS. (2023b). HMIPS Pre-Inspection Survey Findings: HMP Addiewell, October 2022. https://www.prisonsinspectoratescotland.gov.uk/publications/hmp-inverness-full-inspection-august-2022

HMP Shotts. (2021). Safe System of Work - Separation and Re-integration Unit (reviewed May 2022).

Høidal, A. (2019). Prisoners' Association as an Alternative to Solitary Confinement—Lessons Learned from a Norwegian High-Security Prison. Solitary Confinement, 297–310. https://doi.org/10.1093/oso/9780190947927.003.0017

Howard League of Penal Reform. (2016). Preventing prison suicide. http://howardleague.org/wp-content/uploads/2016/11/Preventing-prison-suicide-report.pdf

Kupers, T. A., et al (2009). Beyond supermax administrative segregation: Mississippi's experience rethinking prison classification and creating alternative mental health programs. Criminal Justice and Behavior, 36(10), 1037–1050. https://doi.org/10.1177/0093854809341938

Lanes, E. C. (2011). Are the "worst of the worst" self-injurious prisoners more likely to end up in long-term maximum-security administrative segregation? International Journal of Offender Therapy and Comparative Criminology, 55(7), 1034–1050. https://doi.org/10.1177/0306624X10378494

Laws, B. (2021). Segregation Seekers: An Alternative Perspective on the Solitary Confinement Debate. The British Journal of Criminology, 61: 1452-1468.

Liebling, A., et al (2019). Are Hope and Possiblity Achievable in Prison?. The Howard Journal of Crime and Justice, 58:104-26.

Méndez, J. E. (2011). Interim Report of the Special Rapporteur of the Human Rights Council on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. United Nations. Retrieved from: https://documents-dds-ny.un.org/doc/UNDOC/GEN/N11/445/70/PDF/N1144570.pdf?OpenElement

Méndez, J. E. (2016). Seeing into Solitary: A Review of the Laws and Policies of Certain Nations Regarding Solitary Confinement of Detainees (A Special Report). Retrieved from https://www.weil.com/~/media/files/pdfs/2016/un_special_report_solitary_confinement.pdf

National Preventive Mechanism (NPM). (2021). Scotland's progress in the prevention of ill-treatment in places of detention. Retrieved from https://s3-eu-west-2.amazonaws.com/npm-prod-storage-19n0nag2nk8xk/uploads/2021/08/NPM_report_FINAL.pdf

Nadkarni, N. M., Hasbach, P. H., Thys, T., Crockett, E. G., & Schnacker, L. (2017 Impacts of nature imagery on people in severely nature-deprived environments. Frontiers in Ecology and the Environment, 15(7), 395–403. https://doi.org/10.1002/fee.l518

O'keefe, M. L. (2007). Administrative segregation for mentally ill inmates. Journal of Offender Rehabilitation, 45(1–2), 149–165. https://doi.org/10.1300/J076v45n01_11

Penal Reform International (PRI) and Essex Human Rights Centre. (2017). Essex Paper 3: Initial guidance on the interpretation and implementation of the Nelson Mandela Rules Paper presented at the expert meeting organised by Penal Reform International and Essex Human Rights Centre at the University of Essex, 7-8 April 2016, University of Essex.

The Prisons and Young Offenders Institutions (Scotland) Rules 2011. The National Archives: The Prisons and Young Offenders Institutions (Scotland) Rules 2011 (legislation.gov.uk).

The Prisons and Young Offenders Institutions (Scotland) Amendment Rules 2021. The National Archives: The Prisons and Young Offenders Institutions (Scotland) Amendment Rules 2021 (legislation.gov.uk).

Raemisch, R. (2011). Open the Door-Segregation Reforms in Colorado. 1–9.

Reid Howie Associates Ltd. (2002). Small Units within the Scottish Prison Service, Occasional Paper No 1/2002. Scottish Prison Service

Remch, M., Mautz, C., Burke, E. G., Junker, G., Kaniuka, A., Proescholdbell, S., Marshall, S. W., & Naumann, R. B. (2021). Impact of a Prison Therapeutic Diversion Unit on Mental and Behavioral Health Outcomes. American Journal of Preventive Medicine, 61(5), 619–627. https://doi.org/10.1016/j.amepre.2021.05.023

Scottish Government. (2022). Prison population: substance use and wider support needs. Prison population: substance use and wider support needs - gov.scot (www.gov.scot)

Scottish Parliament Justice Committee. (2013). Inquiry into purposeful activity in prisons Edinburgh: Scottish Parliament Retrieved from http://archive2021.parliament.scot/S4_JusticeCommittee/Reports/jur-13-05w.pdf

Scottish Prison Service (SPS). (2019). Removal from Association. Operations and Public Protection Department, Operations Directorate

Shalev, S. (2014). Solitary confinement as a prison health issue. In S. Enggist, L. Moller, G. Galea, & C. Udesen (Eds.), Prisons and Health. Copenhagen: World Health Organisation.

Shalev, S. (2015). Solitary Confinement: The View from Europe. Canadian Journal of Human Rights, 4:1, 143-165.

Shalev, S. (2017). Thinking outside the Box? A Review of Seclusion and Restraint Practices in New Zealand. In SSRN Electronic Journal (Issue January). https://doi.org/10.2139/ssrn.2961332

Shalev, S. (2018a). Do No Harm. In AMA journal of ethics (Vol. 20, Issue 8). https://doi.org/10.1001/amajethics.2018.774

Shalev, S. (2018b). Can Any Good Come out of Isolation? Probably Not. Prison Service Journal, 236: 11-16.

Shalev, S., and Edgar, K. (2015). Deep Custody: Segregation Units and Close Supervision Centres in England and Wales, Vol. 93. Conquest Litho, 14.

Shames, A., Wilcox, J., & Subramanian, R. (2015). Solitary confinement : Common misconceptions and emerging safe alternatives. VERA Institute of Justice, May, 1–36. https://www.vera.org/publications/solitary-confinement-common-misconceptions-and-emerging-safe-alternatives

Sigler, K., Messina, N., & Calhoun, S. (2020). A Qualitative Review of a Trauma Intervention for Women in a Segregated Housing Unit.

Smith, P. (2006). The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature. Crime and Justice, 34, 441-528.

Subramanian, R., & Shames, A. (2014). Sentencing and Prison Practices in Germany and the Netherlands. Federal Sentencing Reporter, 27(1), 33–45. https://doi.org/10.1525/fsr.2014.27.1.33

Tayer, L., Einat, T., & Antar, A. Y. (2021). The Long-Term Effects of Solitary Confinement From the Perspective of Inmates. Prison Journal, 101(6), 652–674. https://doi.org/10.1177/00328855211060312

The Arthur Liman Public Interest Program, & Association of State Correctional Administrators. (2016). Aiming to Reduce Time-In-Cell. November.

Trust Prison Reform. (2022). Prison Reform Trust Advice and Information Service.

UN Office on Drugs and Crime (UNODC). (2015). United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules). Retrieved from http://www.unodc.org/documents/justice-and-prison-reform/GA-RESOLUTION/E_ebook.pdf

Vanko, E. (2019). Step-down Programs and Transitional Units: A Strategy to End Long-term Restrictive Housing. June. https://www.vera.org/downloads/publications/step-down-programs-and-transitional-units-strategy-to-end-long-term-restrictive-housing-policy-brief.pdf

Vince, R. (2018). Segretation - Creating a New Norm. Prison Service Journal, 236: 17-26.

Walsh, T., Blaber, H., Smith, C., Cornwell, L., Blake, K., Mullins, J., Murphy, D., Valentine, M., & Scarpato, C. (2020). Legal perspectives on solitary confinement in Queensland. https://bel.uq.edu.au/research/human-rights/solitary-confinement

Cases

Babar Ahmed and Others v the United Kingdom (2010) [2010] ECHR 1067.

Bamouhammad v Belgium (2015). [2015] ECHR 362.

Harakchiev and Tolumov v Bulgaria (2014). [2014] ECHR 903.

Horych v Poland (2012). [2012] ECHR 699.

Ilascu and Others v Moldova and Russia (2004). (2005) 40 EHRR 46.

Iorgov v Bulgaria (2004). (2005) 40 EHRR 7.

Keenan v the United Kingdom (2001). [2001] ECHR 242.

Piechowicz v Poland (2012). [2012] ECHR 689.

Ramirez Sanchez v France (2006). (2007) 45 EHHR 49.

Sy v Italy (2022) ECtHR 11791/20.

X v Turkey (2012) ECtHR 24626/09.