



CPT/Inf (96) 11

**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 15 to 31 May 1994**

The United Kingdom Government has requested the publication of this report and of its final response. The Government's final response is set out in document CPT/Inf (96) 12.

Strasbourg, 5 March 1996

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**COPY OF THE LETTER TRANSMITTING THE CPT'S REPORT**

Strasbourg, 10 January 1995

Dear Mr Setterfield,

In pursuance of Article 10, paragraph 1, of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, I have the honour to enclose herewith the report to the United Kingdom Government drawn up by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) after its visit to the United Kingdom from 15 to 31 May 1994. The report was adopted by the CPT at its twenty-third meeting, held from 28 November to 2 December 1994.

I would draw your attention in particular to paragraph 401 of the report, in which the CPT requests the United Kingdom authorities to provide an interim and a follow-up report on action taken upon its report.

I remain at your entire disposal if you have any questions concerning either the CPT's report or the future procedure.

Finally, I would be grateful if you could acknowledge receipt of this letter.

Yours sincerely,

Claude NICOLAY  
President of the European Committee for  
the Prevention of Torture and Inhuman or  
Degrading Treatment or Punishment

Mr. J.R. SETTERFIELD  
Human Rights Policy Department  
Foreign and Commonwealth Office  
London SW1 2AH  
UNITED KINGDOM

## I. INTRODUCTION

### A. Dates of the visit and composition of the delegation

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as "the Convention"), a delegation of the CPT carried out a visit to the United Kingdom from 15 to 31 May 1994.

The visit formed part of the CPT's programme of periodic visits for 1994, and was the second periodic visit to the United Kingdom (the first periodic visit having taken place in July/August 1990). It should also be noted that the Committee carried out a visit to Northern Ireland in July 1993.

2. The delegation consisted of the following Committee members:

- Mr Bent SØRENSEN, First Vice-President of the CPT (Head of Delegation);
- Mr Jón BJARMAN;
- Mr Tonio BORG;
- Mrs Ingrid LYCKE ELLINGSEN;
- Mr Petros MICHAELIDES.

The delegation was assisted by:

- Mr Joris CASSELMAN, Professor of Neuro-Psychiatry, University Psychiatric Centre, Catholic University of Leuven, Belgium (expert), from 22 to 26 May;
- Ms Marianne KASTRUP, Head of the Department of Psychiatry at the Hvidovre Hospital, Hvidovre, Denmark (expert);
- Mr André LAUBSCHER, Director of the Department of Nursing at the Bel-Air University Institutes of Psychiatry and Geriatric Medicine, Geneva, Switzerland (expert), from 22 to 26 May;
- Ms Sonja SNACKEN, Professor of Criminology and Sociology of Law at the Free University, Brussels, Belgium (expert);
- Ms Melanie ROE (interpreter), from 22 to 26 May.



The delegation was also accompanied by the following members of the CPT's Secretariat:

- Mr Trevor STEVENS, Secretary of the CPT, from 22 to 26 May;
- Ms Geneviève MAYER;
- Mr Mark KELLY.

**B. Establishments visited**

3. The delegation visited the following places of detention:

**England**

Prisons:

- HM Prison, Leeds (follow-up visit)
- HM Prison, Liverpool
- HM Prison, Pentonville (D Wing)
- HM Prison, Wandsworth (follow-up visit)

Young Offender Institutions and Remand Centres:

- HM Young Offender Institution and Remand Centre, Feltham

Immigration Service detention facilities:

- Campsfield House Immigration Service Detention Centre, Kidlington, Oxfordshire
- The Beehive, Gatwick Airport
- Holding room at the South Terminal, Gatwick Airport
- The Queens Building, Heathrow Airport
- Holding rooms at Terminals 1, 2 and 3, Heathrow Airport

Special Hospitals:

- Rampton Special Hospital, Retford, Nottinghamshire

Police establishments:

- Dewsbury Divisional Headquarters, Dewsbury
- Gatwick Airport Police Station
- Main Bridewell Police Station, Liverpool
- Alexandra Road Police Station, Liverpool
- Paddington Green Police Station, London
- Stoke Newington Police Station, London
- Walworth Police Station, London

Customs detention facilities:

- Holding facilities at Gatwick Airport

**Scotland**

Prisons:

- HM Prison, Barlinnie (C Hall and Segregation Unit)
- HM Prison, Peterhead

Police establishments:

- Wester Hailes Sub-Division, Edinburgh
- Baird Street Divisional Headquarters, Glasgow
- London Road Divisional Headquarters, Glasgow
- Dalkeith Divisional Headquarters, Midlothian

**C. Consultations held by the delegation**

4. In addition to meeting with the local officials in charge at the places visited, the delegation held consultations with the national authorities and representatives of non-governmental organisations active in areas of concern to the CPT.

A list of the authorities and organisations with which the delegation held consultations is set out in Appendix II to this report.

**D. Co-operation encountered during the visit**

5. The talks with the national authorities, both at the beginning and at the end of the visit, were marked by a spirit of co-operation. In England, the delegation was received by Mr Peter Lloyd, Minister of State for Home Affairs, and held fruitful discussions with senior officials from the Home Office (with responsibility for prisons, administrative detention of foreign nationals and police matters), the Department of Health (with responsibility for mental health matters) and the Special Hospital Services Authority. In addition, the delegation was pleased to be able to meet Admiral Sir Peter Woodhead, the recently-appointed Prisons Ombudsman, and Sir Louis Blom-Cooper QC, Chairman of the Mental Health Act Commission.

In Scotland, the delegation was received by the Right Honourable the Lord Fraser of Carmyllie QC, Minister of State for Health and Home Affairs at the Scottish Office, and held constructive talks with senior officials from the Scottish Office Home and Health Department (with responsibility for prisons and police matters).

6. The co-operative stance of the English authorities was somewhat marred by the approach taken by Home Office and Department of Health officials to the question of the CPT delegation's right of access to the medical files of inmates and patients. The Home Office Directorate of Health Care and the National Health Service (NHS) Executive had issued guidance to health care staff which indicated that, "the CPT has a general right of access to medical records, subject to the rules of national law and professional ethics in force in the country it is visiting".

At the outset of the visit it was made clear to the delegation that the United Kingdom authorities took the view that English common law (and the General Medical Council's Code of Ethics) imposed a duty to maintain the confidentiality of the medical records of inmates and patients. In consequence, health care staff working in Prison Service and NHS establishments in England had been instructed that the CPT should only be allowed to see medical records with the written consent of the inmate or patient concerned (expressed in terms of the Access to Health Records Act 1990). If, for whatever reason, it was not possible to obtain the relevant written consent, directions had been issued that the Committee should not be allowed to see the records in question, unless a senior health care official considered that there was an overriding public interest in revealing the information.

7. For its part, the CPT's delegation expressed the view that the guidance issued by the United Kingdom authorities appeared to be premised on a misapprehension as to the scope of Article 8 of the Convention. It stressed that Article 8 (2) (d) of the Convention states that in seeking information which is necessary for it to carry out its task, the Committee shall "have regard to", rather than be "subject to", applicable rules of national law and professional ethics. Whilst the delegation had no objection to obtaining the consent of inmates or patients when this was materially possible, it would be seeking not only to examine the records of named individuals, but also to form an opinion on the organisation and operation of the health care services within the establishments visited. To carry out that task, the delegation would require to have general access to medical data, to an extent which might preclude obtaining the consent of the persons whose medical records were to be consulted.

8. In response to this information, the Home Office Directorate of Health Care issued revised guidelines to staff, in which the provisions of Article 8 (2) (d) of the Convention were set out in full. Those guidelines also indicated that, having regard to the applicable rules of national law and professional ethics, health care staff should seek to provide the Committee with full co-operation. By contrast, the NHS Executive continued to maintain that there should be a presumption against access to medical records by the CPT in cases where written consent could not be obtained.

Although, in practice, no significant problems were encountered in gaining access to medical records in any of the establishments visited, the Committee considers that the approach adopted by the NHS Executive could have prevented the delegation from gaining information which was necessary for it to carry out its task under the Convention.

9. More generally, the CPT wishes to stress that the statement in the Convention that, in seeking information, "the Committee shall have regard to applicable rules of national law and professional ethics", simply lays down procedural rules to be respected by the CPT in gaining access to the information requested. That provision should not be used to justify a refusal to grant access to the information requested, nor access under such conditions as would be tantamount to a refusal. In cases where national law represents a potential impediment to the effective provision of information which is necessary for the CPT to carry out its task, it is for the State concerned to ensure that it can, nonetheless, meet its obligations under the Convention. In this respect, the Committee has noted with interest that English law already makes specific provision for a right of unrestricted access to medical records by certain national bodies (such as the Mental Health Act Commission).

**The Committee requests the United Kingdom authorities to take appropriate steps to ensure that the right of the CPT to have access to medical records is formally guaranteed.**

10. The delegation received a very satisfactory reception from management and staff in all of the places of detention visited, including those which had not been notified in advance. The information which had been distributed by the national authorities had been effective in ensuring that they were aware of the possibility of a CPT visit and had some knowledge of the terms of the Committee's mandate.

**E. Immediate observations under Article 8 (5) of the Convention**

11. During the meeting held with the United Kingdom authorities at the end of the visit, the CPT's delegation invoked Article 8 (5) of the Convention and made immediate observations in respect of the holding of remand and convicted prisoners in the Main Bridewell Police Station in Liverpool.

The prisoners concerned were being held in grossly overcrowded conditions (three to a single cell), with no outdoor exercise and almost nothing which could be called a regime. Moreover, the regulations to which they were subject failed to provide them with adequate protection against the risk of ill-treatment (cf. also paragraphs 18 to 22). The delegation recommended that urgent action be taken to bring an end to the practice of holding remand and convicted prisoners at the Main Bridewell Police Station and, more generally, that steps be taken to ensure that no prisoners are held three to a cell in police cells designed for single occupancy. It added that all prisoners held in police cells should benefit from the relevant safeguards set out in the Prison Rules<sup>1</sup>.

12. In a letter dated 13 June 1994, Mr Derek Lewis, the Director General of the Prison Service of England and Wales, informed the Committee that all prisoners held at the Main Bridewell on behalf of the Prison Service had been transferred to Liverpool Prison on 3 June 1994.

Mr Lewis also stated that he had written to all police forces holding Prison Service inmates asking that they try to avoid holding prisoners three to a single cell and intimating that the Prison Service would meet the costs of any increase in the use of police accommodation and manpower which might be required to meet that objective. As regards the rules which should apply to prisoners held in police cells on behalf of the Prison Service, Mr Lewis gave an assurance that this matter would be carefully considered, in consultation with the Police Department of the Home Office.

Lastly, on behalf of the Police Department of the Home Office, Mr Lewis informed the Committee that the allegations heard by the CPT's delegation, of ill-treatment by police officers of prisoners held at the Main Bridewell, were the subject of an investigation.

13. The CPT is most grateful for this prompt and constructive reply to the matters raised with the United Kingdom authorities under Article 8 (5) of the Convention. **The Committee would like to be informed of any decisions which may have been taken with regard to the rules which should apply to prisoners held on police premises on behalf of the Prison Service. The Committee also wishes to be informed of the outcome of the investigation into allegations of ill-treatment of prisoners at the Main Bridewell Police Station.**

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<sup>1</sup> As regards the practice of holding prisoners in police cells, see also paragraph 29.

## II. FACTS FOUND DURING THE VISIT TO ENGLAND AND ACTION PROPOSED

### A. Police establishments

#### 1. Introduction

14. The CPT's delegation visited seven police establishments in England during its second periodic visit to the United Kingdom - one in Dewsbury (near Leeds), one at Gatwick Airport, two in Liverpool and three in London.

15. The legislation and subsidiary rules concerning the detention, treatment and questioning of persons detained by the police were summarised in the report drawn up after the CPT's first periodic visit (cf. CPT/Inf (91) 15, paragraphs 15 to 18).

#### 2. Torture and other forms of ill-treatment

16. In the course of the visit, the delegation heard no allegations of torture of detainees (i.e. persons arrested) by police officers, either in the establishments visited or in other police establishments in England and Wales. Further, hardly any allegations were heard of other forms of ill-treatment of persons arrested by the police under the Police and Criminal Evidence Act 1984 (PACE) or the Prevention of Terrorism (Temporary Provisions) Act 1989 (PTA).

However, after the visit, the Committee has received information about an award of some £50,000 in compensation reportedly made to a former detainee by a High Court judge in July 1994. It would appear that, in his decision, the judge concluded that the person's treatment by members of the (now disbanded) West Midlands Serious Crimes Squad had amounted to "nothing less than torture". The person in question had claimed that, whilst held at Bromford Lane Police Station, Birmingham in April 1982, his hands were handcuffed behind his back and a plastic bag was repeatedly placed over his head until he agreed to sign a confession. He was subsequently convicted and sentenced to 15 years imprisonment. **The CPT would like to receive a copy of the full text of the decision in question and an account of any action subsequently taken in the light of that decision.**

17. The Committee has also received information about a number of investigations being carried out into the activities of police officers based at Stoke Newington Police Station in London. Although the CPT's delegation found no evidence of ill-treatment of detainees by police officers during its visit to that establishment, **the Committee wishes to receive as much information as possible about those investigations, to the extent that they relate to the ill-treatment of detainees.**

18. In the course of the visit, the CPT's delegation did hear a number of allegations that prisoners held at the Main Bridewell Police Station in Liverpool had been ill-treated by police officers. The upper floor (the "B landing") of the custody area in that police station was being used to hold remand and convicted prisoners, due to a shortage of space in Liverpool Prison. This area was administered by police officers from the "Prison Dispute Control Unit" (P.D.C.U.), which forms part of Merseyside Police "X" Division.

Many of the prisoners interviewed in the Main Bridewell alleged that fellow inmates had been ill-treated by police officers in a cell on the floor below (the "A landing"). The delegation was told that individual prisoners who had behaved in a way which the police officers on duty considered to be disruptive (e.g. repeatedly banging the cell door), had been removed from their cells and taken under restraint to cell number 14, where they had been punched and kicked by police officers.

Unlike the other cells at the Main Bridewell, cell number 14 was equipped only with a low wooden plinth-type bed. The cell was also distinguished by a notice on the outside of its door which read "Santa's Grotto - Oh Come All Ye Fateful!".

19. An examination of the records of cell occupancy showed that cell number 14 was in fairly frequent use. In the first 18 days of May 1994, 7 prisoners had been placed there and the average appeared to be around 15 placements per month. It appeared that the cell had also been used to hold remand and convicted prisoners who had been transferred to the Main Bridewell, following disruptive behaviour in other police stations in Liverpool.

The delegation traced several of the inmates who had recently been held in cell number 14 to Liverpool Prison, where they were interviewed about their experiences at the Main Bridewell. Two of those prisoners claimed to have been ill-treated by police officers in cell number 14.

20. The first prisoner claimed that, on 6 May 1994, he had been handcuffed and taken to cell 14 by six police officers. He alleged that one police officer pulled his arms up by the handcuffs while others kicked and punched him, following which he was left handcuffed in the cell.

The second prisoner claimed that, in the early afternoon of 23 April 1994, he had been taken to cell 14 in a wrist lock. He alleged that, once there, he had been instructed by police officers to get down on his knees, whereupon his face was pushed to the floor and he was kicked. He said that he was seen by a doctor (who treated him for a black eye and grazes) on the following morning, and returned to a normal cell later that day.

The accounts provided by both of these prisoners of their movements within the Main Bridewell were consistent with the details which the delegation had seen in official records there. As regards, more particularly, the second prisoner, the medical record completed by the police surgeon at the Main Bridewell (at 10.15am on 24 April 1994) recorded grazing to his left cheek, eyelid and forehead, accompanied by slight swelling.

21. The CPT's concerns about the situation of prisoners held in the Main Bridewell Police Station are heightened by the fact that they benefitted neither from the safeguards against ill-treatment to be found in the Prison Rules, nor from those in the Police and Criminal Evidence Act. Instead their situation was governed by a set of fourteen "regulations for inmates", which had apparently been devised by the Inspector in charge of the P.D.C.U. The transfer of prisoners to cell 14 was governed by regulation 14, which read: "Any inmate who fails to integrate and co-exist within this environment may be moved from this landing and have all privileges withdrawn".

It might be added that the Inspector in charge of the P.D.C.U. made clear to the delegation that he was aware that the Main Bridewell (and, more particularly, cell 14) had a bad reputation amongst prisoners. He considered that the occasional allegations of ill-treatment which he had heard were unfounded; on the other hand, he openly welcomed the establishment's reputation as facilitating the work of his officers. He expressed a similar view about the presence in the custody area of a police dog handler and a large German shepherd dog; this, he said, was a good way to "threaten and control" the inmates. It is axiomatic that to use a dog in such a manner cannot be considered acceptable.

22. In the light of all of the information at its disposal, the CPT can only conclude that remand and convicted prisoners held at the Main Bridewell Police Station ran a not inconsiderable risk of physical ill-treatment by police officers. The CPT was pleased to learn that all such prisoners were transferred to Liverpool Prison on 3 June 1994 and that an investigation into the allegations of ill-treatment heard by its delegation is underway (cf. paragraph 12). **The Committee would also like to receive an assurance from the United Kingdom authorities that the Main Bridewell Police Station in Liverpool will not in future be used to hold prisoners on behalf of the Prison Service.**

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23. Finally, in order to obtain a nationwide view of the situation, **the CPT would like to receive the following information for 1993 and 1994:**

- **the number of complaints of ill-treatment lodged against police officers and the number of criminal/disciplinary proceedings initiated as a result of such complaints;**
- **an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by police officers.**



### 3. Conditions of detention

#### a. introduction

24. All police cells should be of a reasonable size in relation to the number of people they are used to accommodate and have adequate lighting (i.e. sufficient to read by, sleeping periods excluded) and ventilation; preferably they should receive natural light. They should also be equipped with a means of rest (e.g. chair or bench) and persons obliged to spend the night in custody should be provided with a clean mattress and clean blankets.

Persons held by the police should be able to satisfy the needs of nature when necessary, in clean and decent conditions, and should have adequate washing facilities. They should have ready access to drinking water and be given food at normal mealtimes, including at least one full meal (i.e. something more substantial than a sandwich) every day. Persons held in police custody for extended periods (24 hours or more) should, as far as possible, be offered outdoor exercise every day.

#### b. situation in the establishments visited

25. The cells seen in all of the police stations visited in England provided acceptable conditions in which to hold persons suspected of criminal offences. All were of a reasonable size for single occupancy and were fitted with means of rest and lavatories (with the exception of the above-mentioned cell 14 at the Main Bridewell in Liverpool). Indeed, if police custody of criminal suspects were the only purpose for which the cells seen by its delegation were used, then the CPT would have little criticism to make of the conditions of detention which they offered. However, several of the police stations visited were used to hold persons for other reasons and for lengthy periods of time.

26. The **Main Bridewell Police Station** and the **Alexandra Road Police Station** in Liverpool were both used to accommodate remand and convicted prisoners, for whom there was apparently no space in Liverpool Prison. Such prisoners could spend several months in police establishments.

The material conditions in which prisoners were being held on the "B" landing of the Main Bridewell were appalling. On the day of the first visit to that establishment, 54 remand and convicted prisoners were being held in 19 police cells - in 16 cells there were 3 prisoners and in the 3 remaining cells, 2 prisoners. The cells measured just over 8m<sup>2</sup> and were fitted with a single bed (with mattress), a long wooden platform (with two mattresses) and a lavatory.

Some of the prisoners interviewed at the Main Bridewell had been transferred there from the **Alexandra Road Police Station** on 16 May 1994 (i.e. two days before the delegation's visit to Liverpool). The delegation found that the four cells there measured a mere 5.5m<sup>2</sup>, with a sanitary annex which measured an additional 1.25m<sup>2</sup>. In order to hold three prisoners, each cell had been equipped with a bunk bed and a mattress on the floor. Although no Prison Service inmates were being held there at the time of the delegation's visit, the establishment remained on a "reserve list" of eight Merseyside police stations which might again be called upon to hold such prisoners.

27. The deleterious effects of the grossly overcrowded conditions described above were compounded by the fact that neither establishment was in a position to offer inmates anything which remotely resembled a regime. At the **Main Bridewell** prisoners were released from their cells for two hours in the morning and one and three quarter hours in the afternoon, during which time they could shower, order items from a shopping list or watch television on the landing. At weekends, one of the daily "association periods" was replaced by visiting time - prisoners being allowed two visits of ten minutes per week. There were no facilities for outdoor exercise and prisoners were not allowed to make or receive telephone calls.

The delegation was told out-of-cell time had been even less at **Alexandra Road Police Station** - inmates apparently having been provided with televisions in their cells. That said, there was at least a small outdoor exercise yard, to which inmates had been given access on a daily basis.

28. The "regulations for inmates" devised by the Inspector in charge of the P.D.C.U. at the Main Bridewell had been applied in all of the Merseyside police stations used to hold Prison Service inmates. It is most inappropriate that prisoners held in police stations fall outside the scope of both the Prison Rules and the Police and Criminal Evidence Act. Moreover, certain of the "regulations" (and other internal instructions) are a subject of particular concern.

Firstly, a number of restrictions were placed on prisoners' contact with the outside world. The visit entitlement of remand prisoners was reduced to 2 ten minute periods per week and visits from solicitors were at the discretion of a police officer of the rank of Chief Superintendent. Further, regulation 13 provided that "there will be no telephone calls".

Secondly, the daily routine for the Main Bridewell Police Station provided that requests by prisoners to see a doctor were to be "vetted by [a] P.D.C.U. officer". An internal memorandum makes clear that requests to see a doctor by prisoners in police stations other than the Main Bridewell were to be directed "in the first instance" to the Inspector in charge of the P.D.C.U. as the "authorised liaison officer".

Thirdly, the withdrawal of privileges from prisoners (and their possible transfer to cell 14 at the Main Bridewell, cf. paragraph 21) was not accompanied by any procedural safeguards. The delegation was told by the Inspector in charge of the P.D.C.U. that this matter fell entirely within his discretion - prisoners could be deprived of all privileges until they "behaved".

In short, prisoners held in police cells in the Merseyside area found themselves deprived of a number of important rights and safeguards, including the possibility to maintain effective contact with the outside world.

29. In his letter in response to the matters raised with the United Kingdom authorities under Article 8(5) of the Convention (cf. paragraph 12), the Director General of the Prison Service indicated that the Prison Service considered the use of police cells to hold remand and sentenced prisoners to be "highly undesirable and unwelcome". The CPT shares this view. Whilst it remains very important to ensure that overcrowding does not lead to inmates being held three to a single cell in a prison, it is equally unacceptable to re-locate prisoners to police stations, where they may be held in the very poor conditions of detention described in the preceding paragraphs.

In the light of all of the information set out above, **the CPT recommends that urgent steps be taken to bring a permanent end to the practice of holding Prison Service prisoners in police cells.**

30. **Gatwick Airport, Paddington Green and Walworth Police Stations** were, on occasion, used to hold persons detained under the Immigration Act (though no such detainees were being held in those establishments at the time of the visit).

Immigration Act detainees can spend up to eight days in police establishments - an initial period of twenty four hours if arrested under the Police and Criminal Evidence Act on suspicion of being in breach of the Immigration Act, plus, following service of deportation papers, an additional period of up to five days. That period can be extended by a further two days, if firm arrangements for travel have been made and will be implemented during the additional two day period<sup>2</sup>. In all of the aforementioned police stations such persons were held in the cells used for police custody under P.A.C.E..

31. The conditions of detention at **Paddington Green** had not changed since the CPT's visit to that police station in 1990 - although they remained acceptable for short periods in police custody, no action had been taken on the CPT's recommendation that the washing facilities in the custody area for P.A.C.E detainees be improved (cf. paragraph 211 of document CPT/Inf (91) 15). There was only one wash basin in the corridor outside the cells. This is barely adequate for persons who may be held for several days under P.A.C.E., and quite unacceptable for persons who may be held for up to eight days under the Immigration Act (N.B. persons held in the station's anti-terrorist suite have access to a shower).

**Walworth Police Station** was a modern building which had opened in November 1993. There were a total of 16 cells designed for P.A.C.E. detainees (12 for men and 4 for women). The cells and sanitary facilities were on the whole of a good standard; however, access to natural light was rather limited.

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<sup>2</sup> cf. the Immigration (Places of Detention) Direction 1994.

32. Neither of the above establishments offered adequate facilities for outdoor exercise. In both police stations, the CPT's delegation was told that if persons held under the Immigration Act requested outdoor exercise they would be allowed to walk around the vehicle yard handcuffed to a police officer for around half an hour a day. It later emerged that there was a small secure exercise yard at Walworth Police Station, which had not yet been used. With the exception of exercise, detainees in both police stations would spend all day locked in their cells.

33. The cells at **Gatwick Airport Police Station** measured approximately 6 m<sup>2</sup> and, with one exception (for young people in custody), were equipped with sanitary facilities. In theory, the cells were intended for individual occupation, although up to three people could be held per cell, particularly if they so requested. Given their size, these cells should ideally be restricted to individual occupancy, particularly at night.

The cells were in a clean condition and were equipped with a sleeping platform and mattress, and a call system. There was very little natural light, but the artificial lighting was acceptable. Showers had been installed close to the cells. There was also a small courtyard measuring approximately 14 m<sup>2</sup>, divided into two separate parts, one each for men and women. The size and layout of this area meant that it was barely adequate for outdoor exercise.

34. In the view of the CPT, it is not acceptable that persons should be held in the conditions described above for up to eight days under the Immigration Act. It might be added that merely improving washing facilities (at Paddington Green) and exercise facilities (at all three establishments) would not solve this problem. In general, police stations are not in a position to provide out-of-cell activities for detainees and, in consequence, cannot be said to be satisfactory places in which to detain Immigration Act detainees for periods of longer than a few days.

**The CPT recommends that the United Kingdom authorities review the use of police stations to hold Immigration Act detainees in the light of these remarks.**

35. As regards Paddington Green Station, **the CPT must reiterate the recommendation that washing facilities for PACE detainees be improved. Further, the Committee would like to be informed of the outdoor exercise arrangements at the station for P.A.C.E. and P.T.A. detainees held for extended periods.**

#### 4. Safeguards against ill-treatment

36. The CPT attaches particular importance to three rights for persons detained by the police:

- the right of those concerned to have the fact of their detention notified to a close relative or third party of their choice,
- the right of access to a lawyer,
- the right to a medical examination by a doctor of their choice (in addition to any medical examination carried out by a doctor called by the police authorities).

The CPT considers that these three rights are fundamental safeguards against the ill-treatment of persons in detention, which should apply from the very outset of custody (i.e. from the moment when those concerned are obliged to remain with the police).

37. It was noted in the report on the first periodic visit that the above rights are recognised in England and Wales (cf. CPT/Inf (91) 15, paragraphs 217 to 220). Subsequently, in the context of the on-going dialogue with the United Kingdom authorities following that visit, the CPT has pursued in greater depth the question of a detainee's access to legal advice and to a doctor of his own choice when held incommunicado.

38. As regards access to legal advice, the CPT recognises that in order to protect the interests of justice, it may be necessary in certain exceptional circumstances to delay the exercise of the right of access to a particular lawyer chosen by the detainee. However, this should not result in the right of access to legal advice being totally denied during the period in question. In such cases, access to another independent lawyer who can be trusted not to jeopardise the legitimate interests of the police investigation should, as far as possible, be arranged.

39. In this connection, the CPT sought clarification of the scope of Note for Guidance B4<sup>3</sup> to Annex B of the P.A.C.E. Code of Practice C, and received the following reply:

"Note for Guidance B4 to Annex B to P.A.C.E. Code of Practice C applies to any situation in which the detainee's access to legal advice has been delayed. Whether the detention is under the Police and Criminal Evidence Act 1984 or under the Prevention of Terrorism (Temporary Provisions) Act 1989 and under whichever of the criteria in Annex B delay is authorised, access to a specific solicitor may only be delayed if the officer has reasonable grounds to believe that the specific solicitor will, inadvertently or otherwise, pass on a message from the detainee or act in some way which will lead to any of the results in paragraphs 1, 2 and 8 of Annex B coming about. In such circumstances, the detainee should normally be offered access to a solicitor on the Duty Solicitor Scheme." (citation from the follow-up report of the United Kingdom Government - CPT/Inf (93) 9, paragraph 97).

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<sup>3</sup> which stipulates inter alia that when access to a specific solicitor is delayed, the detainee should be offered access to another solicitor on the Duty Solicitor Scheme.

40. This reply would suggest that there is no objection in principle to the approach proposed by the CPT in paragraph 38. However, the Committee believes that the matter is too important to be dealt with merely in a Note for Guidance to a Code of Practice; such notes are not legally binding upon the police.

**The CPT recommends that the right of a detainee to have access to another lawyer when access to a specific solicitor is delayed, be the subject of a legally binding provision.**

41. In England and Wales, the doctors called by the police are independent general practitioners who are retained under contract as "Forensic Medical Examiners". Such doctors provide medical cover to police stations in a given area, on a rota basis. The CPT's delegation was impressed by the professionalism shown by the Forensic Medical Examiners whom it met in the course of the visit.

42. As regards the question of access to a doctor of the detainee's own choice, following the first periodic visit the United Kingdom authorities indicated that, in exceptional cases, the police may decide to delay such access (see the United Kingdom's initial response - CPT/Inf (91) 16, page 52).

In this connection, the CPT stressed that detained persons should in all cases have the right to request a medical examination by a doctor other than one chosen by the police, and invited the United Kingdom authorities to explore the possibility of devising a scheme whereby any detainee whose access to a particular doctor requested by him was delayed by the police could, if he so wished, have access to another doctor (apart from a police surgeon) who could be trusted not to jeopardise the legitimate interests of the police investigation. Another approach might be to allow in all cases a detainee to be examined by the doctor initially chosen by him, but subject to the presence of a police surgeon at such examinations.

**The CPT would like to be informed of the United Kingdom authorities' views on this subject.**

43. In the view of the CPT, persons taken into police custody should be expressly informed without delay of all their rights, including those referred to in paragraph 36.

The delegation which carried out the second periodic visit observed that such information was given in the police establishments visited, both orally and in writing. The information notices provided to detainees were clear and complete.

44. Finally, on the subject of electronic recording of interviews, the CPT has noted that as from 1 December 1992, interviews with terrorist suspects at police stations in England and Wales are, on a trial basis, being audio-tape recorded in full unless the detained person requests to the contrary.

**The Committee would like to receive in due course information on the outcome of the above-mentioned initiative.**

## **B. Customs detention**

45. Customs and Excise officers hold powers of arrest and detention. Further, the CPT notes that, under section 152 of the Criminal Justice Act 1988, a magistrate's court may remand a person charged with a drug-related offence into the custody of a customs officer for a period of up to 192 hours.

The CPT's delegation visited two customs detention facilities at Gatwick Airport. No one was being detained at the time of the visit.

46. The cells in the detention zone at the South Terminal measured around 10m<sup>2</sup> and were fitted with a concrete platform bed and mattress. They were also equipped with a table and chair. Sheets and blankets were available, if required. The cells did not benefit from natural light, but the artificial lighting was adequate. They were all fitted with a call system.

Given that detention in this zone was of short duration (a maximum of 12 hours), the conditions of detention could be described as acceptable.

47. A longer term detention zone was located in a completely soundproofed hangar, near to the runways. It contained four single cells, of an adequate size: around 8m<sup>2</sup>. The cells were fitted with a concrete platform bed and mattress, and sheets and blankets were available. All the cells were equipped with a call system and monitored by closed circuit television.

This latter zone also contained a common room with a television. In addition, according to customs officials, outdoor exercise was available to detainees on request. However, in the absence of appropriate facilities for this purpose, security measures (and, in particular, handcuffs) were applied. None of the facilities in the zone benefitted from natural light, but artificial lighting was adequate.

Taking account of the absence of a proper exercise area and of the lack of access to natural light, this zone is unsuitable for lengthy periods of detention. **The CPT recommends that the use made of this detention zone be reviewed accordingly.**

48. More generally, from the standpoint of the prevention of ill-treatment, it is in principle desirable for persons remanded in custody to be held in premises which are managed and staffed by the prison authorities.

**The CPT would therefore like to receive clarification of the reasons for the existence of the power provided for in section 152 of the Criminal Justice Act 1988, to remand a person to customs detention for a period of up to 8 days.**

## **C. Prisons**

### **1. Introduction**

49. In the course of the second periodic visit to the United Kingdom, the CPT's delegation visited four local prisons in England.

Leeds and Wandsworth Prisons received relatively short follow-up visits (both establishments having been visited during the first periodic visit in 1990), and Liverpool Prison was visited for the first time.

The delegation did not carry out a full visit to Pentonville Prison; only one part of the establishment - D wing - was visited, in order to examine the treatment of persons held there under the Immigration Act 1971. In consequence, the Committee's findings on that subject are set out in the chapter of this report which deals with the administrative detention of foreign nationals (cf. paragraphs 226 to 230).

50. The report on the Committee's first periodic visit paid particular attention to the issues of overcrowding, integral sanitation and regime activities. This report reconsiders those issues in relation to the visits to Leeds, Wandsworth and Liverpool Prisons and offers an assessment of the progress which has been made since the CPT's 1990 visit, together with some proposals for further action. Reference is also made to a number of other issues related to the CPT's mandate.

### **2. Torture and other forms of ill-treatment**

51. The delegation heard no allegations of torture and very few allegations of other forms of ill-treatment of prisoners by prison staff in the establishments visited. Further, in the course of the visit, the CPT's delegation heard hardly any allegations of ill-treatment having occurred in other prison establishments in England and Wales.

Reference should be made, however, to reports received after the visit about the alleged ill-treatment of prisoners held in the segregation unit at Full Sutton Prison in York. The CPT has already raised this issue by letter with the United Kingdom authorities.

52. **The Committee would like to receive the following information for 1993 and 1994 from the United Kingdom authorities:**

- **the number of complaints of ill-treatment lodged against prison officers and the number of criminal/disciplinary proceedings initiated as a result of such complaints;**
- **an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by prison officers.**

**Further, the CPT would like to receive regularly updated information from the United Kingdom authorities on this subject.**



### 3. Follow-up visits

#### a. Leeds Prison

53. A new complex had been added to Leeds Prison since the CPT's visit in 1990. It contained two additional prisoner accommodation wings ("E" and "F") and a health care centre and kitchen.

E and F wings provided some 250 extra cells, as a result of which, the prison's CNA<sup>4</sup> had been increased from 627 to 914; the delegation was told that this latter figure was based on double occupancy of almost all of the new cells. However, at the time of the visit, 1,098 prisoners were being held in the establishment (of whom some 40% were on remand), and this despite the fact that only one of the new wings (F) had entered into service.

54. The delegation was pleased to note that a number of measures had been taken to implement some of the most important recommendations made by the CPT in its report on the first periodic visit. The following developments should be highlighted:

- prisoners were no longer being held three to a cell, in cells designed for single occupancy;
- the entire population of prisoners aged 17 to 20 (some 250 at the time of the CPT's 1990 visit) had been transferred to Moorland Prison, which would appear to be capable of offering them a significantly better regime than had been the case at Leeds (cf. paragraphs 52 to 58 of the follow-up report of the United Kingdom Government);
- a new gymnasium and fitness centre had been opened, giving a larger number of prisoners access to an improved range of facilities;
- steps had been taken to instal integral sanitation in some areas of the prison (although cf. paragraph 56);
- new shower facilities had been constructed on the wings, thereby providing prisoners with more frequent access to bathing facilities; and,
- unconvicted prisoners were permitted to wear their own clothes and shoes.

These positive steps are most welcome; however, the CPT remains concerned about a number of features which were the subject of criticism in the Committee's report on the first visit to Leeds Prison.

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<sup>4</sup> CNA = Certified Normal Accommodation.

55. It is clear that the problem of overcrowding at Leeds Prison has not been eradicated. Whilst the Committee is pleased that inmates were no longer being held three to a single cell, they were being held two to a single cell throughout the older wings of the establishment. It should be reiterated that cells of some 8.5m<sup>2</sup> provide only cramped accommodation for two prisoners (cf. paragraph 40 of the CPT's report on the first visit). Moreover, the CPT's delegation found inmates living in cramped conditions in a number of multiple-occupancy cells (e.g. in A wing, 4 prisoners in a cell measuring 12m<sup>2</sup>; in D wing, 6 prisoners in a cell measuring 18m<sup>2</sup>).

The new cells in E and F wings were somewhat larger (approximately 10m<sup>2</sup>) but still not an ideal size for double occupancy. However, as already mentioned (cf. paragraph 53), it is intended that almost all of them should be shared by two prisoners. As a result, a significant opportunity to create new accommodation areas, which are free of overcrowding, is in danger of being lost.

56. The installation of integral sanitation was another area in which the progress made since the CPT's first visit could be characterised as rather disappointing. As a result of the rise in the prison population as a whole and delays in the entry into service of the new accommodation in E and F wings, renovation work in the older wings had not begun as quickly as had been foreseen<sup>5</sup>.

All of the cells in E and F wings were equipped with integral sanitation (wash basin in cell and lavatory in a sanitary annex); however, of the older accommodation areas, integral sanitation had been installed only in B wing. It should be added that the simple sanitation system (in-cell wash basin and unscreened lavatory) which had been adopted in that wing was a far from ideal solution, especially given that the majority of prisoners were held two to a cell. Slopping-out continued to be the norm in A, C and D wings.

The delegation was told that the current plan was that, once E wing had been opened, A wing would close for renovations, including the installation of integral sanitation, to be followed in succession by C and D wings over a three year period. It is noteworthy that the integral sanitation to be installed in A, C and D wings will be on the "three cells into two" model, under which alternate cells are divided into two, creating sanitary annexes for the two cells on either side. The Committee wishes to stress that it considers this system of integral sanitation to be far preferable to the installation of a simple sanitation system.

57. More generally, the material conditions in prisoner accommodation areas in the older - as yet unrenovated - parts of Leeds Prison continued to leave a great deal to be desired. Natural light remained very poor in certain areas of the establishment (most notably in the ground floor cells in C wing), and in some cells broken window panes had been repaired by inmates using pieces of cardboard secured to the window frame with toothpaste. The majority of the cells in A, C and D wings were in a dilapidated condition, and the delegation saw abundant evidence of cockroach infestation.

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<sup>5</sup> cf. page 5 of the follow-up report of the United Kingdom Government to the CPT's visit report, where it is stated that, " By the Autumn of 1994 it is anticipated that no prisoners will be "slopping out" - A and B wings will be operating with integral sanitation, but will be subject to further improvements, and C and D wings will have been taken out of use for refurbishment. By the Autumn of 1993 the new E and F wings, complete with integral sanitation, will be in use... ". In fact, although F wing opened in September 1993, E wing was not scheduled to become operational until September 1994.

58. As regards regime activities for inmates at Leeds Prison, a distinction should be drawn between the activities offered to prisoners in the older accommodation areas and those available (or planned) for inmates in E and F wings.

59. With the commendable exception of the new gymnasium and fitness centre, there had been little improvement in the regime activities offered to prisoners in A, C and D wings. Although two of the establishment's four workshops had been relocated to more spacious premises, workshop employment was offered only to prisoners in B and F wings. The total number of workplaces (including cleaning, general services etc) remained unchanged at around 190, (or just over 17% of the establishment's population).

For prisoners in the above-mentioned wings who did not work, out-of-cell time remained very limited - one hour of exercise (on days when it did not rain), access to the gym twice a week and association every third day, up to a total of around six hours per week. It should be added that the facilities for association were very limited. The "bottom flats" (i.e. basement levels) in C and D wings were used as makeshift association spaces; however, remand prisoners in A wing did not have association periods, apparently because the vulnerable prisoner unit located at the end of A wing occupied the space which would otherwise have been used for that purpose. As a result, on rainy days which did not fall within the gymnasium rota, slopping-out might be the only out-of-cell activity offered to remand prisoners in A wing.

60. In F wing, new facilities provided much greater scope for regime activities. These facilities included a large association room, equipped with television and video, a smaller television room and a "quiet room" for discussion with social workers, etc. Prisoners had access to these facilities for, on average, around 5 hours per day.

In E wing, it was intended to operate a "compact" scheme<sup>6</sup>, under which convicted prisoners in the last months of their sentences would be offered enhanced regime activities in return for signing an agreement to be of good behaviour whilst accommodated there. The draft compact seen by the delegation envisaged offering inmates an average of nine hours per day out-of-cell, daily access to showers and clean clothes, access to telephones between 9 am and 8 pm every day and "access to other structured activities including work, training and self-help groups". The physical facilities within which those activities would take place were similar to those in F wing. **While welcoming this initiative, the CPT would underline that this is exactly the kind of regime which should be offered to all inmates in local prisons (cf. the recommendation in paragraph 62 of the report on the first periodic visit - CPT/Inf (91) 15).**

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<sup>6</sup> The idea of "compacts" or "contracts" between prisons and inmates was raised by Lord Justice Woolf in his 1991 Report. It was envisaged that compacts should identify what the prison expects to provide for the prisoner and set out what the prison requires from the prisoner in return. Cf. further, paragraphs 1.183 to 1.185 of Prison Disturbances April 1990, Report of an Inquiry by the Rt Hon Lord Justice Woolf and His Honour Judge Stephen Tumin (London: HMSO, 1991).

b. Wandsworth Prison

61. Since the 1990 visit by the CPT to Wandsworth Prison, the establishment has begun to receive prisoners on remand. At the time of the visit, remand prisoners were accommodated principally in A wing. The smaller radial accommodation block at Wandsworth (consisting of G, H and K wings) had been developed as a vulnerable prisoner unit.

62. Another notable difference to be observed in May 1994, as compared to August 1990, was that the establishment's population had fallen from 1,516 prisoners (with a CNA of 1,275) to 851 prisoners (517 sentenced and 334 on remand) with a CNA of 821. That said, two of the establishment's wings (C and E) were out of service, which had reduced the prison's capacity by some 350 places. By contrast, staff numbers had actually increased (from 450 to 560), producing a marked improvement in the staff-prisoner ratio.

Notwithstanding the considerable reduction in the establishment's population, a significant number of prisoners were still being held two to a cell measuring just over 8m<sup>2</sup>. On the day of the visit, 104 of the 144 prisoners in A wing were "doubled up", as were 120 of the 202 prisoners in B wing. Clearly, as at Leeds Prison, the problem of overcrowding persists.

63. Extensive renovation work had been completed in G, H and K wings, which had been equipped with integral sanitation, albeit on the "simple sanitation" model (wash basin and lavatory in-cell, concealed by a plastic shower curtain on a rail). D wing had been renovated in a similar way (although the integral sanitation which had been installed was not screened from the living areas in the cells). In all of the renovated wings, prisoners were living one to a cell, which served to mitigate, to some extent, the effect of living in close proximity to a lavatory.

At the time of the visit, E wing was closed for a "quick" renovation, including the installation of simple sanitation (to be screened by curtains) and C wing was undergoing more extensive work, which would include the installation of "three cells into two" sanitation - giving prisoners access to a wash basin and lavatory in a separate sanitary annex. The CPT wishes to recall its marked preference for this latter form of integral sanitation.

Prisoners held in A and B wings were still obliged to comply with the needs of nature in buckets in their cells. It was not clear to the delegation whether the renovation work to be undertaken in A and B wings as from January 1995 would involve the installation of "three cells into two" rather than "simple" sanitation; **the Committee would like to receive clarification of this point.**

64. Material conditions of detention in general in the renovated wings (i.e. D, G, H and K) were greatly improved, as compared to the situation in 1990. In particular, showers had been installed on wing landings and inmates had access to them at least twice a week on a rota basis. The delegation was told that prisoners who so wished could shower more frequently.

A and B wings had been re-painted, but otherwise material conditions of detention were virtually unchanged since 1990. Indeed, the Governor himself admitted that conditions in those wings were "certainly no better, if not a little worse" than during the CPT's previous visit. The more extensive renovation work in those wings which was planned had been delayed for 18 months and was expected to take place between January 1995 and September 1996.

65. As regards the development of regime activities, the CPT's delegation was pleased to note that there had been significant progress in the vulnerable prisoner unit, where considerable efforts had been made to develop a more open regime. The unit operated an "open door" policy between 9 am and 11.30 am, and between 1.30pm and 4.30pm. During those hours all inmates would be engaged in work, education or a treatment programme for sex offenders. Prisoners were offered a further two hours of association (television, table tennis, billiards) every evening.

66. In line with the CPT's recommendation in the report on the first periodic visit (cf. paragraph 68 of doc. CPT/Inf (91) 15), prisoner association periods had been introduced in A, B and D wings. Prisoners could take part in association three times a week for periods of two hours. The delegation was told by prison staff that, despite their initial reservations about the introduction of prisoner association periods, this development had served to improve relations between staff and prisoners.

In addition to association periods, prisoners were allowed to take part in up to three sessions of sports activities per week in the gymnasium.

67. There appeared to have been some improvement as regards employment opportunities for prisoners. The delegation was told that almost all prisoners in B wing (and many in D wing) had been allocated work places. Further, it appeared that it was no longer necessary for workshops to close in order to enable prison officers to carry out court escort duties (this function having been contracted out to an outside security company), although refurbishment work had led to closures on some occasions. There were a total of 455 workplaces (190 in workshops and 265 in general cleaning duties).

68. For those prisoners who worked, out of cell time could be up to nine hours per day; however, those without jobs were in a much less advantageous position. The delegation was particularly concerned by the situation of remand prisoners in A wing, the majority of whom spent most of the day in their cells. Taking into account one hour of outdoor exercise and time for slopping out and meal collection, their daily out of cell time could be as little as one and a half hours. Even on days when they had association and/or attended the gymnasium, out-of-cell time was unlikely to exceed four hours.

69. Nevertheless, the delegation observed that some efforts had been made to increase the activities available to remand prisoners. They were offered the opportunity to take part in educational activities with prisoners from elsewhere in the prison. Further, in January 1994 the non-governmental organisation NACRO<sup>7</sup> had set up a work area for remand prisoners. The NACRO area offered training in computing skills (typing, desktop publishing) and woodwork. **Such initiatives are to be encouraged.**

#### 4. Liverpool Prison

70. When built in 1885, Liverpool Prison consisted of two linked radial blocks, each of which contained four, five-storeyed, prisoner accommodation wings. One wing (D) was destroyed during the Second World War and prisoners are now held in wings A, B, F, G, H, I and K. At the time of the visit, B wing was closed for renovations, as was the establishment's hospital, with the result that patients were being held, on a temporary basis, in a recently constructed two-storey wing (J), which had formerly held vulnerable prisoners. The prison has a CNA of 677 inmates and on the day of the visit was holding 1248 remand and convicted prisoners, mostly two to a cell.

71. Material conditions of detention at Liverpool Prison varied considerably from one wing to another. Wings F, G and I had been renovated to a good standard and benefitted from "three cells into two" sanitation. The cells themselves measured around 8.5m<sup>2</sup> and the sanitary annex (which contained a wash basin and lavatory), some 3m<sup>2</sup>. However, almost all of the cells were shared by two prisoners - a situation which provided the inmates concerned with rather limited living space. At the time of the visit, similar renovation work (including the installation of "3 into 2" sanitation) was taking place in B wing. It is anticipated that B wing will be returned to service in February 1995.

A, H and K wings had not been renovated and conditions there were considerably poorer. Many prisoners were "doubled up" in 8.5m<sup>2</sup> cells with inadequate natural light and deficient ventilation. Lavatories were available on the wing landings for prisoners' use while unlocked; however, at other times (including between 7.30 pm and morning unlock at 7.30 am) they were obliged to rely upon buckets in their cells. The delegation was told by prison staff that these wings were due to be renovated under a "rolling programme", but that recent increases in the prison population might mean that this programme would be delayed. **The CPT would like to receive further information about the rolling programme of renovations for A, H and K wings at Liverpool Prison, including an indication of the target date for ending the practice of slopping out in the establishment.**

72. As already mentioned, J wing was being used as temporary hospital accommodation at the time of the visit. The cells in this modern two storey block measured just over 7m<sup>2</sup> and were fitted with "simple sanitation" (a wash basin and lavatory, partially screened by a low wall). A cell of this size could be considered adequate as accommodation for one person (although it would be preferable for the sanitary facilities to be located in a separate annexe, as in wings F, G and I). At the time of the visit, however, most of the 37 patients were being held two to a cell.

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<sup>7</sup> The National Association for the Care and Resettlement of Offenders.

The CPT appreciates that this situation is the result of the temporary closure of the establishment's hospital, and that the new hospital unit will provide more appropriate accommodation for patients. Nonetheless, taking into account their size and the rudimentary nature of the sanitation installed, the cells in J wing cannot be considered appropriate to hold two persons. **The CPT recommends that, on completion of the transfer of the patients held there to the new hospital unit, the cells in J wing at Liverpool Prison should revert to single occupancy.**

73. The regime activities available at Liverpool Prison included work of vocational value, education and sporting activities. However, opportunities to take part in other associative activities were somewhat limited by the design of the accommodation wings.

The CPT's delegation visited eight **workshops** (tailoring, laundry, leather goods, woodwork and a variety of work performed under contract for outside business concerns, including assembling magnetic door catches and springs). A number of other jobs were available (works department, kitchen, cleaning, stores, orderlies etc.) making a total of 678 workplaces (54 % of the population).

**Educational activities** included adult basic education, further education (for both remand and convicted prisoners) and a variety of courses tailored to the needs of individual prisoners. On an average day, some 90 prisoners would take part in educational activities. That said, the delegation learned that such was the popularity of the education courses that, at any one time, around 110 inmates were on a waiting list. **The CPT invites the United Kingdom authorities to expand the educational activities available at Liverpool Prison, taking account of the demand for places from inmates.**

The establishment's facilities for **sports activities** had been very limited - the main sports hall being a rather run-down plastic shell. Its purpose-built replacement was nearing completion at the time of the visit, and would clearly represent a significant improvement.

74. Prisoners on remand at Liverpool Prison had far less access to the above-mentioned activities than did convicted inmates. As an example, on the day of the visit, of 270 remand prisoners being held in K wing, only 19 were employed. For unemployed remand prisoners, out-of-cell time amounted to a maximum of four hours (one hour of outdoor exercise and two hours of association, plus time for meal collection, slopping out etc).

In this respect, the CPT wishes to reiterate its recommendation that the regimes to be implemented in local prisons should aim at ensuring that prisoners on remand are able to spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activity of a varied nature (cf. paragraph 62 of doc. CPT/Inf (91) 15).

**5. Assessment of progress since the CPT's first periodic visit and proposals for further action**

75. There has been a considerable rise in the prison population of England and Wales in recent times. At the time of the second periodic visit the prison population had risen to 48,400 (and was continuing to rise at a rate of 200 per month), as against the population projection of 42,300 given in the follow-up report from the United Kingdom Government (cf. paragraph 48 of document CPT/Inf (93) 9). The United Kingdom authorities' prediction that the average prison population and available accommodation would come into balance in 1995 is no longer valid - at the time of the visit, a projected surplus of accommodation of 3200 places<sup>8</sup> had become a shortfall of 2,900 places.

76. The impact of the rise in the prison population was immediately visible in the establishments visited. The CPT's delegation found that certain areas of Leeds, Liverpool and Wandsworth Prisons remained overcrowded. Further, whilst it is true that no prisoners were being held three to a cell in prisons, they were being held three to a cell in police stations in the Merseyside area, due to a lack of space in Liverpool Prison.

Another effect of the growth in the numbers of prisoners was that major renovation work at all three establishments had been delayed by the need to keep the maximum possible amount of space available to accommodate prisoners. An early casualty of those delays has been the target date for the end of slopping out of December 1994<sup>9</sup>, which will not be met in any of the prisons visited.

77. There has been some progress in the area of enhancing regime activities for prisoners. In October 1992, HM Prison Service produced a "Model Regime for Local Prisons and Remand Centres", which contains a number of important goals for such establishments, although it does not set time limits for their implementation. The publication, in April 1994, of a set of "Prison Service Operating Standards" is another important development. The Standards incorporate elements of the "Model Regime", and attempt to distil the provisions of instruments including the European Prison Rules, the Prison Rules 1964 (as amended), Standing Orders, management manuals and instructions to Governors.

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<sup>8</sup> cf. paragraph 48 of document CPT/Inf (93) 9.

<sup>9</sup> cf. paragraph 60 of document CPT/Inf (93) 9.



Particular reference should be made to sections U1 and U2 of the Operating Standards. Section U1 stipulates that prisoners should be provided with a programme of structured activities (work, education, vocational training, physical education, organised recreation, discussion groups and counselling sessions) for a minimum of 42 hours per week. As regards out-of-cell time, section U2 states that, "prisoners should be unlocked and able to be out of their cells for a total of at least 12 hours each day, subject to any exceptional limitations for security, control or disciplinary reasons."

Whilst the CPT is pleased that this objective has been set by the United Kingdom authorities, the regimes in most parts of the establishments visited were very far from meeting it. This was especially the case for prisoners held on remand in all three prisons. The Committee has also noted, in this context, that the Operating Standards are subject to the explicit caveat that they do not represent entitlements for prisoners and are not intended to be legally enforceable.

78. The CPT is fully conscious of the considerable efforts which have been made by the United Kingdom authorities since 1990 to reduce overcrowding, install integral sanitation and enhance regime activities for prisoners. Nevertheless, some four years after the CPT's first visit to the United Kingdom, certain areas of Leeds, Liverpool and Wandsworth Prisons were still to be found blighted by the "pernicious combination" of overcrowding, lack of integral sanitation and poor regime activities which, in the report on its first visit, the Committee described as amounting to inhuman and degrading treatment.

Clearly, further action is required.

79. The CPT's dialogue with the United Kingdom authorities on the question of the eradication of overcrowding had been based on the shared assumption that the significant prison building programme, coupled with other policies which could have led to a reduction in the number of persons being sent to prison, would lead to an end to overcrowding by the mid 1990's. In the light of its delegation's findings in the course of the second periodic visit, the Committee can only conclude, with regret, that such an assumption is no longer valid.

That being the case, the United Kingdom authorities must be prepared to make more radical efforts to address the problem of overcrowding. It is not for the CPT to prescribe the manner in which that should be done; however, the Committee would note that, in those European countries which enjoy uncrowded prison systems, the existence of appropriate policies to limit and/or modulate the number of persons being sent to prison has tended to be an important element in maintaining the prison population at a manageable level. It follows that the effectiveness of action to tackle this problem in a United Kingdom context might be enhanced by the active participation of agencies other than the Prison Service.

**The CPT recommends that a very high priority continue to be given to measures designed to bring about a permanent end to overcrowding, taking into account the above remarks.**

80. The United Kingdom authorities have now set February 1996<sup>10</sup> as the new target date by which all prisoners in England and Wales will have ready access to a lavatory at all times. **The Committee trusts that everything will be done in order to ensure that this new target date is respected.**

**The Committee also recommends that, wherever practicable, "3 cells into 2" rather than "simple" sanitation be installed.** The installation of unscreened simple sanitation in cells occupied by two persons fails to meet the substance of the Committee's earlier recommendation that the overarching objective should be to avoid prisoners having to comply with the needs of nature in the presence of other persons, in a confined space which is used as their living quarters. Further, even once overcrowding has been eradicated, the above-mentioned method of providing integral sanitation would still mean that the prisoner could be said to be living in a lavatory.

81. In the local prisons visited, the improvement of regime activities is an objective which remains, to some extent, contingent upon reducing overcrowding, especially in the areas occupied by remand prisoners. The aspirational statements set out in the above-mentioned "Model Regime" and "Operating Standards" are unlikely to be rapidly implemented in establishments where significant numbers of prisoners are being held two to a cell, in unrenovated buildings with very limited association spaces. **The Committee recommends that, in the context of the renovation of the prison estate, a very high priority be given to the provision of additional facilities for association.**

82. The Committee would add that it has taken note of two other developments as regards regime activities. Firstly, some recent Ministerial statements have suggested that the regimes to be applied in prisons in England and Wales should remain "decent" but become more "austere"<sup>11</sup>. In this respect the Committee can only comment that it is difficult to imagine ways in which the regimes offered to some remand prisoners in the local prisons visited could become more austere. **The CPT would like to receive clarification of the notion of a more "austere" regime.**

A second, possibly linked, development concerns a tendency to redefine the "entitlements" of prisoners as "privileges" which they must "earn"<sup>12</sup>. In the view of the CPT, a redefinition of this nature could well serve further to reduce the, already limited, regime activities which are offered to certain prisoners. **The Committee would like to receive further information on this subject and, in particular:**

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<sup>10</sup> cf. section 6.2 of HM Prison Service "Corporate Plan" for 1994-97.

<sup>11</sup> cf., for example, the speech by the Home Secretary to the Prison Service Annual Conference on 3 November 1993.

<sup>12</sup> cf. for example section 6.7 of HM Prison Service "Corporate Plan", [supra], which provides that: "Access to facilities will increasingly be privileges which are dependent on behaviour and the willingness to demonstrate responsibility and self-discipline".

- a list of the entitlements which it is proposed should become privileges;
- an account of the ways in which prisoners will be expected to "earn" privileges;
- a description of the regime which will be applied to a prisoner who has not (yet) earned privileges;
- an explanation of the procedures which will be applied if it is thought necessary to deprive a prisoner of privileges which he has earned, including an account of the safeguards (right to be informed of reasons; right to a hearing; right of appeal) which will apply in such cases.

## 6. Other issues related to the CPT's mandate

### a. health care services

#### i. *introduction*

83. There have been several changes in the organisation of health care services for prisoners since the CPT's first periodic visit. On 1 May 1992, the Prison Medical Service became the Health Care Service for Prisoners; the Directorate of Prison Medical Services became the Directorate of Health Care and the former Director of the Prison Medical Service became Director of Health Care for Prisoners.

The Director of Health Care for Prisoners is now required to prepare an annual report, which is submitted for comments to a Health Advisory Committee, composed of senior doctors from outside the prison system. Both the report and the Advisory Committee's comments are published.

84. The CPT's delegation was told that the above-mentioned changes were intended to support a new set of aims for the delivery of health care to prisoners. It is intended that the Health Care Service for Prisoners should provide "services equivalent in range and quality to those available in the community"<sup>13</sup>. Specific aims include developing health promotion, illness prevention and rehabilitation strategies; purchasing services from an enhanced range of outside specialists; developing training for all staff and increasing the number of qualified nurses working in prisons.

The Committee welcomes the development of these new aims and **trusts the necessary means will be provided to enable them to be implemented in practice.**

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<sup>13</sup> cf. the Foreword to the Report of the Director of Health Care for Prisoners (April 1992 - March 1993), (London: HMSO, 1994).

*ii. staff and facilities*

85. The **staffing levels** in the health care services at Leeds, Liverpool and Wandsworth Prisons were found to be acceptable. The delegation noted that there was an increased number of health care staff with a recognised nursing qualification in Leeds and Wandsworth Prisons. In both establishments the number of qualified nurses had been increased to equal the number of health care officers<sup>14</sup>. This trend was less pronounced at Liverpool Prison (where there were only eight nurses to thirty six health care officers); however, the delegation was told that another eight posts for qualified nurses were being advertised.

The CPT welcomes these steps to improve the quality of nursing care for prisoners. **It recommends that a high priority continue to be given to increasing the number of qualified nurses working in prisons and to providing health care officers with the opportunity to gain a recognised nursing qualification.**

86. The **health care facilities** seen at Leeds and Liverpool Prisons included new hospitals. The hospital at Leeds had recently opened and was well-equipped. There were two wards for ten patients and an attractive day room. There were also fifteen single, cell-like, rooms, six of which were equipped with integral sanitation. The delegation was told by the doctor in charge of the hospital that he did not consider it appropriate that some patients should benefit from integral sanitation, while others could not. In consequence, none of the single rooms were in use. **The Committee invites the United Kingdom authorities to take steps to remedy this situation.**

The new hospital at Liverpool Prison was nearing completion at the time of the visit. It will provide places for sixty patients in three wards and a number of single rooms, all equipped with integral sanitation.

At Wandsworth Prison, the health care facilities had not changed substantially since the CPT's 1990 visit - they were of an acceptable standard, although the establishment's hospital was rather shabby. The delegation was told that these facilities are due to be renovated in 1998.

*iii. medical screening on reception*

87. In the report on its first visit, the CPT expressed concerns about the arrangements for medical screening on reception at Leeds Prison (cf. paragraphs 143 and 144 of document CPT/Inf (91) 15). During the second visit, the Committee's delegation found that those concerns remained valid - especially as regards the lack of privacy offered to inmates. The CPT would refer, in this respect, to its recommendation and request for information concerning the improvement of the reception facilities at Leeds set out in paragraph 97 of this report.

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<sup>14</sup> Health care officers, (formerly called "hospital officers"), are prison officers who have received six months training in providing nursing services.

88. The situation was better at Liverpool and Wandsworth Prisons. The Committee particularly welcomes the fact that, in the former establishment, a doctor was in attendance throughout the time that the reception unit was in operation (i.e. from 8am to 8pm). Nevertheless, in both establishments it appeared that the medical screening itself was carried out by a member of the health care staff who might, or might not, have a recognised nursing qualification.

The CPT considers that, when entering prison, all prisoners should be seen without delay by a member of the establishment's health care service. In cases where that initial interview is not carried out by a doctor, it should be performed by a fully qualified nurse, who reports to a doctor. **The Committee recommends that the United Kingdom authorities take steps to ensure that this requirement is respected in all prisons in England and Wales.**

*iv. HIV+ prisoners*

89. In line with the CPT's recommendation in the report on the first visit to the United Kingdom (cf. paragraph 168 of document CPT/Inf (91) 15), the policy of keeping HIV+ prisoners on normal location has been vigorously pursued. Such prisoners were no longer segregated in any of the establishments visited. Moreover, arrangements had been made for them to have direct contact with outside specialists, which meant that even the health care staff in a given prison were not aware of their condition. This change had been accompanied by an education programme for prison staff and inmates.

The Committee welcomes these developments.

*v. suicide prevention*

90. An entirely new suicide prevention programme for prisons was being introduced at the time of the Committee's visit. The programme is centred upon an "action plan for a prisoner who appears to be at risk of self harm".

The "action plan" is triggered by completion of a new form (number 2052SH), which may be initiated by any member of staff, including by health care staff at reception. The process is intended to be de-medicalised, emphasising the responsibility of all members of staff in the prevention of suicide. This is well-expressed in the introduction to form 2025SH, which states: "By initiating this ACTION PLAN you are demonstrating concern for a prisoner who has committed, or appears to be at risk of, self harm and requires special care and attention."

Under the new procedures, prisoners identified as suicide risks at reception are assessed by health care staff and those identified later are assessed by senior prison staff with the support of the prison's health care service.

The CPT welcomes this dynamic approach to the issue of suicide prevention.

b. prison staff - inmate relations

91. The CPT's delegation re-examined the issue of the quality of relations between prisoners and staff in both of the establishments visited on a follow-up basis.

At **Leeds Prison**, it found that there had been little change since its visit in 1990. In most areas of the prison, staff and inmates seemed to be on reasonably good terms; however, prison officers working in the non-vulnerable prisoner section of A wing appeared to be somewhat tense, as did inmates held there. There can be little doubt that the fact that prisoners in this part of the prison spent most of their time locked in their cells (with little to divert their attention) had its part to play in creating a more strained atmosphere. Nonetheless, the delegation considered that staff working in that section of A wing could make greater efforts to respond to the legitimate expectations of prisoners. In this respect, **the CPT wishes to draw attention to the fact that many prisoners held in A wing at Leeds Prison complained that staff required them to complete written "general applications" forms even in respect of simple requests, and that, once those forms had been submitted, it could take some considerable time before they received a reply.**

The delegation was pleased to note that there had been a marked attenuation of the rather militaristic attitude on the part of prison officers at **Wandsworth Prison** which was observed during the 1990 visit. A number of the prisoners interviewed at Wandsworth had been held there on previous occasions and unanimously confirmed that their relations with staff were now significantly more relaxed and harmonious. The improved staff-prisoner ratio (cf. paragraph 62) had obviously been a significant factor in bringing about this change; however, due credit should also be given to the acceptance of new working practices by the staff.

92. Staff-inmate relations appeared to be rather relaxed at **Liverpool Prison** - a situation which many staff and prisoners attributed to their distinctively Liverpoolian outlook on life and, more particularly, to a shared sense of humour. The delegation heard that one unfortunate side effect of this high degree of local social cohesion was that a recent influx of large numbers of Mancunian prisoners had resulted in some staff-inmate and inter-prisoner tensions. At the time of the visit, Manchester Prison was gradually re-opening (having been closed for extensive post-riot renovations) and was accepting an additional 60 Mancunian prisoners a week. In consequence the aforementioned problem had virtually disappeared.

93. In the report on its first visit, the CPT made certain remarks about the need to ensure that drawing and signs which could be construed as indicating disrespect for inmates were not displayed on prison premises. The United Kingdom authorities gave an assurance in their response that "senior staff were aware of the need to have any such items removed if they appear"<sup>15</sup>.

In this respect, in the light of the facts found by its delegation in Wandsworth Prison, **the Committee would suggest that attention be given to the decoration of the room used for post-visit strip searches.**

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<sup>15</sup> cf. document CPT/Inf (91) 16, p.5.

c. outdoor exercise

94. The requirement that prisoners be allowed at least one hour of outdoor exercise is regarded by the CPT as a fundamental safeguard for prisoners. This requirement was being met in all of the English prisons visited, with the exception of **the vulnerable prisoner unit at Wandsworth Prison**. Prisoners held there were offered only half an hour of outdoor exercise on weekdays (and one hour per day at weekends). This was apparently because the Governor considered that longer exercise periods would result in an inordinate reduction in other regime activities in the unit. The delegation was told that, whilst it was recognised that this position was at variance with the relevant national<sup>16</sup> and international standards<sup>17</sup>, there were no plans to offer one hour of daily outdoor exercise to prisoners in the unit until the end of the financial year 1995/96.

Despite the high quality of the other activities which are offered to prisoners in the vulnerable prisoner unit at Wandsworth Prison (cf. paragraph 65), it cannot be considered as acceptable that prisoners held there should be offered less than one hour of outdoor exercise every day. **The Committee recommends that steps be taken to remedy this situation.**

95. In respect of the material conditions in which outdoor exercise took place, these were found to be acceptable at **Liverpool** and **Wandsworth Prisons**; however, at **Leeds Prison** the exercise yards serving the older wings were littered with debris thrown from the accommodation blocks. Further, as had been the case during the CPT's 1990 visit to that establishment, **the lavatories in the A wing exercise yard were found to be in a filthy condition.**

96. The CPT would also like to raise the more general issue of the cancellation of outdoor exercise during inclement weather. At Leeds and Wandsworth Prisons, the exercise yards offered no shelter from the elements and, in consequence, prisoners were not offered outdoor exercise on rainy days. Of course, there will always be times when weather conditions preclude outdoor exercise; however, with due regard to the vagaries of the British climate, it does not seem entirely reasonable that rain alone should stop exercise.

**The Committee therefore invites the United Kingdom authorities to explore means of equipping the exercise yards at Leeds and Wandsworth Prisons (and at other establishments) with appropriate means of shelter for prisoners who wish to take outdoor exercise in inclement weather.**

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<sup>16</sup> cf. section U.3 of the Prison Service Operating Standards (HM Prison Service, April 1994).

<sup>17</sup> cf., for example, Rule 86 of the European Prison Rules.

d. reception facilities

97. In the report on its first visit to the United Kingdom, the CPT expressed the view that the reception facilities at Leeds and Wandsworth Prisons were not satisfactory.

During the second periodic visit, the Committee's delegation found that, with the exception of some superficial redecoration, the reception facilities at **Leeds Prison** were almost completely unchanged. In particular, that area still failed to provide an adequate degree of privacy for newly-arrived inmates. The CPT regrets that so little action has been taken to improve an area which, four years ago, it described as "especially poor". **It recommends that steps be taken immediately to ensure the confidentiality of discussions between newly-arrived prisoners and reception officers. Further, it would like to receive an account of progress being made towards the creation of an entirely new reception complex (cf. document CPT/Inf (91) 16, p.6).**

98. At **Wandsworth Prison**, by contrast, an entirely new reception area had been constructed. The initial reception process afforded prisoners an appropriate degree of privacy and the holding rooms for inmates (three multiple-occupancy and one single room in which vulnerable prisoners could be held) provided good material conditions.

That said, the delegation was very concerned to learn that prisoners had, on occasion, been held in one of eight very small holding cells (known as "strong boxes"), which were located in the reception area. These cells were locker-type constructions which measured only 1.2m<sup>2</sup> and had no access to natural light. A solid block (which occupied half the floor area of the cell) provided a surface on which to sit, and the cells were equipped with artificial lighting and an air extraction system. The majority of these cells were being used as storage space; however, shortly before the delegation's visit, a vulnerable prisoner had been held for a short time in strong box number 8 (apparently in an effort to protect him from verbal abuse from other prisoners).

The prison's Governor shared the delegation's view that the size of the "strong box" cells rendered them unfit as places in which to hold prisoners, and has since issued a Governor's Order that they should not be used. **The CPT recommends that material measures be taken to ensure that the cells cannot again be used to hold prisoners.**

99. The **Liverpool Prison** reception area had been refurbished some two years ago and gave an impression of order and efficiency. The majority of the 300 or so prisoners a day who passed through this area spent around an hour in large holding rooms, which were well-lit and ventilated and equipped with screened lavatories and televisions. The smaller holding room for vulnerable prisoners offered poorer facilities (broken chairs, no in-cell lavatory or television).

The delegation was shown an information pack (available in a variety of languages) which was said to be given to prisoners on admission, although not all prisoners spoken to appeared to have received this information. However, the post-reception procedures for remand prisoners (in the K wing induction unit) were most impressive. Prisoners were visited by a senior prison officer, a probation officer and legal aid and bail unit staff in an effort to ensure that they were provided with the necessary information about the establishment and their legal position.



- e. contact with the outside world

100. There had been little change since 1990 in the room used for visits at **Wandsworth Prison** - it was just as cramped and noisy as before. However, during the second periodic visit, the delegation heard far fewer allegations that prison staff at Wandsworth overreacted to suspected attempts by visitors to pass prohibited items to inmates (cf. paragraph 111 of document CPT/Inf (91) 15). Such incidents were now routinely handled by searching the prisoner after the visit, rather than (as had been the case in 1990) by interrupting the visit and attempting to remove him from the room.

The visiting facilities at **Leeds Prison** remained of an acceptable standard.

It should also be noted that reception centres for visitors (located outside the walls) had been opened at both establishments, avoiding the need for visitors to queue in front of the prison gates.

101. The facilities for open visits at **Liverpool Prison** were rather basic (two large rooms, each with around 50 tables) and provided little or no privacy for inmates and their visitors. An advance booking system had been introduced, with the laudable intention of allowing an increased number of visits to take place. However, the delegation observed that the system which had been adopted had at least one unfortunate side effect.

Prisoners who had booked visits, but whose visitors had not appeared at the appointed time, were nonetheless brought to the visiting room and left to sit alone at a table for the duration of the visiting period. The delegation saw a number of such prisoners who, surrounded on all sides by other inmates conversing with their families and friends, were clearly somewhat distressed and humiliated.

**The Committee recommends that appropriate means be found of remedying this problem.**

102. The closed visits facility at Liverpool Prison left something to be desired. There were six cubicles, each divided by a clear plastic window, which separated prisoners from their visitors. The delegation found that it was necessary to shout in order to be heard by the person on the other side of the window. **The CPT recommends that the communications system in the facilities for closed visits at Liverpool Prison be improved.**

103. The delegation was pleased to note that, in line with the Committee's earlier recommendation (cf. paragraph 110 of doc. CPT/Inf (91) 15), the visit entitlement of convicted prisoners had been increased from 30 minutes every four weeks to half an hour once a fortnight.

Nevertheless, the Committee wishes to stress that, in its view, the present entitlement is scarcely sufficient to allow convicted prisoners to maintain good relationships with their families and friends. In practice, efforts were made by prison staff in all of the English prisons visited to allow prisoners to receive visits of longer than half an hour. Further, the CPT has noted that, since April 1993, HM Prison Service has been strongly encouraging prisons to provide one visit per week for convicted inmates<sup>18</sup>. It should also be mentioned that section Q.3 of the recently-produced "Prison Service Operating Standards" suggests that fortnightly visits for convicted prisoners should be regarded as a minimum and that "there should be an opportunity for a visit of not less than one hour".

The CPT welcomes these developments **and trusts that further efforts will be made to increase the visit entitlement of convicted prisoners.**

104. Another noteworthy innovation since the CPT's first visit was the installation of card-operated telephones on the wings in Leeds and Wandsworth Prisons. Cardphones were also available to prisoners at Liverpool Prison. Inmates could purchase phonecards from their prison income or private funds and the telephones were available for use during association periods. The Committee greatly welcomes this development **and would like to receive confirmation that card-operated telephones have now been installed at all prisons, for use by both convicted and unconvicted prisoners.**

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<sup>18</sup> cf. paragraph 74 of the follow up report from the United Kingdom Government (CPT/Inf (93) 9).

f. disciplinary and control measures

105. The CPT has noted that there have been changes in the adjudication system in prisons in England and Wales since its visit in 1990. In the light of recommendations in the Woolf Report<sup>19</sup>, the United Kingdom Government adopted new rules for adjudications<sup>20</sup> which abolished the adjudication functions of Boards of Visitors. A clear distinction is now drawn between disciplinary proceedings (in respect of which prison Governors retain their powers) and criminal proceedings (which are adjudicated upon by the ordinary criminal courts).

The CPT's delegation was able to observe adjudications carried out by Governor grade members of staff in Leeds and Liverpool Prisons. In both cases the proceedings were fairly brisk, but nonetheless (in accordance with Prison Rule 49 (2)) provided the prisoners concerned with a full opportunity of hearing what was alleged against them and to present their own cases.

106. The severity of certain of the disciplinary punishments which a Governor may "award" (under Rule 50 of the Prison Rules) has been increased since the CPT's 1990 visit - the previous maximum of 3 days cellular confinement had been increased to 14 days (although, for only three of those days may prisoners be deprived of other privileges). As regards more serious offences against discipline, Governors may no longer order loss of remission, but instead are empowered to impose up to 28 "additional days" of imprisonment.

In this respect, the Committee has noted that prisoners appearing before Governors on disciplinary charges are asked whether they wish to be legally represented. The Governor has a discretion to grant such requests, having taken into account a variety of factors (the seriousness of the charge and potential punishment, the likelihood that difficult points of law may arise etc.). **The CPT wishes to receive information on the number of cases since 1992 in which prisoners have been granted the right to be legally represented in the context of disciplinary proceedings before prison Governors.**

Further, it might be thought that, in cases where, in view of the nature of the offence with which a prisoner is charged, a penalty of a significant number of additional days of imprisonment may be imposed, the prisoner concerned should always be able to be legally represented at disciplinary proceedings before the prison Governor. **The CPT would like to receive the comments of the United Kingdom authorities on this question.**

107. Prisoners involved in disciplinary proceedings should have the right to appeal to a higher authority against any sanctions imposed. In this connection, the CPT welcomes the fact that in addition to the possibility of the "judicial review" of adjudications, the newly-created office of the Prisons Ombudsman will act as an appeal tribunal for disciplinary proceedings (cf. also paragraphs 122 to 124).

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<sup>19</sup> cf. paragraphs 14.403 et. seq. in Prison Disturbances April 1990 [supra].

<sup>20</sup> Set out in the Prison (Amendment) Rules 1992, SI 1992/514.

108. The delegation examined the material conditions in the units used to hold prisoners undergoing cellular confinement as a disciplinary punishment.

In **Leeds Prison** such prisoners were held in the segregation unit on landing B1. In its report on the first periodic visit, the CPT indicated that the conditions in these cells were "austere but not unacceptable" (cf. paragraph 91 of document CPT/Inf (91) 15). The delegation which carried out the second periodic visit reached the same conclusion, although it noted that access to natural light in the cells was very poor - a failing which grows in importance in view of the fact that persons can be held in the cells for non-punishment reasons for lengthy periods (cf. paragraphs 112 and 114).

The delegation observed that two cells in the unit were used to hold prisoners who had become violent or disturbed. Although they were slightly larger, the delegation found that they provided inferior material conditions of detention; in particular, ventilation was deficient in both cells. It was also observed that each cell contained a hefty wooden block (measuring approximately 0.5m<sup>3</sup>) which was bound with iron bands. Staff questioned about the last-mentioned items were at a loss to explain their presence in these particular cells, but stated that they were now used as seats. In the view of the CPT, these objects represent a potential danger to disturbed prisoners who may be intent on self-injury. Their presence in the cells in question is all the more surprising given that the neighbouring disciplinary cells were equipped with cardboard furniture. **The CPT recommends that the iron-bound wooden blocks in the cells for violent or disturbed prisoners at Leeds Prison be removed and that prisoners held there be provided with alternative means of rest.**

More generally, **the CPT recommends that improvements be made as regards access to natural light in all of the cells on landing B1 at Leeds Prison and as regards the ventilation in the two cells for violent or disturbed prisoners.**

109. The segregation unit at **Wandsworth Prison** had been temporarily relocated from E wing to landing K1. There were eight cells, each of which measured around 8m<sup>2</sup> and were equipped with a bed, cardboard table and chair, lavatory, wash basin and call system. Both natural and artificial light were satisfactory, as was ventilation.

The cells in the **Liverpool Prison** segregation unit (located on landing H1) were of a reasonable size (c. 8.5m<sup>2</sup>), but - unlike at Leeds and Wandsworth - they were not equipped with integral sanitation or running water. They were furnished with a wooden platform bed and a cardboard table and chair. The natural and artificial light and the ventilation were of an adequate standard.

110. In all three units out-of-cell time was limited to outdoor exercise, bathing, collection of meals and, in the case of Liverpool Prison, slopping-out.

111. In addition to prisoners subject to cellular confinement as a disciplinary sanction, the CPT's delegation found that the segregation units in all three establishments were also being used to hold a number of other categories of prisoners. These prisoners fell into three types: those whom the prison Governor had removed from association with other prisoners under the provisions of Rule 43 of the Prison Rules (either for the maintenance of good order and discipline or in the interests of the prisoner concerned); those who, in the interests of good order and discipline, had been transferred from another prison (under the terms of Instruction to Governors 28/1993) and prisoners classified as security category A (defined as those whose escape would be highly dangerous to the public or to the police or to the security of the State).

- *non-voluntary segregation of prisoners under Rule 43*

112. The non-voluntary segregation of prisoners under Rule 43 appeared to be a fairly common practice in each of the three prisons visited. The periods of placement ran from two to three days (three days being the maximum placement which can be ordered by the Governor) to several weeks, on the authorisation of a member of the Board of Visitors or a representative of the Secretary of State (cf. also paragraph 189 of document CPT/Inf (91) 15).

In all three establishments visited the regime applied to prisoners held under Rule 43 was very similar to, if not the same, as that of prisoners held in cellular confinement as a punishment. However, unlike those undergoing punishment they were allowed to keep their own possessions in their cells.

113. The CPT has noted that the Addendum to Circular Instruction 26/1990 (which provides Governors with guidance as to the use of Rule 43) provides that "segregation should not be used unless it is absolutely necessary". Moreover, the Addendum incorporates a recommendation of the Woolf Inquiry to the effect that "any inmate who is segregated must be advised in writing of the reasons as far as is practicable, and as soon as possible". However, the Circular Instruction also states clearly that this does not serve to confer upon prisoners a right to receive reasons for their segregation.

The Committee believes that the procedural safeguards applicable to prisoners segregated under Rule 43 for reasons of good order and discipline could usefully be reinforced; this would inter alia reduce the risk of such placements being used, on occasion, as a more expedient administrative alternative to the formal disciplinary procedure. Accordingly, **the CPT recommends that any prisoner against whom the measure of removal from association for reasons of good order and discipline is applied should have a right:**

- **to be informed in writing of the reasons for that measure (it being understood that those reasons need not include facts which it would be reasonable to withhold from a prisoner on security grounds);**
- **to present his views on the matter to the deciding authority;**
- **to lodge an appeal to a relevant authority against the decision on removal from association and against any renewal of that decision.**

- *transfer for reasons of good order and discipline*

114. The CPT's delegation met a prisoner in the segregation unit at **Leeds Prison** who was the subject of a temporary (one month) transfer for reasons of good order and discipline, under the terms of Instruction to Governors 28/1993 (the replacement of, respectively, Circular Instructions 10/74 and 37/90). The inmate concerned had previously been held in the segregation unit at Full Sutton Prison. He claimed that, over the preceding 5 months, he had been moved to segregation units in different prisons every month. He said that, as a result, he had experienced difficulties in maintaining adequate contact with his family and his lawyer. His regime at Leeds Prison was virtually indistinguishable from that of prisoners held in the segregation unit as a punishment, or under Rule 43.

115. In their response to the CPT's report on the first periodic visit, the United Kingdom authorities stated that, " ... it should not be the practice in future for disruptive prisoners to be transferred from one prison to another at frequent intervals in order to control their behaviour."<sup>21</sup> Reference should also be made to the Instruction to Governors 28/1993, which provides inter alia that the expectation will be that the inmate shall be returned to the sending establishment at the end of a one month transfer, although it does not preclude onward transfers to other prisons. The Instruction to Governors also makes clear that the reasoned grounds for transfer must be recorded and noted on the inmate's record and that prisoners must be informed in writing of the reasons for their transfer or segregation within 24 hours of such action. It should also be noted that (in terms of paragraph 9 of IG 28/1993) any written complaint about a transfer which is submitted by a prisoner must receive a written reply within 7 days, from the Governor of the prison where the transfer decision was taken.

As regards the regime to which such prisoners are to be subject in receiving prisons, Instruction to Governors 28/1993 provides that " ... decisions on segregating inmates under Rule 43 are matters for the Governor, and subsequently the Board of Visitors, in the establishment in which the inmate is then being held."

116. The Committee has noted these provisions with interest; however, it retains certain misgivings about the operation in practice of the system of transferring prisoners for reasons of good order and discipline.

Firstly, it would appear that although prisoners have a right to complain about their transfer, this does not amount to a right of appeal. Moreover, even the possibility to complain would appear to be limited to each single transfer decision. The relevant Instruction to Governors does not foresee a formal procedure to deal with complaints about a series of transfers. Secondly, although the CPT welcomes the fact that the placement in segregation of prisoners who have been transferred is not an automatic procedure, it must be seriously open to question whether many local prisons are in a position to accommodate such inmates anywhere other than in their segregation units. It might be anticipated that both a lack of ordinary accommodation space within such establishments and a (perhaps understandable) reticence on the part of Governors in local prisons to place in association an inmate who may have presented control problems in another - possibly higher security - establishment, would militate against such a possibility.

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<sup>21</sup> cf. p. 41 of document CPT/Inf (91) 16.

The CPT would like to receive the comments of the United Kingdom authorities on these considerations. The Committee would also like to receive information on the number of so-called "primary cells" (formerly known as 37/90 cells) in local prisons which are reserved for holding inmates on temporary transfers, including details of the location of the cells in question (segregation unit/normal location etc.).

- *classification as security category A*

117. In **Liverpool Prison** the segregation unit held prisoners classified as security category A, including high security Category A-E prisoners, who are thought to represent a particular escape risk. At the time of the delegation's visit, one such (Category A-E) prisoner had been held there since 9 March 1994 (i.e. for some 10 weeks). The inmate concerned claimed that he had been re-classified as category A-E during his stay in Liverpool Prison, following which he had been moved from normal location (in I wing) to the segregation unit.

Until shortly before the delegation's visit, this prisoner's regime had been restricted to one hour a day of outdoor exercise (taken with prisoners held under Rule 43, good order and discipline). More recently, staff in the segregation unit had taken it upon themselves to provide the inmate concerned with additional out-of-cell time - he was permitted to watch television in the corridor outside his cell, whilst supervised by, and being able to talk to, a prison officer.

118. From the information at the delegation's disposal, it would appear that prisoners who have been classified as security Category A may be placed in segregation units in local prisons for periods of months at a time, either as a direct consequence of their Category A status or as the result of a subsequent decision to transfer them to a local prison. **The Committee would like to learn more about the safeguards (right to be informed of reasons, right to present views and right of appeal) which are available to prisoners who may find themselves in this position.**

More generally, **the CPT would like to receive information on the placement of prisoners in security Category A and, in particular, on the safeguards available (right to be informed of the reasons for that classification, right to present views, and right of appeal).**

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119. Finally, the CPT wishes to make clear that the material conditions and regime in all of the segregation units visited render them quite unsuitable for lengthy periods of detention. The very restrictive living conditions involved are inadequate for prisoners who may spend several weeks in such units under Rule 43 (which, it should be recalled, is not meant to be a punishment), seriously deficient for prisoners spending a month on transfer from other prisons (especially since they may subsequently be moved to similar conditions in other prisons for successive one month periods) and wholly unacceptable for medium term detention of prisoners in security Category A.

As regards, more particularly, this last-mentioned group of inmates, the Committee takes the view that, as a matter of principle, they should be offered a relatively relaxed regime (able to mix freely with other prisoners in a similar category; allowed to move without restriction within the confines of suitably secure units, granted a good deal of choice about activities, etc.) by way of compensation for the severe custodial situation in which they are placed as a result of their security categorisation. It is axiomatic that these conditions can never be met in the segregation unit of a local prison.

In the light of all the above, **the Committee recommends that the United Kingdom authorities carry out a full review of the use made of segregation units in local prisons, with a view to ensuring that such units are not used to hold inappropriate categories of inmates for lengthy periods of time.**

g. complaints and inspection procedures

120. The CPT examined the complaints and inspection procedures which apply in prisons in England and Wales in the report on its first periodic visit (cf. paragraphs 182 to 185 and 196 to 203 of document CPT/Inf (91) 15). The Committee wishes here simply to comment upon two recent developments in this area - a change in the role of Boards of Visitors and the creation of the office of Prisons Ombudsman.

121. As already mentioned (cf. paragraph 105), since the CPT's 1990 visit to the United Kingdom, the adjudication functions of Boards of Visitors in the context of disciplinary proceedings have been abolished. This change has served to relieve the Boards of the conflict of interest which may have been created by their former dual function of, on the one hand, supervising prison conditions and, on the other, awarding disciplinary punishments to prisoners.

The Committee has noted, however, that Boards of Visitors retain a residual quasi-disciplinary role, in that they are still called upon to authorise the extension (beyond three days) of the segregation of prisoners under Rule 43 of the Prison Rules for reasons of good order and discipline (cf. paragraphs 112 and 113). Given that the CPT's delegation found that the power to segregate under Rule 43 was in regular use, the Committee wonders whether the continued involvement of Boards of Visitors in this procedure may not mean that, at least in the eyes of prisoners, the independence of their "watchdog" role remains compromised.

**The CPT would like to receive the comments of the United Kingdom authorities on this question.**



122. In May 1994 the Home Secretary appointed Admiral Sir Peter Woodhead as the first Prisons Ombudsman for England and Wales. At the time of the visit it was anticipated that the Ombudsman would begin to process complaints from prisoners in Autumn 1994.

123. In accordance with a recommendation of the Woolf Report, the Ombudsman will act as both a final stage of appeal for prisoners' requests and complaints and a final appeal tribunal for disciplinary proceedings. He will be able to consider the merits of individual decisions as well as the correctness of procedures followed, provided that the prisoners submitting complaints have exhausted all internal remedies. Inmates will enjoy confidential access to the Ombudsman.

The Ombudsman's remit will include: disciplinary procedures, the actions of Boards of Visitors and decisions on the location and conditions of detention of Category A prisoners. He will make an annual report to the Home Secretary.

124. The CPT can only welcome this development, which would appear to have the potential to enhance the substantive and procedural protection of the rights of prisoners. **The Committee would like to receive copies of the Ombudsman's annual reports.**

h. stability of location of unconvicted prisoners

125. The Committee raised the issue of the stability of location of unconvicted prisoners in the report on its first periodic visit (cf. paragraph 107 of document CPT/Inf (91) 15). In their response, the United Kingdom authorities informed the Committee that they shared its view that, so far as possible, a prisoner returning from court at the end of the day should be relocated in the same cell (cf. page 12 of document CPT/Inf (91) 16).

In the course of the second periodic visit, the CPT's delegation heard a number of complaints from inmates on remand at Leeds, Liverpool and Wandsworth Prisons to the effect that they had been located in a different cell after every court appearance. Further, in Liverpool, the delegation spoke with a number of remand prisoners who, having left Liverpool Prison to appear in court, had been relocated in the Main Bridewell Police Station.

Whilst recognising that operational considerations will continue to limit the extent to which the stability of location of unconvicted prisoners can be guaranteed, **the CPT recommends that prison governors be reminded of the need to take all reasonable steps to ensure that prisoners on remand are not uprooted unnecessarily.**

**D. HM Young Offender Institution and Remand Centre, Feltham**

**1. Introduction**

126. The Feltham Institution, which is situated close to Heathrow Airport, has accommodated young offenders since 1910. During the 1980's the establishment underwent important changes and became both a young offenders institution and a remand centre for young people. In 1993, the young offenders institution and the remand centre merged.

The buildings, which were reconstructed in the 1980's, are designed according to a "Californian model", with 18 distinct units linked by covered passageways. The units are set in extensive parkland.

The establishment's CNA is 876, which makes it the largest young offenders institution in the United Kingdom, and it holds young people from all over England and Wales. According to the statistical information supplied by the establishment's management, 692 young people were in custody on the first day of the CPT delegation's visit.

127. Inmates at Feltham fell into two principal categories: juveniles aged 15 to 17, either on remand or serving sentences, and young offenders aged 18 to 21, again on remand or serving sentences. A number of young adults were also detained under the Immigration Act.

128. At the time of the visit, the management of the institution was going through a period of change. A new Governor, who had been in post since 2 May 1994, was re-examining the establishment's organisational and management arrangements.

**2. Torture and other forms of ill-treatment**

129. The CPT's delegation heard no allegations, and found no other evidence, of torture of persons held at Feltham. Moreover, it heard no allegations of other forms of deliberate ill-treatment.

130. Nevertheless, during the visit (on 21 May 1994) an incident between inmates occurred in the common room of one of the units (Quail), in the course of which staff had to use control and restraint techniques. One of the inmates was injured while being overpowered. According to the medical certificate drawn up, an x-ray revealed a spiral fracture, midshaft of left humerus, slightly angulated.

The delegation received a positive impression of the manner in which the incident was subsequently handled, from both the administrative and the medical points of view. In particular, an inquiry was undertaken by the Governor and the local police.

**The CPT would like to receive information on the results of the inquiries into the above-mentioned incident and, as the case may be, an account of any follow-up action taken.**

131. **The CPT would also like to receive the following information for 1993 and 1994:**

- **the number of complaints of ill-treatment lodged against staff at Feltham and the number of criminal/disciplinary proceedings initiated as a result of such complaints;**
- **an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment.**

**3. Solitary confinement-type regimes**

132. Generalised incentive schemes known as "points and levels" had been introduced in the accommodation units at Feltham. The only units visited where the points system did not operate were Albatross (a therapeutic unit), Swallow (a unit for vulnerable inmates) and the segregation unit. The delegation heard concerns about the functioning of the system from a number of sources; it therefore examined it particularly closely.

133. Inmates were classified into five levels (level 1 to level 5), each involving a different regime. Level 3 was the starting (or observation) level for all newly arrived inmates. In principle, it provided for two hours a day outside the cell, for recreation, sport, etc.

Promotion to a higher level depended on the acquisition of at least 1750 points in a week (an inmate with exemplary conduct earning 2100 points a week). On the other hand, poor conduct led to demotion to a lower level. At the time of the visit, the system was based entirely on the judgement of the staff in each unit, who were responsible for assessing inmates' conduct.

The delegation was particularly concerned by the regime of inmates downgraded to level 1 in the ordinary units and of those placed in the Waite Unit.

134. In the ordinary units, inmates at level 1 were confined to their cells, alone, for up to 23 hours a day, with only in-cell activities: reading, writing, listening to the radio and education (if the individual concerned was still of compulsory school age). All forms of group activity, such as sport, recreation and games were prohibited. However, the inmates were authorised to receive visits. One hour of activity was allowed per day within the unit; this hour had to be devoted to cleaning the cell, showering and making authorised telephone calls. The cells were inspected daily.

The situation described above could last for up to three weeks, at the end of which the young person was either moved up to a higher level or returned to the admission unit with a view to being transferred to another unit.

135. The Waite Unit received young offenders who had been identified in other units as responsible for bullying fellow inmates. They were placed in this unit under Rule 46 (1) of the Young Offenders Rules 1988 (hereafter referred to as YOI Rules 1988) - the equivalent of Rule 43 (1) of the Prison Rules (cf. paragraphs 112 and 113). From a material point of view, the unit requires no particular comment (cf. paragraph 142). However, the unit operated a points and levels system ranging from level 1 to level 3 which involved a very restrictive regime. The stay in the unit was at least five weeks, that being the minimum time required to pass through the three levels.

At the time of the visit, there were seven inmates in the Waite Unit. One had been there since 21 February 1994 (i.e. for three months) while the others had been there for periods ranging from two months to a few days. For some, it was not the first period spent in the unit.

136. Inmates spent up to 23 hours in their cells and were required to wear prison clothing. They were allowed two books in their cell at level 1, four at level 2 and six at level 3. Objects such as a portable radio and cassettes were permitted from level 2. Inmates on level 2 and level 3 were authorised to work in their cells (dismantling headphones for an airline) or to clean and tidy the unit outside the cells. Sporting activities were permitted at level 3. It should also be noted that the quantity of basic toilet articles, such as soap and shampoo, was rationed according to the level.

All the inmates were allowed one hour of activity per day, half an hour of which was for cleaning out the cell (the cells being inspected on a daily basis) and showering, and half an hour for outdoor exercise. The exercise yard had been designed as a high security exercise facility for category A inmates and, in particular, was surrounded by a high wall.

137. The inmates were authorised to receive visits and to make telephone calls, subject to prior approval. Otherwise, their human contacts were very limited. Although each inmate was allocated a prison officer to advise him, the latter only intervened when requested to do so by the inmate. As a result, human contacts were mainly confined to contacts with the unit's staff, when cells were being inspected or inmates were taken out of their cells. It should be added that life in the unit was based on a very militaristic approach.

138. To summarise, the regime of inmates at level 1 in the ordinary units and at the three levels in Waite, were akin to a solitary confinement regime. The CPT recognises that it may on occasion be necessary to subject inmates to such a regime, including in institutions for young offenders. However, it should also be borne in mind that all forms of solitary confinement without appropriate mental and physical stimulation are likely, in the long-term, to have damaging effects, resulting in the deterioration of mental faculties and social abilities. Such a risk is even greater in the case of juveniles and young adults. In this regard it must be said that the CPT's delegation observed that young people could be placed for several weeks at level 1 in the ordinary units, and for several months in the Waite Unit, without receiving appropriate mental and physical stimulation.

**The CPT recommends that the United Kingdom authorities modify the above-mentioned regimes in the light of these remarks, and in particular, take steps to ensure that the inmates concerned benefit from appropriate human contact.**

As regards, more particularly, outdoor exercise, reference should be made to paragraph 149.

139. It is axiomatic that the application of a non-voluntary segregation regime, such as that applied in the Waite Unit, should not last longer than is strictly necessary; this implies a certain number of safeguards. It should be noted that Circular Instruction 26/1990 and its addendum (cf. paragraph 113) also applies to the use of Rule 46 of YOI Rules 1988. In this context, **the CPT refers to the recommendations made in paragraph 113.**

**The Committee also recommends that placements for lengthy periods in the Waite Unit be subject to a full review at least once every three months, where appropriate on the basis of a medico-social opinion.** The situation in force at the time of the visit whereby, in cases involving a lengthy placement, a three-monthly report was simply sent by unit staff to the establishment's Director, is not satisfactory.

#### **4. Material conditions of detention**

140. In general, the cells were of an acceptable size: approximately 7 to 8 m<sup>2</sup> for individual cells, over 11 m<sup>2</sup> for two person cells and 25 m<sup>2</sup> for those with four occupants.

The cells were equipped with beds, tables, chairs and cupboards, and also had a call system. All the cells were fitted with lavatories; the latter were not partitioned off in the individual cells, but were located in a separate sanitary annex in the multiple-occupancy cells. Further, the cells had adequate lighting (both natural and artificial) and ventilation.

141. Nevertheless, with rare exceptions (the Albatross and Swallow units) the cells and equipment in the units visited were in a poor state of repair and the standard of hygiene and cleanliness was deplorable. Sheets and blankets were also often in a poor state. In addition, most of the units visited, including the common rooms, were anonymous and austere. The overall impression was one of slovenliness and neglect. Such an environment offers little stimulus for juveniles and young adults.

**The CPT recommends that the United Kingdom authorities rectify the shortcomings observed in the material conditions of detention and, more generally, improve the material environment of the juveniles and young adults detained at Feltham.**

142. In the segregation unit (which was used for disciplinary cellular confinement and also accommodated young offenders who had asked to be separated from other inmates) and in the Waite Unit, material conditions could be described as adequate. The cells were of acceptable size (7 m<sup>2</sup>) and each was equipped with a bed, table and chair and fitted with a call system. They were also equipped with lavatories and wash basins. The cells in these units had adequate (natural and artificial) light and both units were in a satisfactory state of repair and cleanliness.

143. The delegation heard numerous complaints about the quality of the food at Feltham, and was able to confirm for itself that these complaints were not entirely without foundation. It appears that the Visitors Committee also expressed concern on this subject in its 1993 annual report. **The CPT would like to receive the comments of the United Kingdom authorities on the matter.**

## 5. Activities programmes

144. It should be noted that the regime described below applied mainly to inmates at levels 4 and 5, who enjoyed a greater number of hours out of their cells and who were allowed to participate in all the available activities. The CPT wishes to stress in this connection that its delegation formed a particularly favourable impression of the regimes applied to persons held in the Albatross and Swallow units.

145. The establishment possessed a certain number of workshops (painting, waste recycling, car repairs, industrial cleaning, housepainting, painting and decorating, bricklaying, horticulture and laundry work), some of which offered externally recognised vocational training. Although the facilities were good, the workshops had a limited capacity, ranging from 10 to a maximum of 20 inmates (the largest being the horticultural workshop). Moreover, the delegation noted that the workshops were not operating at full capacity at the time of the visit.

Further, it emerged from discussions with workshop training staff that, with the exception of the laundry, the activities provided were only available to juveniles and young adults serving sentences. However, an activities centre (artistic activities, furniture renovation, computing) occupied 60 inmates on remand.

Other work opportunities were available in the kitchen, the officers' mess, stores, etc, and some 20 inmates worked in the outside community.

As regards educational and training activities, the establishment offered a variety of courses, including maths, languages, sciences, art and cookery. These were the responsibility of 6 full-time and 23 part-time teachers, who provided a total of 264 hours of teaching each week. At the time of the visit, 56 remand and sentenced inmates were taking part in educational activities. That said, it emerged from the delegation's interviews with teaching staff and psychologists that the courses were mainly aimed at sentenced inmates.

The information provided indicated that, in all, some 450 inmates (out of the total population of 692) had an occupational activity, this figure including approximately 100 inmates responsible for cleaning tasks.

146. The institution had good indoor and outdoor sports facilities. Rule 38 (2) of the YOI Rules 1988 stipulates that every inmate must be able to take part in physical education for an average of at least two hours a week. At Feltham, depending on the unit visited, one to one and a half hours were normally scheduled two to three times a week. In some units, it was stated that sport activities were available every day. However, according to certain inmates, this latter situation was not very common and depended on the availability of staff.

147. According to Rule 3 of the YOI Rules 1988, "the aim of a young offenders institution shall be to help offenders to prepare for their return to the outside community. The aim ... shall be achieved, in particular, by (a) providing a programme of activities, including education, training and work designed to assist offenders to acquire or develop personal responsibility, self-discipline, physical fitness, interests and skills, and to obtain suitable employment after release ...".

148. In an establishment such as Feltham, which accommodates young offenders - whether sentenced or on remand - the regime should be based on an intensive use of time, involving socio-educational activities, vocational training, sport, etc, together with a willingness to respond to reasonable requests and proposals. In fact, the delegation's observations in situ suggested that for the great majority of inmates in the units visited (apart from Swallow and Albatross), time outside the cell - between four to eight hours a day, depending on the unit concerned - was too often spent on activities such as games and watching television. Further, as regards those inmates who did have an occupational activity, this was not always of vocational value.

**The CPT recommends that the United Kingdom authorities give a high priority to developing activities programmes at Feltham which are capable of putting into practice the objectives set out in Rule 3 of the YOI Rules 1988.**

## 6. Outdoor exercise

149. The YOI Rules 1988 do not include any provisions on outdoor exercise. The CPT has already stressed the fundamental importance it attaches to the requirement that inmates should have at least one hour's outdoor exercise every day (cf. paragraph 94). Yet at Feltham, in the ordinary accommodation units visited (for example, Albatross, Falcon, Osprey, Quail), the delegation met inmates who were not allowed to take outdoor exercise every day, in particular because the regimes operating in those units did not take account of inmates who did not participate in sporting activities or who did not have daily access to them. Further, as already indicated (see paragraphs 134 et seq.), the regime applied to inmates at level 1 in the ordinary units and to inmates placed in the Waite Unit did not guarantee them one hour of outdoor exercise per day. Moreover, in the segregation unit, daily outdoor exercise was limited to 45 minutes.

**The CPT recommends that the United Kingdom authorities take appropriate steps to ensure that all inmates at Feltham benefit from at least one hour of outdoor exercise every day. In addition, the material conditions in the Waite Unit exercise yard should be reviewed.**

## 7. Health care services

### a. staff

150. At the time of the visit, the medical staff at Feltham included a senior medical officer, who had been in post for 4 days (the post having been vacant for two years) and was a trained forensic psychiatrist. He had been recruited on a fixed-term contract and was on duty for 33 hours a week (spread over 4 days). The institution had three other full-time medical officers' posts, only two of which had been filled. One of the medical officers had previous experience in psychiatry and the other in surgery. They were on duty every day during the week, one of them remaining until 9 pm. They were on call at night and over weekends on a rota basis. The staff also included a general practitioner recruited on a contract basis, who was on duty for a few hours every day of the week. Further, a dentist, a urologist and two psychiatrists from outside provided consultations.

The above-mentioned medical staff provided care in the health care centre, which at the time of the visit had 29 beds and handled both somatic and psychiatric cases (see paragraph 156 below). They also provided general health care for the entire establishment. In addition, the establishment had access to the services of a nearby local hospital.

151. Psychology services at Feltham were independent from the medical services. They were provided by a team consisting of a full-time principal psychologist, two part-time senior psychologists, four full-time psychologists and two psychology assistants (who had not received professional training). In addition to providing psychological input in a wide range of fields throughout the establishment, the team monitored the Albatross therapeutic unit and selected particularly vulnerable inmates unable to integrate into other units, with a view to placing them there.



152. A young offender establishment of Feltham's capacity, which can accommodate up to 876 inmates should have the equivalent of at least 3 full-time general practitioners. **The CPT therefore recommends that the vacant post of medical officer be filled as soon as possible.**

**The CPT would also like to know whether any of the psychiatrists working at Feltham have received specialist training in child and adolescent psychiatry.**

153. The nursing staff included two full-time registered nurses (one of whom was trained in psychiatry). Six other qualified nurses were employed through an agency on a contract basis. In addition, there were 27 hospital officers, a few of whom had trained as nurses.

The provision in terms of nursing staff could be considered acceptable, **though it would be advisable to increase the number of nurses trained in psychiatric care.**

154. The delegation understood that some health care staff were on duty throughout the night at Feltham (in the health care centre) and could be contacted by all units. However, the delegation received no clear information as to whether this staff always included a qualified nurse. **The CPT would be grateful for clarification of this point.**

155. In the course of interviews with health care staff, some of the delegation's interlocutors voiced concern at the lack of a managerial structure in the medical sphere, which in their view not only caused confusion in the distribution of tasks but also affected the quality of the medical care provided. They also drew attention to the lack of communication between the various groups involved in the health care service at Feltham, including between the medical and psychology services.

**The CPT would like to receive the United Kingdom authorities' comments on these matters.**

b. facilities

156. At the time of the visit the health care centre was being substantially refurbished, so that only 29 beds (out of 44) were available in its hospital unit. The unit was accommodating 14 in-patients, six of whom were being treated for psychiatric problems, six others for anxiety related conditions and two for physical conditions.

The medical facilities were of an adequate standard and in a satisfactory state of repair and cleanliness.

157. Patients were accommodated in a ten-bed dormitory and individual rooms, which were of acceptable size. The health care centre also had a padded room for acute cases or suicide attempts.

The delegation had a very positive impression of the furnishing and cleanliness of the rooms and the dormitory. The unit included a cheerful common room (TV, games etc) and was generally very pleasant. This was in striking contrast to the rest of the establishment.

158. However, some of the individual rooms were not equipped with lavatories (a chamber pot was provided). The CPT has taken note of the goal of providing these rooms with sanitation by 1994/95; **it would like to be informed when the work is completed.**

As regards the dormitory, the delegation found that the glass partition currently separating the lavatories did not allow enough privacy. **This should be remedied.**

159. The CPT wishes to add that its delegation was favourably impressed by the atmosphere in the health care unit and the activities available to patients (e.g. education, sport, occupational therapy, recreational activities).

c. medical examination on arrival

160. On arrival in the establishment, inmates were immediately interviewed by a hospital officer, who might or might not be a qualified nurse. This brief interview (lasting about ten minutes) took place in private and consisted of a review of the inmate's medical history and of his mental state and the recording of any special features (history of alcoholism or drug addiction, medication etc.). Within 24 hours of their arrival, inmates were seen by a medical officer in Osprey Unit (the admission unit).

However, some inmates were referred to the health care centre for their first night in detention, especially those who had a history of suicide attempts, those experiencing withdrawal symptoms and those considered by the hospital officer to be in need of special supervision (for example, inmates charged with murder).

**The CPT considers that it would be desirable for the interview with an inmate on arrival always to be conducted by a member of the health care staff who is a qualified nurse.**

161. Medical consultations for newly admitted inmates took place in the Osprey Unit. The room used for this purpose was quite unsuitable; the facilities left much to be desired (no examination couch, no wash basin) and the room was dark and dirty. **The CPT recommends that these shortcomings be remedied.**

- d. access to medical care

162. Inmates wishing to see the doctor were in the first instance seen by a qualified nurse during his/her regular morning round, who filtered those requests. The inmates whose requests were accepted were then seen by the nurse in private and, if he/she considered it appropriate, referred to the doctor.

In the interests of making a correct assessment of an inmate's health problem and of ensuring respect for rules of confidentiality, **it would be preferable for the initial filtering of requests to see a doctor also to be carried out in private.**

163. Further, the delegation was told that the transfer of mentally ill patients to a psychiatric hospital for treatment could prove problematic. **The CPT would like to receive the United Kingdom authorities' comments on the subject.**

## **8. Other issues related to the CPT's mandate**

- a. contact with the outside world

164. Inmates on remand at Feltham were entitled to a daily visit on weekdays, in general of half an hour, and sentenced inmates to a two and a half hour visit every two weeks (on Saturdays and Sundays). Inmates also had access to cardphones in the accommodation units.

Some important steps had been taken at Feltham as regards visits. In the Albatross Unit, for example, inmates could receive visitors in the unit for two hours a week. In the Heron Unit, the delegation saw premises intended for the same purpose. It was also planned to introduce evening visits in 1994/95. The CPT welcomes these initiatives.

165. The establishment had two visiting rooms: one for inmates on remand and the other used on weekdays for visits by lawyers, police officers, social workers, staff of outside organisations, etc. and at weekends for visits to sentenced inmates. The first room also had facilities for visits requiring special security precautions. Both rooms were adequate, albeit rather austere.

There were also around ten rooms for private conversations with lawyers, but they were little used (unless a lawyer so requested), apparently because this would tie up staff resources. In this connection, **the CPT wishes to stress the importance of guaranteeing the confidentiality of discussions between an inmate and his lawyer.**

b. induction of new arrivals

166. The induction of new arrivals took place in the Osprey Unit, where inmates were assessed prior to assignment to one of the accommodation units. They were offered interviews with a number of people (e.g. an education officer, a chaplain, a probation officer). Voluntary workers from non-governmental organisations also took part in the procedure for assigning them to the various units. Inmates normally stayed in the induction unit for 36 to 48 hours, though they might occasionally stay for as long as a week, if the unit to which it was intended to send them was overcrowded.

167. The current induction procedure in the Osprey Unit was described as unsatisfactory by several sources, including the establishment's staff, because it was too rushed and impersonal, especially for adolescents. Further, the information given to vulnerable inmates was described as inadequate. The delegation understood that plans to alter this state of affairs were about to be implemented. **The CPT would like to receive information on this subject.**

c. application of the points and levels system

168. As already indicated, the detention regimes were conditioned by the level at which inmates were placed. Quite apart from the comments already made on the activities programmes, the CPT wishes to state that its delegation had the clear impression that, at the time of the visit, the primary use being made of the points and levels system was to maintain discipline in the units, rather than to effect behavioural changes<sup>22</sup>. Indeed, the delegation found no signs of the therapeutic and educational elements which are essential components of any behaviour modification system.

169. In the absence of appropriate supervision of the way in which the points and levels system is applied, it is impossible to rule out the possibility of abuse. The CPT would add that to achieve its rehabilitative objective, such a system must benefit from the participation of qualified professionals in the behavioural sciences, such as psychiatrists and psychologists working together with teachers, social workers and probation staff. This was clearly not the case at Feltham at the time of the visit. Moreover, the importance of effective co-ordination and co-operation between these different groups should be stressed.

**The CPT therefore recommends that the United Kingdom authorities review the functioning of the points and levels system at Feltham, in the light of the above remarks.**

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<sup>22</sup> As regards the formal disciplinary procedure, reference is made to the relevant part of the section on prisons (see paragraphs 105 et seq). The procedural rules which apply are virtually identical, although the sanctions which can be imposed differ (for example, the maximum number of days in cellular confinement is 7, rather than 14).

**E. Administrative detention of foreign nationals**

170. The administrative detention of foreign nationals is governed by paragraphs 16 to 21 of Schedule 2 of the Immigration Act 1971 (as amended). The power to detain foreign nationals is exercised by officials of the Immigration Service. Such detention is not subject to any time limit.

Under paragraph 18 of Schedule 2 of the 1971 Act, the places where foreign nationals may be detained are laid down by the Secretary of State. These places are currently specified in the Immigration (Places of Detention) Direction 1994. The CPT delegation visited several such places (cf. paragraph 3); with the exception of D wing of Pentonville Prison, all were supervised by a private company, Group 4 Securitas.

**1. Torture and other forms of ill-treatment**

171. The CPT's delegation heard no allegations of torture of foreign nationals in administrative detention in the United Kingdom. Moreover, the delegation found no other evidence of torture during its visit.

172. However, the delegation did hear a certain number of allegations of other forms of ill-treatment. These allegations referred to 1993 and 1994 and mainly concerned the use of gags, body belts and physical force on those under escort, prior to removal from the country.

One of the cases brought to the delegation's attention was that of Ms Joy Gardner, who was arrested on 28 July 1993 by immigration officers and officers of the (now disbanded) SOI (3) Metropolitan Police Deportation Group. Ms Gardner died four days later, allegedly as a result of having been bound and gagged. An inquiry undertaken by the Police Complaints Authority and Essex Police was completed in February 1994; on 26 April 1994, the Crown Prosecution Service brought charges of manslaughter against the three police officers who had arrested Ms Gardner.

**The CPT would like to be informed in due course of the outcome of the trial.**

173. The CPT has been supplied with the results of the joint Home Office/Police Review of Removal Procedures in Immigration Cases Involving the Police, which followed Ms Gardner's death. These include a list of recommendations concerning means of restraint. The CPT has noted with satisfaction that a complete end to the use of means of immobilising the mouth is recommended.

**The CPT would like to know what practical steps have been taken by the United Kingdom authorities following the review and to receive copies of any directives issued on the means of restraint which the police are authorised to use in removal procedures.**

**It would also like to receive information on the means of restraint which escort groups employed by private companies are authorised to use and copies of any relevant instructions issued by the Enforcement Directorate of the Immigration and Nationality Department and/or the private companies concerned.**

174. The CPT has also received an allegation that on 24 May 1994 a woman detained in Campsfield House was bound and gagged after the police had been summoned by the Immigration Service prior to her transfer to Holloway Prison to receive medical treatment. It is alleged that she was taken to Banbury Police Station on 25 May 1994, where she spent several hours awaiting her transfer by a private escort company. A prison health service doctor then refused to admit her to the prison on account of her state of health. She was reportedly transferred to a London hospital in a critical state.

**The CPT would welcome the United Kingdom authorities' comments on these allegations.**

175. More generally, **the CPT would like to receive information for 1993 and 1994 on:**

- **the number of complaints of ill-treatment lodged in respect of removal procedures or the transfer of foreign nationals and the number of criminal/disciplinary proceedings initiated as a result of such complaints;**
- **an account of criminal/disciplinary sanctions imposed following such complaints.**

176. Finally, the CPT has learnt with interest of the setting-up, at the end of December 1993, of an Immigration and Nationality Department Complaints Audit Committee. **It would like to receive further information about this Committee (composition, terms of reference, powers, etc.).**

## 2. Places of detention at Gatwick and Heathrow Airports

177. The great majority of foreign nationals who were detained at these airports at the time of the visit had been placed in detention because they failed to fulfil the necessary conditions for entry into the United Kingdom.

178. Such persons are detained in the airport terminal holding rooms for as long as is necessary to examine their situation and documents. An examination of the port records of persons detained in the two terminals revealed that the period of detention in these rooms generally ranged from two to nine hours.

After foreign nationals have been interviewed by officials, they may be refused entry to the country, in which case they can be removed immediately. If further investigations are required (for example, in the case of an asylum application, which since July 1993 has resulted in the operation of a special procedure), those concerned may be granted temporary admission under paragraph 21 of Schedule 2 of the Immigration Act. However, if immigration officials decide that granting temporary admission involves too much risk, they will place the individuals concerned in detention, under the powers granted to them by paragraphs 16 et seq. of Schedule 2 of the Act.

### a. Gatwick Airport

179. The South Terminal holding room measures approximately 45 m<sup>2</sup> and contains about twenty seats and benches. An average of six to eight people are detained there each day. At the time of the visit, one person was being held.

180. Apart from the seats and benches, the room contained tables, a drinking fountain, a television and a telephone. The room did not receive natural light but the artificial lighting was satisfactory. An air conditioning system maintained a reasonable temperature. Separate lavatories and wash basins for men and women were located next to the room and were directly accessible from it.

To summarise, the room was suitable for detention lasting a maximum of a few hours and not extending overnight.

181. The Beehive Detention Suite is located within the airport perimeter in a circular building which was formerly a control tower. At the time of the visit, the Suite was used to accommodate foreign nationals of both sexes for periods which, in principle, did not exceed five days. On the day in question, twelve persons were detained. The Suite had a capacity of 17 beds, divided into two three-bedded rooms (each approximately 16 m<sup>2</sup>), one room with five beds (approximately 20 m<sup>2</sup>) and one with six (approximately 42 m<sup>2</sup>).

182. Only the six-bedded room received any natural light and the artificial lighting in all the bedrooms was inadequate. The bedroom furnishings also left much to be desired (old beds and one chest of drawers per room) and the ventilation system was both noisy and inefficient.

The Suite had a day room (containing a television) and dining room, and this area also included a number of telephones for detainees' use. However, these rooms were very small and, like the bedrooms, poorly ventilated.

Finally, the Beehive was equipped with two lavatories and two showers in an advanced state of dilapidation and disrepair, as was the rest of the building.

183. For security reasons, persons detained in the Beehive were not allowed to take outdoor exercise, due to the lack of an appropriate area for this purpose. As a result, the detainees were confined throughout the day to the day room - where visits also took place - with no opportunity to return to the bedrooms, even though the internal regulations stipulated that access to the bedrooms should be granted, on request.

184. To sum up, the conditions of detention in the Beehive were poor. The CPT was therefore pleased to learn that the Suite was due to close within the next few months and that a new centre, with a capacity of 42 persons, would be opening within the airport perimeter. According to certain sources, the new centre would also be used for long-term detention.

185. The new detention centre comprised prefabricated buildings with a common living area (dining room, visits room, games room, kitchen and admission area for new arrivals) and two separate sleeping areas for men and women.

The material conditions were satisfactory. The common living area was spacious and well-equipped and the bedrooms were of an acceptable size (approximately 10 m<sup>2</sup> for those with one or two beds and between 24 and 32 m<sup>2</sup> for those with four beds) and properly furnished. Natural light and artificial lighting were good throughout the centre. The sanitary facilities were also quite acceptable and included a specially equipped bath for disabled persons. In the women's wing, there was a two-bedroom family unit designed to accommodate a mother and child, when required.

In addition, reasonably large outdoor areas were provided to give detainees access to fresh air.



186. The conditions in this centre, which was ready to come into service, provided a striking contrast to the Beehive Detention Suite. **The CPT recommends that the new centre be brought into service as soon as possible.**

Nevertheless, the CPT would also like to point out that the new centre's location -close to the airport runways, thus exposing it to considerable noise - makes it unsuitable for long-term detention.

The CPT would also like to receive full information on the operation of the centre, (de facto capacity, possible length of stay, activities available, medical services, etc).

187. Finally, pending the opening of the new centre, **the CPT recommends that the United Kingdom authorities take steps to ensure that persons detained in the Beehive Detention Suite are offered outdoor exercise on a daily basis.**

b. Heathrow Airport

188. Terminal 1 had a holding room measuring approximately 15 m<sup>2</sup>, which contained about ten chairs and a free drinks dispenser. Separate lavatories and wash basins for men and women were located next to the room. Although this room was fairly confined, given the number of persons who could be held there, it adjoined three interview rooms, the largest of which measured 10 m<sup>2</sup> and the smallest about 8 m<sup>2</sup>, equipped with tables and chairs. The delegation's observations suggested that, when interviews were not being conducted, foreign nationals could circulate between the holding room and the three interview rooms. The suite enjoyed natural light and artificial lighting.

189. The holding room in Terminal 2, which measured approximately 33 m<sup>2</sup>, contained 18 chairs and a drinking fountain. Lavatories and wash basins adjoined the room. The lighting was artificial.

190. In Terminal 3, the delegation saw two rooms serving as temporary holding areas.

The first measured approximately 18 m<sup>2</sup> and contained a number of armchairs. The second, located close to the interview rooms, was much larger and contained some fifty seats. Each of the rooms had lavatories and wash basins nearby. Finally, work was underway to provide a dining room for detainees.

191. To summarise, the material conditions in these rooms were acceptable for detention lasting a maximum of a few hours and not extending overnight.

192. The Queen Anne's Building detention area was situated between Terminals 1 and 2 at Heathrow Airport. In mid-May 1994, the area had been closed for renovations. It had formerly been used to detain foreign nationals for periods of up to five days. When the delegation visited it, the renovation work was almost complete.

193. The detention area comprised five bedrooms, each with three beds, giving the centre a capacity of fifteen persons. The rooms measured around 15 m<sup>2</sup> and were equipped with both beds and cupboards. The area also included a dining room and kitchenette, and a day room. Telephones were installed in the communal area.

Only the communal area had access to natural light and even there it was extremely poor (the artificial lighting, on the other hand, was of a good standard). Further, there were no facilities for outdoor exercise.

194. The limited amount of natural light and the absence of outdoor exercise facilities make the area inappropriate for detention which may last up to five days; **the CPT recommends that these shortcomings be rectified.**

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195. All the foreign nationals detained at Gatwick and Heathrow received three meals a day, a fact which was recorded in the custody registers.

### **3. The Immigration Detention Centre, Campsfield House**

#### a. introduction

196. Campsfield House was situated in the village of Kidlington, near Oxford. It was originally a young offenders institution which had been converted into a long-stay detention centre for foreign nationals. Practically all the buildings of the former establishment had been demolished and replaced by new facilities, designed to provide a secure hostel environment.

197. Campsfield House opened in November 1993 and could accommodate 200 people. On the day of the visit, 158 men and 35 women representing some 30 different nationalities were detained there. The length of stay ranged from several weeks to some months.

198. Three main categories of foreign nationals were detained at the Centre: port cases - foreign nationals who had been refused entry to the country on arrival at a border (airport or seaport); illegal entrants - persons who were in the country illegally and had been identified by the authorities; and deportation cases - foreign nationals subject to deportation proceedings.

199. It should also be noted that many of the foreign nationals detained at Campsfield were asylum seekers<sup>23</sup>. The lodging of an asylum application results in the suspension of other proceedings in progress, pending a decision on the application.

200. The immigration authorities had sub-contracted the management of Campsfield House and the supervision of those detained there to a private company, Group 4 Securitas. The company was also responsible for escort duties. However, immigration officers were also based in the detention centre, primarily to ensure that the company fulfilled the terms of the contract.

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<sup>23</sup> According to information supplied by the United Kingdom authorities, on 30 March 1994, 946 foreign nationals (covering all three categories mentioned in paragraph 198) were detained under the provisions of the Immigration Act. Of these, 671 had submitted asylum applications.

b. conditions of detention

201. Campsfield House had entered into service a few months before the visit and the **material conditions of detention** could be described as good.

202. The centre contained two distinct detention areas, one for women and one for men, each of which included bedrooms and sanitary facilities (showers and lavatories, in separate units). According to information supplied by the staff, when families were detained, they were accommodated together in a section within the area for men.

203. The bedrooms accommodated one (only in the men's quarters), two, four or six persons. They were adequate in size (9 m<sup>2</sup> for one and two-bedded rooms, 18 to 21 m<sup>2</sup> for four-bedded rooms and 36 m<sup>2</sup> for those with six beds), particularly since the detainees had free access to the facilities provided at the centre throughout the day and until late at night (cf. paragraph 204). All the bedrooms were properly furnished (beds, cupboards and chairs) and enjoyed satisfactory natural light and artificial lighting.

Access to the sanitary facilities, including night-time access to lavatories, did not present any problems. These facilities were of an appropriate standard and in a quite satisfactory state of cleanliness and repair, as was the building as a whole.

204. As regards **activities**, the centre had seven day rooms, each with a television offering a wide selection of channels. Several board games were available and detainees could also play billiards. These day rooms were open throughout the day until approximately one o'clock in the morning.

A library, which was still being set up, was open each morning from Monday to Saturday and contained books, magazines and newspapers in various languages.

205. The detainees could take outdoor exercise in the centre's internal courtyard, and they also had the use of a large, well equipped sports hall. Plans were in hand to provide outside recreational activities for the summer months.

206. Foreign nationals who so wished could take English courses once a week at the centre, and correspondence courses in English were possible, on request. Detainees could also undertake artistic and craft activities. According to the centre's staff, these activities were in the process of being developed.

207. In principle, the activities provided for detainees could be considered satisfactory. Nevertheless, it must be borne in mind that some people could spend several months at the centre; **efforts should be made to offer additional activities to people in this situation** .

c. contact with the outside world

208. The rules on this subject at Campsfield were flexible. Foreign nationals could receive visits every day between 2 and 9 pm, and the visiting facilities were quite satisfactory. Special facilities were set aside for private meetings with lawyers.

209. However, Campsfield House had the disadvantage of being relatively isolated from the major urban centres. The high cost of a journey for persons not living in the vicinity (approximately one hour by train from London and more than half an hour by bus from Oxford Station) could prevent many of them from visiting detainees.

Moreover, the CPT has received allegations that the location of Campsfield House has also caused delays in proceedings. In this context, it has been stated that proposals to have cases dealt with on the premises, and in particular for immigration officials to conduct interviews with foreign nationals there, have still not come to fruition.

**The CPT would welcome the United Kingdom authorities' comments on the points raised above.**

210. Coin and card operated telephones, to which detainees had unrestricted access, were located in various parts of the centre. They could also receive outside calls between 7 am and 10 pm. However, only one line was set aside for this purpose, **which is far from adequate.**

211. Finally, there were no restrictions on incoming and outgoing mail, other than metal detector checks on incoming parcels and letters which appeared to be suspect and which staff could ask the individuals concerned to open.

d. medical care

212. Under the contracting-out arrangements, Group 4 Securitas is responsible for organising medical care at Campsfield. A general practitioner - who at the time of the visit had been in post for two weeks - held surgeries from Monday to Friday for two to three hours per day. In emergencies, an on-call doctor could be contacted. Appointments with specialists took place outside the centre, particularly at Oxford Hospital. The same applied to dental care.

Given the capacity of Campsfield House, a full-time medical officer would be very desirable. In this context, the CPT notes that the contract between the Immigration Service and Group 4 Securitas provides for the presence of a general practitioner from 9 am to 5 pm, Monday to Friday. **The CPT recommends that steps be taken to ensure that the terms of the contract are respected.**

213. The establishment had no qualified staff to provide psychiatric or psychological care. The delegation was informed that, other than in emergencies, the majority of those requiring psychiatric care had to wait four to six weeks.

In this connection it should be pointed out that the delegation saw two persons placed in isolation for medical reasons (cf. paragraph 216), one of whom was clearly in a state of deep psychological distress and in need of psychological support, which was not available. Moreover, the general profile of the those detained at Campsfield militates in favour of the creation of psychiatric and psychological services.

**The CPT recommends that the United Kingdom authorities take the necessary steps to establish a psychiatric and psychological service appropriate to the needs of those detained at Campsfield House.**

214. In full accordance with the operating contract, a qualified nurse was on duty in the centre from 9am to 5pm every weekday and a nurse could be contacted at home during the night. It should also be added that Group 4 staff had received training in first aid.

Nevertheless, **given the centre's capacity, an increase in nursing staff would be desirable.**

215. On arrival at Campsfield House, detainees are invited to see the nurse or the doctor.

For its part, the CPT considers that particular attention should be paid to the physical and psychological state of health of foreign nationals held at Campsfield; they may well have experienced difficult situations and even have been subjected to torture or other forms of ill-treatment. An appointment with a member of the health staff should form an integral part of the admission process.

**The CPT therefore recommends that all foreign nationals be seen by a member of the medical staff on admission to Campsfield House and, if necessary, given a medical examination. The medical screening on admission should be carried out by a doctor or by a qualified nurse reporting to a doctor.**

216. As already indicated (cf. paragraph 213), two detainees had been placed in isolation for medical reasons. One of them was on his twenty-sixth day of hunger strike, the other refused to eat anything other than toast.

Since the wave of hunger strikes in Campsfield House just before Easter 1994, arrangements had been made for any detainee embarking upon a genuine hunger strike to receive special medical supervision. A hunger striker would be seen by a doctor at least once a day and a nurse would be in attendance day and night. These medical staff were quite separate from the members of the centre's medical service. According to staff, if the state of health of the individual concerned were to deteriorate, he would be transferred to a hospital.

**The CPT would like to receive detailed information concerning the transfer to hospital of persons on hunger strike at Campsfield House (numbers involved, criteria applied, authority competent to order transfer) and on the approach adopted as regards the treatment of such persons after their transfer to hospital.**

e. placement in isolation

217. The Operating Specification for the contract between the Immigration Service and Group 4 Securitas provides inter alia that particular regard shall be given to the "need from time to time to isolate individuals or groups for their safety, the safety of staff or other detainees and visitors".

Three individual rooms were set aside at the Centre for isolation purposes, two of which were occupied at the time of the visit (cf. paragraph 216). The material conditions in these rooms were quite satisfactory, being the same as those in an ordinary single room.

218. The CPT's delegation was not able to obtain a clear picture of the rules governing placement in isolation: precise grounds upon which an isolation measure could be ordered; deciding authority; permissible length of isolation; procedural safeguards, etc.

**The CPT would like to receive full information on this subject, including copies of all relevant texts.**

219. **The CPT wishes to underline in this context that isolation measures should be accompanied by appropriate safeguards. The person concerned should be informed of the reasons for the measure taken against him, be given an opportunity to present his views on the matter and be able to contest the measure before an appropriate authority.**

**It is axiomatic that a scrupulous record of all placements in isolation, whatever the reasons for the measure, is a fundamental safeguard against any possible abuse and, more generally, an essential tool of good management.**

f. the staff

220. It should be stressed that the staff of detention centres for foreign nationals such as Campsfield House have a particularly onerous task. Firstly, there will inevitably be communication difficulties caused by language barriers. Secondly, many detained persons will find it hard to accept being in custody when they are not suspected of committing a criminal offence. Finally, tensions may arise between detainees of different nationalities or ethnic groups.

The staff assigned to supervision duties in such centres must therefore be very carefully selected and receive appropriate training. Supervisory staff should have well developed skills in interpersonal communication. They should also be familiar with the detainees' different cultures and at least some of them should have appropriate language skills. Further, such staff should be taught to recognise possible symptoms of stress displayed by detainees (whether post-traumatic or induced by socio-cultural changes) and to take appropriate action.

221. At Campsfield House, the Group 4 staff were recruited locally and few of them had any knowledge of foreign languages or cultures. In order to communicate with detainees, they had to rely on immigration officials or call on the assistance of fellow detainees.

**The CPT recommends that the United Kingdom authorities ensure that the factors referred to in paragraph 220 are taken into account in the selection, as well as in the initial and ongoing training, of supervisory staff at Campsfield House and at other detention centres for foreign nationals.**



g. Visitors Committee

222. The CPT attaches particular importance to regular visits to places of detention by an independent body with authority to receive and, if necessary, take action upon detainees' complaints and to inspect the establishment's premises.

In this connection, the Committee greatly welcomes the initiative taken by the Home Secretary to appoint such a body to visit Campsfield House.

223. An examination of the "Handbook for Visiting Committee Members" would suggest that the Committee is in a position to monitor effectively the running of the centre: the right to enter the centre at any time and to speak to every detainee, if need be in private; regular visits, in principle not less than once a week; a certain proportion of unannounced visits or visits at short notice, as well as specialist visits to look in depth at particular matters; the right to report directly to the Home Secretary.

224. In practice, the effectiveness of the Committee will be conditional on an efficient organisation of its activities in the centre and on the ability of its members to make themselves seen as a body quite distinct from the Immigration Service and Group 4 Securitas.

In this connection, the CPT would stress the importance of the point made in the above-mentioned Handbook, that visits "should not take the form of a guided tour" (cf. section 7 (e) of the Handbook).

The CPT would add that in the interests of ensuring its real and perceived independence and impartiality, **it would be preferable for the Visiting Committee to be provided with administrative support from outside the Immigration Service<sup>24</sup>.**

225. The Visiting Committee is required to submit an Annual Report to the Home Secretary; **the CPT would like to receive a copy of the most recent Annual Report.**

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<sup>24</sup> According to section 6 (b) of the Handbook: "the Immigration Service will provide a Clerk to the Committee who will be responsible for preparing and circulating notes of meetings, for arranging and publishing an annual rota of visits by Committee Members to the Centre, and for assisting Members with claims for expenses, etc".

#### 4. Pentonville Prison

226. At the time of the visit, 36 foreign nationals were detained in Pentonville Prison. Their periods of detention ranged from a few weeks to several months. They were detained in D wing, together with remand prisoners.

227. According to the files consulted, including certain medical reports in the prison's health service, the foreign nationals held at Pentonville were deemed to present particular risks (disruptive behaviour, aggression, risk of escape, suicide attempts, hunger strikes etc.).

228. From the material point of view, the cells in D wing could be described as basically adequate. Each cell held one or two persons. They measured approximately 8 m<sup>2</sup>, which is suitable for single occupancy, but cramped accommodation for two people. They were adequately equipped, with a bed, table, chair, call system and partially partitioned lavatory and wash basin (with hot and cold water) and benefitted from natural light and artificial lighting.

229. The activities provided were the same for all those held in D wing. One hour of outdoor exercise was permitted each day. Further, group activities such as table tennis, billiards and table football were available during the day and evenings in each of the wing's five landings, on a rota basis. However, the recreation hall was fairly dilapidated. Educational activities such as computing, painting, craft work and language courses were also provided and detainees could take part in sporting activities several times a week in a well equipped sports hall.

To summarise, from Monday to Friday, detainees could spend on average ten hours outside their cells engaged in various activities. On Saturdays and Sundays, the figure was lower - approximately six hours.

It should also be noted that, other than on Sundays, 30 minute visits were possible every day of the week, including evenings, and that card-operated telephones were installed on each landing of the wing.

230. No fundamental criticism could be levelled at the actual conditions of detention in D wing insofar as foreign nationals detained under the Immigration Act were concerned, and attention should also be drawn to the efforts made by Pentonville Prison staff to make periods of custody for such detainees more bearable.

However, a prison is by definition not an appropriate place in which to detain someone who is neither suspected, nor convicted, of a criminal offence. In those cases where it is considered necessary to deprive persons of their liberty under aliens legislation, they should be accommodated in centres specifically designed to receive this category of detainee.

**The CPT recommends that steps be taken without delay to bring an end to the practice of placing in prison establishments persons deprived of their liberty under the Immigration Act.**

## 5. Other matters

231. The CPT's delegation received numerous complaints from detained foreign nationals, corroborated by other sources, to the effect that they were not given sufficient information about the grounds for their detention or the progress of their case. Several also indicated that they were unable to understand the decisions which had been notified to them.

There were also many complaints about the length of the proceedings; in this context, it should be noted that the CPT's delegation met many individuals who had been in detention for more than six months, pending a decision on their case.

### **The CPT would welcome the United Kingdom authorities' comments on this subject.**

232. In contrast, the delegation noted in the different establishments visited that information was available in numerous languages on ways of contacting lawyers and non-governmental organisations, the rules governing contacts with the outside world, the rules which applied pertaining in the establishments concerned, etc.

233. It should also be pointed out that immigration officers are supplied with a "Code of Practice of searches of premises, seizure of property and interview and treatment of persons: application by the Immigration Service during the investigation of offences", based on the codes of practice for police officers provided for by the Police and Criminal Evidence Act 1984.

The Code, particularly sections 3, 4 and 5, includes very important guidance on the fundamental safeguards to which foreign nationals deprived of their liberty are entitled: the right of detained persons to inform a third party of their detention; the right to request the assistance of a lawyer (and to consult him in private) and to benefit from his presence during hearings; the steps to be followed regarding the issue of notification of consular authorities (to ensure the protection of persons seeking asylum or recognised as refugees).

234. The Code is clearly intended to fill the gaps in the Immigration Act 1971 regarding fundamental safeguards for persons deprived of their liberty. It would be desirable for the Code to be given the same status as that of the codes of practice drawn up under the provisions of the Police and Criminal Evidence Act 1984.

It would also be desirable for certain additional fundamental safeguards to be included. In particular, foreign nationals detained under the Immigration Act should not be deprived of the right to free legal aid (see section 4.5 of the Code of Practice). In addition, it would be appropriate to give them the explicit right to be examined by a doctor of their choice.

Further, the Code should be made available to foreign nationals detained under the Immigration Act.

**The CPT recommends that the United Kingdom authorities implement the above-mentioned proposals. It would also be appropriate for the Code of Practice for immigration officers to be made public.**

235. Finally, it is axiomatic that it would be in violation of both national and international legal obligations for someone to be returned to a country where they run a risk of being subjected to torture or to inhuman or degrading treatment or punishment. **The CPT would like to receive a detailed account of the precise measures taken in practice by the Immigration Service in order to ensure that such a situation does not occur.**

## **F. Rampton Special Hospital**

### **1. Introduction**

236. Rampton Special Hospital, which opened in 1912, is located in remote countryside in Nottinghamshire, some 6 miles from Retford.

Rampton is one of three special hospitals in England and Wales (the others being Broadmoor and Ashworth) which provide treatment for psychiatric patients who require a high security setting because of their potential dangerousness. Since 1989, the management and administration of these hospitals has been undertaken by the Special Hospitals Service Authority (SHSA), which forms part of the Department of Health.

237. At the time of the visit, major changes were underway at Rampton Special Hospital. The management had been reorganised and new operational policies were being drawn up. Management and care staff were going through a period of adjustment.

238. The hospital is made up of some 30 wards, which are spread out over a large area and surrounded by a secure perimeter wall and fences. At the time of the visit, three units were out of service.

The establishment has a capacity of 548 beds (for both men and women), and was accommodating 450 patients when visited by the CPT's delegation.

239. All patients were detained under the Mental Health Act 1983, and most under Part III of the Act (patients concerned in criminal proceedings or under sentence). Approximately 50% of the patients were convicted offenders who had been committed to the hospital under sections 37/41 of the Act, with a view to psychiatric treatment. Among the various other categories of patients, particular reference should be made to the persons suffering from a severe mental impairment detained in the hospital under section 3 of Part II of the Act (civil placement), who made up some 18% of the patient population; the admission of such persons to Rampton had now ceased.

The average length of stay was 8 to 9 years, though there were stays of up to 20 years among the severely mentally impaired.

## **2. Torture and other forms of ill-treatment**

240. The CPT's delegation heard no allegations, and gathered no other evidence, of torture of patients at Rampton Special Hospital. Further, it received hardly any allegations of other forms of deliberate ill-treatment.

More generally, the CPT wishes to record the devotion to patient care observed among the overwhelming majority of the establishment's health-care staff.

241. The delegation did hear one allegation that in 1992 a patient had died, following the use of control and restraint techniques. Apparently, this incident led to both a judicial enquiry and an enquiry by the SHSA.

**The CPT would like to receive a copy of the results of the judicial enquiry and the SHSA enquiry, together with the comments of the United Kingdom authorities on this matter.**

242. In a hospital such as Rampton, health care staff will inevitably be confronted with agitated and violent patients. Appropriate training in the management of such situations is essential, in order to reduce the risk of the abusive use of force. Emphasis should be placed in this context on the various levels of response possible, of which resort to physical restraint is only one. In this connection, it must be said that the delegation received reports to the effect that resort to physical control and restraint techniques tended to be the rule rather than the exception, when staff were faced with aggressive behaviour.

Section 18 of the Code of Practice published pursuant to the Mental Health Act 1983 contains a number of important guidelines on the subject of dealing with aggressive behaviour. It was apparent, however, that many members of the health-care staff had only a scant knowledge of the Code's provisions.

**The CPT recommends that greater attention be given to training in the different methods of managing aggressive behaviour, as outlined in section 18 of the Code of Practice.**

**Further, it recommends that appropriate steps be taken to ensure that health-care staff at Rampton become fully acquainted with the whole of the Code, in its most recent version.**

### 3. Staff resources and night cover

243. At the time of the visit, the health care team at Rampton comprised 21 doctors (16 substantive and 5 locum posts). There were 13 psychiatrists within that team: 1 Senior Registrar in forensic psychiatry; 4 Consultants in forensic psychiatry; 1 Senior Registrar in general psychiatry; 1 Registrar in general psychiatry; 1 general psychiatrist; 3 locum general psychiatrists and 2 Associate Specialists in psychiatry. In this connection, the Committee has noted from the information supplied by the hospital management that 28 posts for doctors were authorised for the year 1994 and that, in January 1994, all of those posts were filled. However, it was also indicated to the delegation that it was difficult to recruit doctors to work at Rampton.

The present psychiatrist: patient ratio cannot be considered adequate for a hospital of the type and capacity of Rampton, which cares for a large number of patients with severe psychiatric pathologies. In consequence, **the CPT recommends that the United Kingdom authorities take the necessary steps to improve the psychiatrist: patient ratio and, more generally, to ensure that all of the authorised posts for doctors at Rampton Special Hospital are filled.**

The complement of nursing staff appeared to be adequate. The ratio of nursing staff to patients stood at 1.36 per patient at the time of the visit.

244. The CPT is concerned by the question of access to medical care at night. Doctors were present in the hospital from 9.00 am to 5.00 pm. Outside those hours, nursing staff had to contact a doctor on call in cases of urgency. In this connection, the delegation received contradictory information concerning the location of the on-call doctor. According to some members of the hospital management and staff, the doctor was obliged to stay at the hospital. According to others, the doctor was not obliged to be within the hospital premises, provided that he lived within a radius of 10 miles from the establishment. Given the size of the hospital, it could take a doctor on call some 10 minutes to arrive at the scene of an emergency, even if he was present on the establishment's premises; if he was outside the establishment, his arrival on the scene would no doubt take considerably longer (up to 30 minutes on occasion, according to information received at the hospital).

In a hospital such as Rampton, caring for a large number of patients with severe psychiatric pathologies, it is essential that at least one doctor be present on the premises on a 24 hour basis. **The CPT recommends that appropriate steps be taken to ensure that this is the case.**

245. The CPT is also concerned by the possible consequences of the very low nursing staff levels at night in certain wards, in particular those for admissions and intensive care. In the Adwick and Concord (admission wards for men), Drake (intensive care for men) and Eden (admission ward for men) wards, only one nurse was on duty at night. In the event of an emergency this nurse had to await the arrival of support staff before unlocking the door of the patient concerned (as regards the practice of locking patients in their rooms at night, see paragraphs 253 et seq.), which meant that in excess of three minutes might pass before care could be provided; this is an undue delay in certain circumstances (e.g. suicide by hanging).

**The CPT recommends that the hospital's procedures be revised accordingly (cf. also paragraph 255).**

**Further, the CPT would like to receive clarification as regards the possibility for nursing staff immediately to provide the full range of emergency care (use of emergency equipment, etc); its delegation heard contradictory statements on this point.**

246. The CPT was also struck by the working hours of the nursing staff.

The delegation noted that staff worked 18 days over a six week period: 12½ hours continuously per day and 11½ hours per night. In an establishment like Rampton, working hours such as these do little to encourage high professional standards, since staff reach saturation point. At the end of the day, they inevitably become less accessible to patients and less alert to their needs, which might increase the risk of irritability on both sides. Working hours of this kind promote the guarding of patients as distinct from the development of a caring relationship.

**The CPT would like to receive the comments of the United Kingdom authorities on this subject.**

247. The hospital's rehabilitation staff included 11 psychologists, 1 occupational therapist, 14 teachers and 110 workshop staff.

The complement of rehabilitation staff can be considered as sufficient. However, the qualifications of certain of the workshop staff (non-care based professional training) were scarcely suited to the rehabilitation of patients. **It would be appropriate to review the training of the majority of the workshop staff with a view to completing it by training in the psychosocial rehabilitation of patients.**

248. As regards the psychologists, it should be added that they were essentially engaged in forensic activities: observing patients and preparing reports for the Home Office. This tended to restrict their therapeutic effectiveness.

The CPT is conscious that forensic activities are necessary in an establishment such as Rampton Special Hospital. However, they must not be exercised to the detriment of therapeutic activities. In addition, a clear distinction must be made between forensic activities and treatment, in order to preserve the therapist/patient relationship which underlies any philosophy of care.

**The CPT would like to receive the comments of the United Kingdom authorities on the matters mentioned above.**



#### 4. Living conditions for patients

249. Living conditions in the wards visited varied in quality. Material conditions ranged from good or even very good to mediocre, depending on whether or not the ward concerned had been renovated. Nevertheless, as a general rule, the communal areas in the wards - dining rooms and day rooms - were comfortable and welcoming. The wards visited were also in a satisfactory state of cleanliness and repair.

250. Material conditions in the Alford and Anston Wards (female high security and admission wards) were very good. Each had been renovated and had 18 beds, located in single rooms which were both spacious and personalised. The rooms were fitted with moulded furniture made from unbreakable plastic, with rounded angles to reduce the risk of injury. Each room had its own lavatory in a separate sanitary annex. Nevertheless, in both wards, all of the lavatories were fitted with a window onto the corridor to permit observation where necessary. These windows were covered with a curtain which could be lifted by anyone passing in the corridor. As a result, there was no guarantee of patient privacy. **This should be rectified.**

251. Material conditions in some of the other wards visited were good, despite the age of the buildings. Depending on the type of ward, patients were accommodated either in spacious and personalised single rooms or in two-bedded rooms or apartments. These wards included Adwick (male admissions and intensive care), Larch (continuing care of the elderly), Sheridan (severely mentally handicapped dependent patients of both sexes) and Firs and Sweet Briar (both pre-discharge wards).

252. Material conditions in certain other high security wards (Drake, Connaught, Eden and Concord) were significantly poorer. These institutional-type wards contained impersonal dormitories or rooms resembling cells.

Drake Ward (intensive care of men diagnosed as mentally ill) contained 15 beds in single rooms each measuring approximately 8 m<sup>2</sup>. So-called stabilised patients had personal objects in their rooms. The rooms were not fitted with a lavatory or a call system. They also received very little natural light, owing to double protective frames which partially obscured the windows. Moreover, special shutters were attached at night, when there was a risk of self-mutilation. At the time of the visit, such shutters had been placed in eight rooms. They prevented the circulation of fresh air and made the atmosphere extremely heavy and suffocating. The ward was generally damp and poorly ventilated.

Connaught Ward (for men diagnosed as mentally ill) had a capacity of 23 beds. It contained a fifteen-bedded dormitory and single rooms similar to those in Drake Ward, with no toilet or call system and a similar shutter system. The dormitory was fitted with a call system and patients could use the lavatories at all times. However, the lavatory doors could not be closed, which clearly raised the problem of patient privacy.

Concord Ward (an admission ward for men diagnosed as mentally ill) had a capacity of 18 beds, divided into one nine-bedded dormitory and single rooms identical to those in the other two wards.

Finally, Eden Ward (also an admission ward for men diagnosed as mentally ill) had a capacity of 18 beds, all in single rooms similar to those described above. The ward received little fresh air and the ventilation arrangements were limited. It was scheduled to close for renovation similar to that which had been carried out in Alford Ward.

**The CPT recommends that the renovation work in the wards be continued and, as far as possible, expedited.**

**Further, it is recommended that steps be taken immediately to ensure that all patients' rooms are equipped with a call system.**

253. In most of the above-mentioned wards, patients were systematically locked in their rooms at night, a measure applied to approximately 50% of the patient population at Rampton. This was mainly carried out for security purposes, since there were fewer night staff to deal with any incidents which might arise.

This systematic locking-in of patients, which amounts to more than ten hours' seclusion per day, is not acceptable in a care establishment already equipped with high gates and closed wards, and the absence of a call system in some of the patients' rooms (cf paragraph 252) renders it all the more undesirable. Among some patients - psychotics and depressives - this policy of systematically locking rooms may cause distress and anxiety.

254. The CPT has noted with interest the 1993 SHSA Policy Statement on the use of seclusion in special hospitals, in particular the points made in paragraph 2.3. It welcomes the commitment of the SHSA and the hospital's management to ending the practice of night-time confinement, which implies an increase in the number of staff on duty at night.

**The CPT recommends that this matter be given a high priority.**

255. One of the consequences of the practice of night-time confinement was that patients in single rooms in the unrenovated wards did not have access to lavatories at night. A cardboard chamber pot was provided to enable them to satisfy the needs of nature. The delegation noted that the use of this system and the lack of ventilation resulted in a foul smell in certain rooms early in the morning.

This problem shall no doubt be resolved in due course via the progressive renovation of the wards and/or the ending of the practice of locking patients into their rooms at night. In the meantime, **the CPT recommends that steps be taken immediately to ensure that a sufficient number of nursing staff (at least two staff members) are on duty at night in each ward.** This should make it possible for a patient in a single room who wishes to use a lavatory at night to be allowed to do so (as well as enable care to be provided immediately to a patient located in a single room in the event of an emergency (cf. paragraph 245)).

256. In many of the wards visited, the patients were assembled during the day in the communal areas, with no possibility of access to their rooms. There was no opportunity for patients who so wished to keep themselves apart from the others. This restriction was justified on security grounds - avoiding the risk of self-mutilation or suicide attempts and maintaining adequate supervision of patients.

In this connection, the CPT greatly welcomes the declared objective of the SHSA "to provide open access for patients to their room or dormitory over 24 hours"; such access is a key element of any policy concerned with the psychological and social rehabilitation of patients. **The Committee recommends that the implementation of this objective be accorded a high priority at Rampton.**

257. It should also be noted that the majority of patients had very limited access to fresh air. This was the subject of many complaints, which were shown to be well founded by the statistical information supplied by the hospital management. The number of hours spent outside each month was low, even though it had risen since December 1993. For example, in April 1994, the relevant figures were 5 hours 45 minutes in Anston Ward, 8 hours 30 minutes in Alford, 4 hours 5 minutes in Concord, 5 hours 15 minutes in Connaught, 12 hours 30 minutes in Drake and 6 hours 15 minutes in Eden.

**The CPT recommends that urgent steps be taken to ensure that all patients are able to take at least one hour of outdoor exercise every day (unless there are medical reasons to the contrary).**

## **5. Treatment of patients**

258. Within the restrictions imposed by security, Rampton Special Hospital is expected to provide modern psychiatric treatment and rehabilitation strategies. In this respect, it must be stated from the outset that in its general atmosphere the establishment was more like a place of detention than a hospital. Security was omnipresent and seemed to take priority over treatment. As regards more particularly the nursing staff, the routines in operation required much time and energy to be spent on control measures (e.g. escort duties) as distinct from health-care.

### **a. therapeutic and rehabilitation activities**

259. Rampton Special Hospital had good rehabilitation facilities and sporting and recreational activities. The delegation was particularly impressed by the leisure activities organised at the hospital, in association with outside organisations. Rampton also had a special occupational and rehabilitation centre for mentally handicapped patients. Activities such as do-it-yourself and painting were also available in the wards visited. Negotiations were underway to establish proper vocational training which would be recognised outside the hospital. **Such initiatives are to be encouraged.**

260. Some 270 patients regularly attended the various workshops (carpentry, dress making, typography and so on). A further 70 patients benefitted from cognitive therapy and approximately 30 were involved in a programme for improving stress management and another for managing depression. Educational activities consisted of literacy classes and the acquisition of basic life skills.

261. Few therapeutic activities were on offer in the "intensive-care" wards such as Drake. The main interventions were observation and pharmacotherapy, and the security aspect of the former was very obvious.

Patients entered Drake Ward on admission for a period of observation, when they were deemed to be dangerous and aggressive. However, this ward also received patients from other wards who had exhibited inappropriate or aggressive behaviour, such as problems of co-existing with fellow patients or self-mutilation. Periods spent in Drake Ward could vary from a few weeks to several years.

In this context, **the CPT recommends that patients admitted for observation or as emergencies be separated from chronic patients;** this would in particular facilitate the establishment of long-term therapeutic programmes for the latter.

262. The delegation's overall impression was that there was considerable scope for developing psycho-therapeutic activities at Rampton Special Hospital as well as for adapting them to the needs of individual patients.

**The delegation would like to be kept informed of further developments in this area.**

b. the use of medication

263. Overall, the CPT's delegation was favourably impressed by the administration and prescribing of drugs. No evidence was found of the misuse of medication.

264. Nevertheless, the delegation noted that in various wards (particularly Drake) additional medication, including major psychiatric drugs such as Haloperidol, could be administered to patients by nursing staff, who only subsequently notified a doctor of that fact.

Moreover, while the recommendations in the Code of Practice issued under the Mental Health Act 1983 regarding the renewal of patient consent to treatment (Form 38) were followed in some wards, the delegation observed that in the case of other patients (in Connaught, for example), the consent dated from more than a year previously and in one case more than three years (21 February 1991).

**The CPT would welcome the United Kingdom authorities' comments on these matters.**

## **6. Seclusion of patients and other means of restraint**

265. According to information supplied to the CPT's delegation, resort to seclusion at Rampton has declined considerably in recent years (from some 110 occasions in 1990 to 50 in 1993). Nevertheless, concerns were expressed to the Committee that it was still being used too frequently.

266. The CPT considers that there must always be a detailed policy on the use of seclusion, including in particular: the types of cases in which it may be used; the objectives sought; its duration and the need for regular reviews; special recording and medical supervision procedures; the existence of appropriate human contact; the need for staff to be especially attentive.

The CPT welcomes the fact that such a policy has been defined by the Code of Practice issued under the Mental Health Act 1983 and the policy statement on the use of seclusion issued by the SHSA in October 1993.

267. However, the CPT is concerned about the way this policy is implemented in practice. The provisions of the Code of Practice are not widely known and certain members of staff consider the policy to be unachievable.

**The CPT recommends that the necessary steps be taken to ensure the application in practice of the policy on seclusion.**

268. The material conditions of those in seclusion varied according to whether or not the ward concerned had been renovated. In the seclusion room visited in Alford, they were good. In contrast, in Anston, the seclusion room seen by the delegation was hot and badly ventilated and the call system was defective.

In Drake, the conditions were poor (bars on the windows, over-soft plastic mattress and no call system) and posed a threat to the physical integrity of patients at risk (for example, a danger of suffocation from the over-soft mattress).

**The CPT recommends that the United Kingdom authorities rectify the shortcomings observed in the seclusion rooms visited.**

269. The delegation did not observe any instruments of physical restraint during its visit to Rampton. Where necessary, staff used control and restraint techniques, in which, the delegation was informed, they received training.

In this connection, **the CPT would recall the recommendation already made in paragraph 242, third sub-paragraph.**

## 7. Complaints and monitoring procedures

270. The Mental Health Act contains a series of provisions concerning patients' right of complaint. It should be added that in April 1992, the SHSA issued a Statement of Policy on Complaints underlining its commitment to having complaints dealt with both rapidly and thoroughly. Patients' complaints are addressed either to ward staff or to the Director of Planning and Administration. Depending on the nature of the complaint, it will be examined internally, by an independent investigator from outside the hospital - generally an external professional expert or a manager from another hospital - or by the police. Patients who are not satisfied with the outcome may contact the Hospital Advisory Committee. Complaints may also be sent on a confidential basis to the Mental Health Act Commission (cf paragraph 271).

According to the delegation's observations, patients received appropriate information on their rights regarding complaints.

271. Under the Mental Health Act, an independent inspection body - the Mental Health Act Commission - is responsible for monitoring the treatment of detained patients. Among its powers, the Commission is authorised to visit special hospitals at any time, to talk to patients in private and, in certain circumstances, to inquire into complaints. The Commission publishes a report every two years (section 121 (10) of the Act).

The CPT welcomes the existence of the Commission, which it considers as a particularly important means of preventing ill-treatment and, more generally, of promoting the interests of psychiatric patients.

272. The delegation also received a positive impression of the recently created (1992) Patients Council in Rampton. Its members are patients, assisted by a co-ordinator. The Council, which is elected by the patients, ensures that patients' complaints are followed up and transmits suggestions to the hospital management. It also publishes an annual report. Such an initiative is very positive.

**In this connection, the CPT would like to receive information on the response to the recommendation in the Report of the Committee of Inquiry into Complaints about Ashworth Hospital that a Patients' Advocacy Service be established (Recommendations 25 and 26 of the aforesaid Report).**

273. Finally, it must be stressed that staff in a special hospital such as Rampton have to fulfil difficult tasks. External stimulation and support are necessary to ensure that staff in such institutions do not become too isolated. This is also the tenor of some of the recommendations in the recent report of the Department of Health Working Group on High Security and Related Psychiatric Provision.

**The CPT would like to be informed of the measures which the United Kingdom authorities intend to take in this area.**

## **8. Transfer of patients**

274. Several persons to whom the delegation spoke identified the transfer of patients as a source of problems. According to information supplied by the management, eleven patients had been awaiting transfer from Rampton for more than six months.

275. Moreover, at the time of the visit, the delegation found - and this was confirmed by medical and nursing staff - that numerous patients did not require, or no longer required, to be detained in a high security hospital (mentally handicapped patients; elderly patients; chronic patients who no longer fulfilled the criteria of dangerousness). However, these patients remained at Rampton because of the difficulties of finding appropriate accommodation in existing local facilities.

**The CPT would welcome the United Kingdom authorities' comments on this matter.**

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276. It is now widely accepted that large, geographically isolated, psychiatric establishments pose severe risks of institutionalisation for both patients and staff, which can have undesirable consequences for patient treatment. It is much easier to provide care which draws on the full range of psychiatric treatment in relatively small facilities located close to the main urban centres.

The CPT is following with interest the current debate about special hospitals, which has led, in particular, to the above-mentioned report on high security and related psychiatric provision. In this context, it considers that the recommendation made in paragraph 5.11 (greater dispersion of high security services and units with a maximum of 200 patients) is of crucial importance.

**The CPT would appreciate being kept informed of measures taken to implement that recommendation.**

### III. FACTS FOUND DURING THE VISIT TO SCOTLAND AND ACTION PROPOSED

#### A. Police establishments

##### 1. Introduction

277. As already indicated (cf. paragraph 3), the CPT's delegation visited four police establishments in Scotland: two in the Edinburgh area and two in Glasgow. It should be noted at the outset that deprivation of liberty by the police in Scotland is governed by legal provisions which are quite distinct from those which apply in England and Wales.

278. In Scotland, persons may be held in one of two forms of police custody - **detention** (on reasonable suspicion by a policeman that the person has committed an offence punishable by imprisonment) or **arrest** (where a policeman has reasonable grounds to believe that he is entitled to charge the person with an offence).

The police power to detain suspects is regulated by statute<sup>25</sup>, and detention may not last longer than six hours, after which the person concerned must be either released or arrested. The police also enjoy common law and statutory powers of arrest<sup>26</sup>, with and without a warrant. An arrested person, "shall wherever practicable be brought before a court competent to deal with the case ... not later than in the course of the first day after such a person shall be taken into custody, such day not being a Saturday, a Sunday or a court holiday" ...<sup>27</sup>.

It should be noted that this latter provision is a requirement to bring an arrested person before the court on the next "lawful day" after the day of arrest. In practice, the periods which arrested persons spend in police custody are usually short, although it is apparently not uncommon for a person arrested on a Friday evening to spend the weekend in police custody, before a court appearance on the following Monday. However, at least in theory, a person arrested very early on a Friday morning might not be taken before a court until the following Tuesday morning, were the Monday to be a court holiday.

279. It should also be mentioned that, as in England and Wales, persons detained or arrested in Scotland in connection with terrorism may be held in police custody under the provisions of the Prevention of Terrorism (Temporary Provisions) Act 1989 (the PTA) for an initial period of up to 48 hours, which may be extended by the Secretary of State by a period or periods not exceeding five days in all<sup>28</sup>.

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<sup>25</sup> cf. section 2 of the Criminal Justice (Scotland) Act 1980.

<sup>26</sup> cf. for example, section 18 of the Criminal Procedure (Scotland) Act 1975.

<sup>27</sup> cf. section 321 (3) of the Criminal Procedure (Scotland) Act 1975 (as amended by the Bail etc. (Scotland) Act 1980).

<sup>28</sup> cf. section 14(1) of the Prevention of Terrorism (Temporary Provisions) Act 1989.



## **2. Torture and other forms of ill-treatment**

280. In the course of the visit, the delegation heard no allegations of torture of persons detained by the police in Scotland. Further, few allegations of other forms of ill-treatment by the police were heard. A small number of persons interviewed indicated that they had been roughly treated by the police at the time of their arrest and/or in the course of their transport to a police station; no allegations were heard of physical ill-treatment while being held in a police station.

**The CPT would stress the importance of senior officers delivering the clear message that no more force than is reasonably necessary should be used when effecting an arrest and transporting detained persons to a police station.**

281. The information gathered by the CPT's delegation during its visit suggests that persons detained by the police in Scotland run little risk of being physically ill-treated.

Notwithstanding this positive finding, **the CPT would like to receive the following information for 1993 and 1994:**

- **the number of complaints of ill-treatment lodged against police officers and the number of criminal/disciplinary proceedings initiated as a result of such complaints;**
- **an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by police officers.**

## **3. Conditions of detention**

282. Conditions of detention in the three Divisional Headquarters visited - where persons were frequently detained overnight pending an appearance in court and, on occasion, for several days - were on the whole in conformity with the criteria set out in paragraph 24.

In particular, the cells were of an adequate size (6 to 7 m<sup>2</sup>) for one person, and single occupation was the general rule. Further, they had satisfactory lighting and ventilation, and were equipped with mattresses, integral sanitation and a call system. The cellular accommodation was in a satisfactory state of repair and - with the exception of certain cells at the Baird Street Divisional Headquarters in Glasgow - reasonably clean. Shower facilities were available at the Baird Street and London Road Divisional Headquarters in Glasgow; it would be appropriate to provide such facilities also at the Dalkeith Divisional Headquarters.

The only significant shortcoming observed in these three establishments was the absence of any outdoor exercise facility for those held in custody for an extended period (in particular over the weekend).

283. Conditions of detention were of an inferior level at the Wester Hailes Sub-Division in Edinburgh; however, the delegation was informed that no-one would be detained at the Sub-Division overnight.

The station's two cells were of good size (10+m<sup>2</sup>). However, the absence of any windows and the low ceilings, combined with rather poor artificial light, resulted in a distinctly claustrophobic atmosphere. Further, the cell-ventilation system did not appear to be operating satisfactorily at the time of the delegation's visit.

284. A common feature of the stations visited was that the only means of rest provided was a very low platform, equipped with a mattress. While quite adequate during sleeping hours, this arrangement was not particularly well-suited to daytime custody.

**285. The CPT recommends that the conditions of detention in the police establishments visited be reviewed, in the light of the remarks made in paragraphs 282 to 284.**

#### **4. Safeguards against ill-treatment**

##### a. introduction

286. The CPT has already made clear the particular importance which it attaches to three rights for persons held in police custody (cf. paragraph 36). The exercise of those rights (notification of a close relative or third party; access to a lawyer; medical examination by a doctor of one's own choice) by persons deprived of their liberty by the police in Scotland is governed by Scottish law.

##### b. notification of custody

287. The right of a detained or arrested person to have a friend or relative informed of the fact and place of his detention is set out in section 3 of the Criminal Justice (Scotland) Act 1980, which provides that such notification may be sent to a person "reasonably named" by the person in custody. Section 3 (1) provides that notification should take place "without delay or, where some delay is necessary in the interest of the investigation or the prevention of crime or the apprehension of offenders, with no more delay than is so necessary". Where the detained or arrested person is a child, notification should, in all cases, be sent "without delay" (section 3(3)).

As in England and Wales, notification of a friend or relative of the fact that a person has been detained or arrested in connection with terrorism may be delayed for up to 48 hours, on the authority of a police officer of at least the rank of superintendent. Such delays may be authorised on the ground that, "it is in the interests of the investigation or prevention of crime, or of the apprehension, prosecution or conviction of offenders".<sup>29</sup>

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<sup>29</sup> cf. section 3C(3) of the Criminal Justice (Scotland) Act 1980.

288. The CPT fully recognises that the exercise of the right of notification of custody may have to be made subject to certain exceptions, designed to protect the interests of justice; however, any such exceptions should be clearly defined, accompanied by appropriate safeguards and strictly limited in time.

**In this context, the CPT would like to receive clarification of the concept of a person reasonably named by a detained or arrested person, together with details of the maximum length of time for which notification of a person reasonably named may be delayed. It would also like to receive information on the precise procedure followed when it is considered necessary to delay the exercise of the right of notification of custody (are the precise reasons for delay recorded in writing?, is the authorisation of a senior officer required? etc.).**

**The CPT would add that the grounds upon which notification of custody can be delayed under the Criminal Justice (Scotland) Act 1980 might usefully be defined more closely.**

289. Finally, the Committee would like to receive information on the percentage of cases in 1994 in which use has been made of the power to delay the exercise of the right to have a person notified of the fact of custody, drawing a distinction between cases of detention/arrest under the Criminal Justice (Scotland) Act and cases under the P.T.A.

c. access to a lawyer

290. Scottish law draws a distinction between detained and arrested persons as regards the right of access to a lawyer.

In principle, persons detained under section 2 of the Criminal Justice (Scotland) Act 1980 have the right to have the fact and place of their detention notified to a solicitor without delay. However, section 3(1) of that Act provides that notification of a solicitor may be delayed in the interests of the investigation, the prevention of crime or the apprehension of offenders. As is the case for delays in notifying third parties, this facility is subject to the caveat that the delay should be no longer than is "necessary". A person arrested on ordinary criminal charges is entitled, immediately on arrest, to have a solicitor notified that his or her professional assistance is required and to have a private interview with such a solicitor before being brought to court<sup>30</sup>.

The delegation was told that, in the absence of an express legal provision to that effect, it was not usual for persons detained under section 2 of the Criminal Justice (Scotland) Act to be permitted to speak with a lawyer. As regards the right of arrested persons to have a private interview with a lawyer before their first court appearance, it appeared that normally this right could be exercised once the person concerned had been charged with an offence; however, there was no legal obligation to permit such an interview until such time as the person was due to be taken to court.

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<sup>30</sup> cf. sections 19 and 305 of the Criminal Procedure (Scotland) Act 1975, as amended by the Criminal Justice (Scotland) Act 1980, Schedule 7.

The exercise of the right to have access to a lawyer by a person detained or arrested in connection with terrorism may be delayed for the same time (up to 48 hours) and on the same ground as in respect of the exercise of the right to notify a friend or relative (cf. paragraph 287).

291. In this connection, the CPT wishes to stress that the period immediately following deprivation of liberty is when the risk of intimidation and ill-treatment is greatest. It therefore considers it essential that persons in police custody should be entitled to have access to a lawyer from the very outset of their custody.

**The CPT recommends that all persons taken into police custody be entitled to have access to a lawyer from the very outset of their custody. This right should include the right to contact the lawyer and to be visited by him (in both cases under conditions guaranteeing the confidentiality of their discussions) and, in principle, the right of the person concerned to have the lawyer present during interrogation.**

292. The CPT recognises that, in order to protect the interests of justice, it may be necessary in certain circumstances to delay access to a particular lawyer chosen by the detainee. However, this should not result in the right of access to a lawyer being totally denied during the period in question. In such cases, access to another independent lawyer who can be trusted not to jeopardise the legitimate interests of the police investigation should, as far as possible, be arranged.

**The CPT therefore recommends that a person in police custody have a right of access to another lawyer, when access to a specific solicitor is delayed.**

293. Finally, the Committee would like to receive information on the percentage of cases in 1994 in which notification of a solicitor has been delayed, drawing a distinction between cases of detention under the Criminal Justice (Scotland) Act and cases under the P.T.A.

d. medical examination of persons in police custody

294. There would appear to be no legal provisions dealing with the question of the medical examination of persons in police custody. In practice, if a person in police custody requested, or evidently required, a medical examination, a police surgeon would be called.

295. **The CPT recommends that specific legal provisions be adopted on the subject of the right of persons in police custody to have access to a doctor. Those provisions should stipulate inter alia:**

- **that a person taken into police custody has the right to be examined, if he so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police authorities;**
- **that all medical examinations of persons in custody are to be conducted out of the hearing and - unless the doctor concerned requests otherwise - out of the sight of police officers;**
- **that the results of every examination, as well as any relevant statements by the person in custody and the doctor's conclusions, are to be recorded in writing by the doctor and made available to the person in custody and his lawyer.**

e. information on rights

296. The CPT has already stressed the importance which it attaches to people detained by the police being expressly informed without delay of all their rights, including those referred to in paragraph 36 (see paragraph 43). Police officers informed the delegation that such information was provided orally, but not in written form.

In order to ensure that full information on rights is provided, **the CPT recommends that a form setting out those rights be given systematically to persons taken into custody by the police, at the outset of their custody. The form should be available in different languages and the person concerned should certify that he has been informed of his rights.**

f. conduct of police interviews

297. As already indicated, the police may detain for up to six hours persons in respect of whom there is a reasonable suspicion that they have committed a criminal offence. Further, the CPT's delegation was informed that it was not unusual for someone who had been arrested and charged to continue to be questioned on other matters. Moreover, the CPT understands that continued questioning in relation to the alleged offence which is the subject of the charge is also possible.

298. The art of conducting interrogations will no doubt always be based, in large measure, on experience. Nevertheless, in the CPT's view it is essential for there to be a formal code of conduct for interrogations containing a clear prohibition of recourse to any form of ill-treatment and setting out in detail the procedure to be followed on a number of specific points. The existence of such a code can, inter alia, serve to underpin the lessons taught during police training.

299. **The CPT therefore recommends that a code of practice on interrogations be drawn up for the Scottish police.** The code should deal inter alia with the following; the systematic informing of the person in custody of the identity (name and/or number) of those present at the interrogation; the permissible length of an interrogation; rest periods between interrogations and breaks during an interrogation; places in which interrogations may take place; whether the person in custody may be required to remain standing while being questioned; the questioning of persons who are under the influence of drugs, alcohol, medicine, or who are in a state of shock. It should also be required that a record be systematically kept of the time at which interrogations start and end, of the persons present during each interrogation and of any request made by the person in custody during interrogation.

The position of specially vulnerable persons (for example, the young, those who are mentally disabled or mentally ill) should be the subject of specific safeguards.

300. The CPT considers that the electronic recording of police interrogations represents an important safeguard for persons in custody, as well as offering advantages for the police. In particular, it can provide a complete and authentic record of the interview process, thereby greatly facilitating the investigation of allegations of ill-treatment and the correct attribution of blame.

The CPT's delegation was informed by police officers that all interviews conducted by CID officers were tape-recorded. **The Committee would like to receive confirmation on this point and to be informed of any planned developments in the area of the electronic recording of police interviews.**

g. complaints procedures

301. The existence of an independent mechanism for examining complaints about treatment whilst in police custody is another essential safeguard against ill-treatment.

The CPT's delegation did not have an opportunity to examine closely the operation of the police complaints procedure in Scotland. **It would therefore be grateful if it could receive information on this subject, including full details of the guarantees ensuring the independence and impartiality of the police complaints procedure.**

## **B. Prisons**

### **1. Introduction**

302. The CPT's delegation visited two prisons in Scotland - Barlinnie Prison in Glasgow and Peterhead Prison in Aberdeenshire. The delegation did not carry out a full visit to Barlinnie Prison - the principal purpose of going to the establishment being to speak to prisoners about their treatment by the police. Nonetheless, this report contains a number of remarks about conditions of detention in certain areas of Barlinnie Prison.

303. Prisons in Scotland are the responsibility of the Scottish Prison Service, which is entirely distinct from Her Majesty's Prison Service in England and Wales. The Service operates as an "executive agency", forming part of the Scottish Office Home and Health Department.

The legal framework which applied to prisons in Scotland was in a state of transition at the time of the visit. Having acquired "agency status" on 1 April 1993, the Scottish Prison Service was working towards the implementation of a new set of Prison Rules<sup>31</sup> to replace the 1952 Prison Rules,<sup>32</sup> which were widely regarded as having become obsolete. As a result, some practices in the prisons visited had already been brought into accordance with the draft version of the new Rules, although the 1952 Rules remained in force. The new Rules were subsequently laid before Parliament on 19 July 1994 and will enter into force, in stages, between 1 October 1994 and 1 January 1995.

304. It should also be noted that Scottish law places strict limits on the length of time which an accused person may spend on remand. Section 101(2) of the Criminal Procedure (Scotland) Act 1975 provides that a person must be brought to trial within 110 days, "which failing he shall be liberated forthwith and thereafter he shall be for ever free from all question or process for that offence". Although a prosecutor may apply to the Court for an extension of that limit, such extensions are granted only if the judge is satisfied that the delay in the commencement of the trial "is not attributable to any fault on the part of the prosecutor" (section 101(4)(c) of the 1975 Act). As a result of the operation of these provisions (and by contrast with the situation in England and Wales), the average time spent on remand in Scotland is comparatively short.

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<sup>31</sup> The Prisons and Young Offenders Institutions (Scotland) Rules 1994, S.I. 1994/1931 (S.85) (London: HMSO, 1994).

<sup>32</sup> The Prisons (Scotland) Rules 1952, S.I. 1965/195, as amended.

## 2. Torture and other forms of ill-treatment

305. In the course of its visit to Scotland, the delegation heard certain allegations about incidents of severe ill-treatment of prisoners by prison staff. In two instances, the allegations were supported by medical evidence of a compelling nature.

306. At Barlinnie Prison, the delegation heard allegations about the ill-treatment of two prisoners in the context of their transfer to that establishment's segregation unit from other prisons.

In the first case, following a riot at Shotts Prison, a prisoner was transferred to Barlinnie by prison staff from **Shotts**, on 9 July 1993. According to records seen by the delegation, the prisoner alleged that, during the journey in a prison van, he was kicked and punched by prison officers whilst handcuffed. He alleged that the officers involved had inflicted this treatment upon him in an attempt to elicit information about the stabbing of a prison officer at Shotts.

The "medical report on transfer of prisoner" (form no. 149) which was completed when the prisoner left Shotts showed no injuries; however, when examined by a doctor after his arrival at Barlinnie he displayed injuries including: a haematoma of the pinna of the ear; a displaced nasal septum and extensive bruising to the face and body. These injuries, some of which were clearly visible in photographs of the prisoner seen by the delegation's doctor, are consistent with the prisoner's allegations of ill-treatment.

The second case concerned one of a group of prisoners who were transferred to Barlinnie on 5 January 1994, following a riot at Glenochil Prison. The prisoner concerned alleged that, both whilst handcuffed during transfer in a prison van and after arrival in a cell in the segregation unit, he was beaten by prison officers from **Barlinnie Prison**.

When examined by a doctor at Barlinnie Prison on the evening of the same day, he displayed injuries including: bruising around the right eye and abrasions to his back, both shoulders, chest and abdomen. On the following morning, the inmate was seen by another three doctors (including a Consultant Radiologist), at which time an X-ray revealed that he had sustained a 75% collapse of the left lung and a fracture of the left 7th rib. These latter injuries necessitated his transfer to a general hospital. After his return to Barlinnie three days later, he spent a further three months in the prison's hospital. The injuries described above are consistent with the prisoner's allegations of ill-treatment.

307. Reference should also be made to allegations heard about the ill-treatment of a prisoner in **G Hall at Peterhead Prison**. Several prisoners who had been, or were being, held in G Hall alleged that, on 5 April 1994, an inmate was assaulted by staff wearing control and restraint equipment. Records seen by the CPT's delegation indicate that, following an incident in which the prisoner allegedly threatened staff, he was restrained in his cell by four prison officers wearing body armour and protective helmets. Whilst restrained he was examined by a nursing officer, who noted that there was "a swelling at the right side of the prisoner's right eye" and "a minor cut to the inside of his mouth". It should also be mentioned that, although the prisoner concerned asked to see a doctor, the nurse officer (a prison officer with nursing training) noted that his injuries "were not severe enough to warrant calling a doctor" and the prisoner did not see a doctor until the following day.



The incident in question was apparently recorded on video tape in the prison's operations room; however, the delegation was informed that, by 20 April 1994 (i.e. two weeks after the incident), the video tape had already been re-used and no longer recorded images of the events in question. No copy of the tape had been kept.

308. The delegation was told that internal and police investigations were underway into all three of the cases described above. **The CPT wishes to receive a full account of the findings of those investigations, and details of any disciplinary and/or criminal proceedings which may subsequently have been initiated.**

309. It should be emphasised that the evidence gathered during the visit to Scotland does not indicate that there is a generalised problem of ill-treatment of prisoners by prison staff. The number of allegations of ill-treatment heard remained very small; further, prison staff-inmate relations in the two prisons visited appeared on the whole to be satisfactory. However, it would seem that prisoners considered to be violent and/or disruptive may on occasion be the victims of ill-treatment, especially in the aftermath of a major incident.

After serious acts of violence by prisoners, in particular those in which prison officers are injured, there will inevitably be a great temptation to exact summary retribution. However, the ability to resist that temptation is precisely one of the hallmarks of a properly-trained and professional prison officer.

**The CPT recommends that the relevant authorities deliver the clear message that the ill-treatment of prisoners is not acceptable under any circumstances and will be dealt with severely.**

310. The Committee would add that it recognises that prison staff will on occasion have to use force to control violent prisoners and, exceptionally, may even need to resort to instruments of physical restraint. These are clearly high risk situations insofar as the possible ill-treatment of prisoners is concerned, and as such call for specific safeguards.

A prisoner against whom any means of force have been used should have the right to be immediately examined and, if necessary, treated by a medical doctor. This examination should be conducted out of the hearing and preferably out of the sight of non-medical staff, and the results of the examination (including any relevant statements by the prisoner and the doctor's conclusions) should be recorded in writing and made available to the prisoner and his lawyer. In those rare cases when resort to instruments of physical restraint is required, the prisoner concerned should be kept under constant and adequate supervision. Further, instruments of restraint should be removed at the earliest possible opportunity; they should never be applied, or their application prolonged, as a punishment. Finally, a record should be kept of every instance of the use of force against prisoners.

The Committee has noted, in this respect, that rules 83 and 84 of the 1994 Prison Rules contain provisions on the safeguards to be applied when a prisoner is placed in a body belt, but that these would appear not to apply to the use of force in a more general sense. **The CPT recommends that steps be taken to ensure that the safeguards identified in this paragraph are available to all prisoners against whom any means of force (including control and restraint techniques) have been used.**

311. Finally, **the Committee would like to receive the following information for 1993 and 1994:**

- **the number of complaints of ill-treatment lodged against prison officers and the number of criminal/disciplinary proceedings initiated as a result of such complaints;**
- **an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by prison officers.**

**Further, the CPT would like to receive regularly updated information on this subject.**

### **3. Peterhead Prison**

#### a. introduction

312. Peterhead Prison is located in a small fishing town in a remote area of the North East of Scotland. The main prison buildings date from 1888, when the establishment was opened as a "convict prison". Over the following one hundred years, the prison was used to accommodate some of the most disruptive and dangerous prisoners within the Scottish prison system, acquiring in the process the unenviable reputation of being the "toughest" prison in Scotland.

A major policy change in 1988 led to the dispersal of disruptive and dangerous prisoners to smaller units in other Scottish prisons and Peterhead took on a new role as a specialist centre for vulnerable prisoners (of whom the majority are sex offenders). Three small units within the prison retain a residual function of holding prisoners considered to be disruptive and/or dangerous.

313. The prison had an official capacity of 208 - for 198 vulnerable prisoners held in single cells (in B, C and D Halls) and 10 single cells (the so-called "10 cell unit" in E Hall) for prisoners considered to be disruptive or dangerous. A further 12 "separate" (solitary confinement) cells were located in the punishment block (G Hall), and 1 prisoner lived in a "category A unit", located above the prison's hospital. Hall A was empty at the time of the visit - it provided "contingency space" of 60 places, should emergency accommodation be required by other establishments. The prison was accommodating 207 convicted prisoners on the first day of the delegation's visit.

b. vulnerable prisoner Halls

314. Material conditions of detention in B, C and D Halls could be described as reasonably good. The cells varied in size between approximately 6 and 7m<sup>2</sup> and were appropriately furnished (bed, table and chair). The cells did not have integral sanitation, but were equipped with portable chemical lavatories, which appeared to function satisfactorily. Prisoners made no complaints to the delegation about these facilities. Artificial light was adequate in all of the cells; however, natural light was rather poor in some cells, notably on the ground floor (level 1) in D Hall, where the windows were particularly small.

It appeared to be difficult to regulate the establishment's heating system, with the result that, at least when visited in May, the cells were overheated. The effects upon prisoners of this shortcoming were exacerbated by the fact that there was no effective system of ventilation. The delegation observed that, in many cells, one of the small panes of glass had been replaced with a square of plywood fitted with a handle. This could be removed by prisoners in order to allow some fresh air to enter the cells, but was an entirely unsatisfactory substitute for a proper ventilation system.

**The CPT recommends that steps be taken to address these problems and, in this respect, would like to be informed of any plans to carry out more extensive renovation work in the establishment, including the installation of integral sanitation.**

315. Regime activities in B, C and D Halls were linked to the establishment's aspiration to become "a centre of excellence in the provision of intervention programmes designed to break the patterns of offending behaviour exhibited by sex offenders..."<sup>33</sup>. Having passed through the induction unit (in an annex to B Hall), prisoners were assigned a personal officer and encouraged to participate in sentence planning exercises.

In B and D Halls, use was made of the standard Scottish Prison Service sentence planning materials (including a personal development file, designed to focus attention on areas of life which the inmate found problematic). In C Hall, prisoners who had been convicted of sex offences participated in a specialist intervention scheme (the "STOP" programme), which was designed to give them the opportunity to address their offending behaviour.

316. In all of the above-mentioned halls prisoners were out of their cells for 14 hours a day, including one hour of outdoor exercise and evening association until 9.30pm. There were **employment opportunities** in a variety of workshops (rope-making, tailoring and woodwork) and in general services; a total of 164 places being available.

Around 100 prisoners took part in **educational programmes**, ranging from adult basic education to Open University standard. Prisoners were also encouraged to participate in "life skills" classes and, in some cases (e.g. a course in Gaelic), to participate in teaching other prisoners.

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<sup>33</sup> cf. the "Mission Statement" of Peterhead Prison.

The **sports facilities** for vulnerable prisoners were more than adequate - a large gymnasium fitted with a modern cushioned surface and a multi-gym, including free - and wire-weights and bench press equipment.

In short, the regime offered to prisoners in B, C and D Halls appeared to encompass a varied and potentially challenging range of activities.

c. small units for prisoners considered to be violent or disruptive

i. *introductory remarks*

317. At Peterhead Prison, G and E Halls, together with a "category A unit", made up a "small units group" used to hold prisoners considered to be violent or disruptive. The units were staffed by a distinct group of prison officers who worked in each of the units on a rota basis.

In 1993, the functions of G and E Halls were redefined by a Scottish Prison Service Circular (79/1993). As from 1 November 1993, those two halls have provided a facility to which other prisons in Scotland may transfer a prisoner considered to be **violent** ("a prisoner who has a proven record of violence and for whom no other option for his management remains") or **disruptive** ("a prisoner who is considered to pose a serious threat to the management or stability of a prison through subversion and/or disruption and is substantiated by a record of appropriate intelligence and information").

In principle, prisoners considered to be violent are initially placed in G Hall for an assessment period of at least two weeks, following which small units group prison officers may recommend their transfer to E Hall (or to another Scottish prison). Prisoners considered to be disruptive can be placed directly in E Hall for assessment over an initial two week period and, thereafter, at monthly intervals.

ii. *G Hall ("the separate" cells)*

318. G Hall contained 12 cells - 10 for prisoner accommodation and 2 "strong cells", in which prisoners who became violent or disturbed might be placed. There was another self-contained "silent" cell, located in an adjacent building. Four prisoners were being held in G Hall at the time of the visit.

319. Material conditions of detention in G Hall were spartan in the extreme. The prisoner accommodation cells measured 8.5m<sup>2</sup> and contained a metal bed bolted to a low concrete plinth. The only other furniture was a cardboard table and chair. The cells were in a rather dilapidated condition and were not equipped with integral sanitation (a slopping out bucket being provided). Artificial lighting was reasonable but the windows of the five cells on the lower landing had been fitted with metal grilles which rendered natural light very limited. Two cells (numbers 7 on both the lower and upper landings) had broken windows and the walls of one of those cells were smeared with the vestiges of a recent "dirty protest".

The "strong cells" were fitted with double doors and contained the same equipment, apart from the bed - which was replaced by a mattress placed directly on the low concrete plinth. The artificial lighting was poorer in these cells - a metal grille having been fixed over the cover of the light.

320. The so-called "silent cell" was located in an outhouse adjacent to G Hall. The delegation was told that it had not been in use for over two years. The cell itself measured just over 7m<sup>2</sup> and contained only a concrete plinth bed. There was no window; a minimal amount of natural light filtered through a small grilled skylight. The cell had been constructed within a slightly larger cell-like structure, which formed a three-sided inspection gallery. In short, the cell provided very oppressive conditions of detention.

The Committee has noted that, in his report on a visit to Peterhead Prison in November 1991, Her Majesty's Chief Inspector of Prisons for Scotland recommended that this cell should be closed down. Although the CPT has no reason to believe that the cell has been used in recent times, **it recommends that material measures be taken to remove it from service on a permanent basis.**

321. The regime in G Hall was designed to be very restrictive, amounting to all intents and purposes to solitary confinement. Prisoners were offered two half hour periods of exercise per day in concrete "pens" (the term used by the prison staff) with mesh roofs, outside the hall. The delegation was told by the Senior Officer in charge of the small units group that the regime had recently been made more restrictive by providing that exercise was to be taken alone. The only other out-of-cell time was for slopping out, bathing and (pre-booked) use of a telephone. Taken together, these activities amounted to a maximum of 2 hours per day.

Certain of the inmates held in G Hall refused to exercise in the outdoor pens and hence spent more than 23 hours a day in their cells; their only out-of-cell activities were slopping out (when they were not engaged in "dirty protests", in which case they smeared the contents of their slopping out buckets on the walls of their cells) and use of the telephone.

322. Section 4.2 of the aforementioned Circular 79/1993 provides that, on admission, "and while staff are of the opinion that the prisoner poses an immediate threat to their safety, staff will be entitled to use protective clothing and/or such control and restraint procedures as are compatible with the prevention of injury to staff or prisoner". In this respect, the CPT's delegation learned that, until shortly before its visit, the small units group staff in G Hall had been wearing protective clothing in all day-to-day contacts with every prisoner held there.

At the time of the visit, such equipment was still being worn by staff in their contacts with one of the four prisoners in G Hall. The delegation observed the prisoner in question being served lunch in his cell by three prison officers wearing riot gear - including helmets with full face visors. The officers in question, with the backing of the local branch of the Scottish Prison Officers Association, stated that they would much prefer to wear this equipment during their dealings with all prisoners in G Hall and could not guarantee that they would not revert to doing so after the delegation's visit.

323. Inmates had been placed in the conditions described above for lengthy periods of time. Of the prisoners who were being held in G Hall at the time of the visit, one had been there for two years and another for over a year. All of the prisoners seen in E Hall had previously been held in G Hall - one for twenty months and others for periods of between six and eight months.

In this connection, the CPT would stress that all forms of solitary confinement without appropriate mental and physical stimulation are likely, in the long term, to have damaging effects, resulting in the deterioration of mental faculties and social abilities. The regime applied in G Hall did not provide such stimulation.

*iii. E Hall (the ten cell unit)*

324. E Hall was a recently constructed single-storey building, located within its own secure perimeter wall. Five prisoners were being held there at the time of the delegation's visit. Both the material conditions of detention and the regime in E Hall provided a striking contrast to those observed in G Hall.

325. Material conditions of detention in the ten cells could be described as good. The cells were of an adequate size (7m<sup>2</sup>) and properly equipped, including with integral sanitation (unscreened lavatory and wash basin in cell). Natural light, artificial lighting and ventilation were satisfactory.

The unit also contained a "silent cell" of a similar design to that described in paragraph 320 above. At the time of the visit, the cell was being used as a storage area, and the delegation was told by prison staff that there were no plans to use it to hold prisoners in the future. **The Committee recommends that material measures be taken to remove the cell in question from service on a permanent basis.**

326. Circular 79/1993 provides that "the 'quality of life' within E Hall will be positioned so as to be more attractive than the Peterhead separate cells unit [G Hall], but less than mainstream prisons so as not to provide a disincentive for return". The regime offered to prisoners was based on association - out-of-cell time amounted to up to eleven hours a day during the week and up to seven hours a day at weekends. They were free to take outdoor exercise (for one hour per day) anywhere within the secure perimeter of the unit. It had been foreseen that prisoners would spend the rest of their out-of-cell time engaged in general cleaning and maintenance duties, sentence planning, group work sessions and recreational activities.

327. The CPT's delegation found that the work offered to prisoners was of a very basic nature, consisting essentially of cleaning their cells and the corridor.

As regards sentence planning and group work, the Circular provides that, "staff trained in counselling skills, will encourage the prisoner to reflect on his situation and look at ways to resolve the difficulties he is encountering with the system. This will take place in both formal and informal settings". In practice, the fact that staff and prisoners in E Hall had previously dealt with each other in G Hall presented a considerable impediment to implementing such activities. It seemed to the delegation that relations between the two groups remained characterised by mutual suspicion.

Recreational activities were also rather limited - prisoners in E Hall were not permitted to use the gymnasium in the main prison and sports facilities in the hall itself (one small room with exercise mats) were unimpressive.

*iv. the category A unit*

328. The category A unit at Peterhead had been purpose-built to house one particular prisoner, who had been held there alone since 1978.

The unit provided very good material conditions of detention - an attractively furnished cell, separate lavatory and bathroom and well-equipped work room. The activities offered in the unit included computing, video editing and the manufacture of highly individual soft toys.

The prisoner was released from his cell for eleven hours per day, during which time he was allowed to move freely within the confines of the unit. He did not associate with other prisoners - his only human contact being with the small units group prison officers who worked there. He chose not to take outdoor exercise, telling the delegation that he had been outside on only three occasions since 1979. He had no complaints about his treatment -indeed he had no wish to serve his sentence anywhere other than in his present location.

v. *assessment of the small units for prisoners considered to be violent or disruptive*

329. In every country there will be a certain number of so-called "dangerous" prisoners (a notion which covers a variety of individuals) in respect of whom special conditions of custody are required. This group of prisoners will (or at least should, if the classification system is operating satisfactorily) represent a very small proportion of the overall prison population - this was indeed the case in Scotland. However, it is a group which is of particular concern to the CPT, in view of the need to take exceptional measures concerning such prisoners, which brings with it a greater risk of inhuman treatment than is the case with the average prisoner.

330. The CPT considers that prisoners who are thought to present a particularly high risk should, within the confines of their special unit, enjoy a relatively relaxed regime (able to mix freely with the small number of fellow prisoners in the unit; allowed to move without restriction within what is likely - as in G and E Halls at Peterhead Prison - to be a relatively small physical space; granted a good deal of choice about activities, etc.) by way of compensation for their severe custodial situation.

Special efforts should be made to develop a good internal atmosphere within such units. The aim should be to build positive relations between staff and prisoners. This is in the interests not only of the humane treatment of the unit's occupants but also of the maintenance of effective control and security and of staff safety. Success in this area requires that the staff assigned to work in such units be very carefully chosen. They should be appropriately trained, possess highly developed communication skills and have a genuine commitment to the exercise of their skills in a more than usually challenging environment.

The existence of a satisfactory programme of activities is just as important - if not more so - in a special unit than on normal location. It can do much to counter the deleterious effects upon a prisoner's personality of living in the bubble-like atmosphere of such a unit. The activities provided should be as diverse as possible (education, sport, work of vocational value, etc.) As regards, in particular, work activities, it is clear that security considerations may preclude many types of work activities which are found on normal prison location. Nevertheless, this should not mean that only work of a tedious nature is provided for prisoners. In this respect, reference might be made to the suggestions set out in paragraph 87 of the Explanatory Memorandum to Recommendation (No. R(82)17) on the custody and treatment of dangerous prisoners, adopted by the Committee of Ministers of the Council of Europe on 24 September 1982.

331. It is quite clear that the situations encountered in G and E Halls at Peterhead Prison do not meet the criteria set out above.



Prisoners in G Hall were held in what amounted to solitary confinement for very long periods of time, under miserable material conditions of detention and with no purposeful activities. Such a situation could in itself be described as inhuman. Moreover, their relations with staff could hardly have been worse. In this respect, the CPT wishes to stress that it is quite unacceptable for riot gear to be worn by prison staff in their day-to-day contacts with prisoners. That practice certainly served to foster confrontational attitudes on the part of both staff and prisoners.

As regards E Hall, although the material conditions of detention were acceptable, the regime applied in practice still left a lot to be desired. The CPT would add, in this connection, that it is quite unrealistic to expect staff who have been used to viewing inmates through the visor of a helmet to readily adapt to working with the same prisoners in an open and associative regime.

332. The single occupant of the category A unit had good material conditions and could engage in interesting activities; he appeared to be genuinely content with his custodial situation. Nevertheless, **the CPT invites the Scottish authorities to endeavour to provide the prisoner concerned with an enhanced range of appropriate human contact.**

333. The CPT has noted that Circular 79/1993 provides that the operation of G and E Halls will be reviewed as from November 1994<sup>34</sup>. In this connection, **the Committee recommends that:**

- **urgent measures be taken to bring the regimes in G and E Halls at Peterhead Prison into conformity with the criteria set out in paragraph 330;**
- **the practice of prison staff wearing riot gear in all day-to-day contacts with certain prisoners be discontinued.**

**The Committee also recommends that steps be taken to remedy the defects in the material conditions of detention in G hall, as identified in paragraph 319.**

334. More generally, **the CPT recommends that the Scottish Prison Service take full account of the remarks in paragraph 330 when developing its policy for the management of prisoners considered to be violent or disruptive.**

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<sup>34</sup> cf. paragraph 8.1 of Circular 79/1993.

vi. *administrative safeguards*

335. It is axiomatic that a prisoner should not be held in a unit for violent or disruptive prisoners any longer than the risk which he presents makes necessary. This calls for regular reviews of the placement decision. Further, prisoners should as far as possible be kept fully informed of the reasons for their placement and, if necessary, its renewal; this will inter alia enable them to make effective use of avenues for challenging the measure.

**The CPT recommends:**

- **that a prisoner who is placed in a unit for violent or disruptive prisoners or whose placement is renewed be informed in writing of the reasons for that measure (it being understood that those reasons need not include facts which it would be reasonable to withhold from a prisoner on security grounds);**
- **that a prisoner in respect of whom such a measure is envisaged be given an opportunity to express his views on the matter to the deciding authority;**
- **that the placement of a prisoner in a unit for violent or disruptive prisoners be fully reviewed at least every three months, where appropriate, on the basis of a medico-social opinion.**

**The CPT would also like to be informed of the avenues open to a prisoner for the purposes of appealing against a decision to place him in a unit for violent or disruptive prisoners or to renew his placement.**

d. *health care services*

336. The health care staff at Peterhead Prison consisted of one doctor (a general practitioner with an outside practice), who held consultations at the prison on three days per week. In addition, a general practitioner was on call on a 24 hour basis. The doctor was supported by a team of prison officers, all of whom were registered nurses. There were 4 nurse officers, 2 senior nurse officers and 1 principal nurse officer, who worked in shifts between 6.30 am and 9.45 pm.

This level of staffing could be considered adequate, given the number and low turnover of prisoners in the establishment; however, **it would be desirable for a person with a recognised nursing qualification to be present in the prison at night. Further, someone competent to provide first aid should always be present in the prison.**

337. The health care facilities were clean and in good order. They included a 6 bed hospital, which operated as a "convalescent unit" for post-operative prisoners, both from Peterhead itself and from Aberdeen and Inverness Prisons. Patients were accommodated in appropriately-furnished single rooms which measured around 8m<sup>2</sup>, and were allowed to associate with each other for up to 14 hours per day.

338. The delegation gained a favourable impression of the quality of the health care services which were delivered to inmates at Peterhead. The doctor stated that he saw no distinction between his patients in the prison and those outside - an attitude which was clearly discernable during his consultations with inmates. The delegation was also impressed by the emphasis placed on preventive health care - including through the opening of a "well person" clinic, which, inter alia, offered advice on stopping smoking, controlling high blood pressure and lowering cholesterol levels.

A number of specialist services were available to prisoners - a dentist attended the establishment once a week and an optician once every six weeks. Inmates who required other specialist services could be transferred to general hospitals in the Aberdeen area.

339. As regards psychiatric and psychological support, one psychiatrist attended the prison for two half-day sessions per week. A post for a second psychiatrist was vacant at the time of the visit, as was the post of psychologist. **The CPT trusts that both posts will be filled as soon as possible.**

340. More generally, the Committee has taken note with interest of the recent Review of Medical and Nursing Services in Scottish Prisons<sup>35</sup>. The Review recommends, inter alia, that there should be closer collaboration between the Scottish Prison Service and the National Health Service, in order to "provide prisoners with nursing standards equitable to those delivered to the general population" (paragraph 8.31 of the Review). The Review also recommends that nursing functions should be completely disengaged from discipline duties (paragraph 9.12) and that a training strategy for Scottish Prison Service nurses should be developed, with the aim of ensuring that nursing care is "routinely delivered by practitioners possessing accredited skills and knowledge" (paragraph 9.61).

**The CPT welcomes these recommendations and trusts that steps will be taken to implement them throughout the Scottish Prison Service.**

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<sup>35</sup> Medical and Nursing Services in Scottish Prisons (Edinburgh: HMSO, 1993).

#### **4. Barlinnie Prison**

##### a. introduction

341. Barlinnie is Scotland's largest prison. Built in 1882, it consists essentially of a row of five separate wings (Halls). Whereas the establishment's CNA stands at 825, it was accommodating 1128 prisoners at the time of the visit, of whom 353 were on remand.

As already indicated, the primary purpose of the visit to Barlinnie was to interview persons who had recently been in police custody. Consequently, the delegation focused its attention on C Hall, which accommodated the bulk of the remand prisoners. However, the delegation also visited the segregation unit, and conditions in the prison's reception unit were examined briefly.

342. Reference has already been made to a prisoner being held in the segregation unit, who alleged that he had been severely ill-treated by prison staff at Barlinnie immediately after his arrival at the establishment (cf. paragraph 306). This incident apart, the CPT's delegation did not hear any allegations of ill-treatment of prisoners by staff at Barlinnie.

Day to day dealings between prisoners and staff in C Hall appeared to be relatively relaxed, despite poor conditions of detention which did not facilitate the maintenance of positive relations. As for the segregation unit, contacts between inmates and staff were so restricted that the issue of interpersonal relations scarcely arose.

##### b. C Hall

343. Conditions of detention in C Hall were quite unsatisfactory. The vices of overcrowding, inadequate lavatory facilities and poor regime activities were all to be found there; in addition, many of the cells were in a poor state of repair. As the CPT has already had occasion to make clear in the past, to subject prisoners to such a combination of negative elements amounts, in its view, to inhuman and degrading treatment.

344. The cells measured approximately 8 m<sup>2</sup>; they were of an acceptable size for one person but represented cramped accommodation for two. However, most of the 288 prisoners in C Hall at the time of the delegation's visit were being held two to a cell. No prisoners were being held three to a cell, though the delegation was told that such a rate of occupancy had occurred in the past.

345. The cells were not equipped with integral sanitation. Access to a lavatory was usually possible during the day; prisoners said that most - albeit not all - prison officers would accede to a request to be released from the cell for this purpose.

However, as from lock-up time until early morning, prisoners had to satisfy the needs of nature in their cells. The chamber pots seen by the delegation were very small and clearly would be inconvenient to use. Further, it was noted that in some cells there was only one chamber pot for two prisoners. The delegation also observed that many prisoners had opted for plastic tanks rather than chamber pots. The tanks were used to collect urine; anything else would be packaged and removed from the cell via the window.

The delegation was told that portable chemical toilets were available on demand, but apparently that they had not proved popular with inmates in C Hall.

346. The amount of out-of-cell time was the source of some controversy. Staff stated that prisoners spent some four to five hours out of their cells each day. However, many prisoners strongly denied that this was the case, stating that in-cell time was often 23 hours a day. As far as the delegation could ascertain, the truth was to be found somewhere between these two positions; average out-of-cell time would probably be approximately three hours a day, including slopping-out periods.

347. C Hall's exercise yard was of a fair size and prisoners were allowed 1 hour of exercise per day. However, the yard was not marked out for sports, nor were there any means of rest.

As for organised activities, they consisted essentially of a 1½ hour recreation/association period every week day, for two weeks out of every three, in a facility shared with D Hall, and the viewing of a film once a week. Remand prisoners could also request access to the gymnasium. Remand prisoners were not offered work, and there were no organised educational activities for them.

348. Officials of the Scottish Prison Service informed the delegation that prison design capacity in Scotland broadly matched the prison population, but added that the design capacity was based on two to a cell in some remand prisons.

In this regard, the CPT must stress that cells of the kind seen in C Hall at Barlinnie Prison represent cramped accommodation for two prisoners and are totally inadequate for three; this would remain the case even if out-of-cell time were improved. **The CPT recommends that:**

- **steps be taken to ensure that prisoners are never held three to a cell in C Hall at Barlinnie Prison;**
- **serious efforts be made to reduce the occupancy level in C Hall to one prisoner per cell.**

349. Apparently, more than half of the prisoners in the Scottish prison system no longer have to "slop-out" (cf. the United Kingdom's follow-up report: CPT/Inf (93) 9, paragraph 63), and the CPT's delegation was informed by the Scottish Prison Service that it should be possible to introduce integral sanitation in all prison cells by 1999. The Committee had hoped that this could have been achieved by an earlier date.

**The CPT recommends that the provision of integral sanitation in cells in Scottish Prisons (or other means of ready access at all times to a lavatory) be accorded a very high priority; it would be most desirable for the current target date of 1999 for the completion of this task to be brought forward.**

**Further, the CPT wishes to reiterate the recommendation that, whenever practicable, "3 cells into 2" rather than "simple" sanitation be installed (cf. paragraph 80).**

As regards more particularly Barlinnie Prison, **the CPT would like to be informed of the present timetable for the installation of integral sanitation in the establishment's cells.**

350. Pending the installation of integral sanitation or other means of ready access to toilet facilities, **it is recommended that prison officers receive clear instructions to the effect that a request made by a prisoner during the day to be released from his cell for the purpose of using a lavatory is to be granted, unless significant security considerations dictate otherwise.**

351. The regime described in paragraphs 346 and 347 is clearly quite inadequate for persons who may spend up to four months in C Hall at Barlinnie Prison, and occasionally even longer (cf. paragraph 304). As one prison officer in C Hall confided to the delegation, "prisoners here get a raw deal".

**The CPT recommends that appropriate steps be taken to improve significantly the regime activities offered to remand prisoners at Barlinnie Prison. The objective should be to ensure that those prisoners spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activity of a varied nature (work, preferably with vocational value; education; sport; recreation/association).**

c. the segregation unit

352. The segregation unit at Barlinnie Prison held prisoners who had been removed from association with other inmates for reasons of good order and discipline, under Rule 36 of the 1952 Prison Rules (now Rule 80 of the 1994 Rules). The unit also accommodated prisoners held under Rule 39 of the 1952 Rules (Rule 95 of the 1994 Rules), pending adjudication of a charge of breach of discipline. Eight prisoners were being held in the unit at the time of the visit.

In terms of the 1994 Rules, a prisoner may be removed from association on the authority of the Prison Governor (under either Rule 80 or Rule 95) for a period not exceeding 72 hours. That period may be extended by renewable periods of one month on the written authority of the Secretary of State for Scotland.

353. The unit was located in a relatively modern, single-storey building. It contained nineteen cells, each of which measured just over 8m<sup>2</sup> and was equipped with a sleeping platform with mattress and a cardboard table and chair. Natural light, artificial lighting and ventilation were satisfactory.

The in-cell lavatories which had been fitted when the unit first opened had subsequently been removed, apparently because they had frequently been damaged by inmates. The delegation was told that staff would usually accede to prisoners' requests to be released from their cells to use a lavatory during the day, but that, at night, they were obliged to make use of buckets.

**The CPT invites the Scottish authorities to consider re-equipping the cells with integral sanitation.**

354. The unit also contained a so-called "silent cell" of similar dimensions, which was furnished with only a sleeping platform. Light (both natural and artificial) and ventilation appeared to be adequate. The material conditions of detention in the cell, although rather spartan, were not unacceptable for short periods of time.

The delegation was told that the silent cell was used for disciplinary purposes and that a Governor's Order provided that prisoners should not be placed there for more than six hours at a time. However, it was not possible to verify either the frequency with which the cell was used, or the length of time for which persons were held there, because no register was kept of such placements.

**The CPT recommends that all placements in the "silent cell" in the segregation unit at Barlinnie Prison, whether for disciplinary or other reasons, be recorded in a special register.**

355. Prisoners were offered two periods of half an hour exercise every day. The delegation was told that, when the unit was full, one of those two periods would be taken indoors (in a room equipped with an exercise bicycle) and the other in an outdoor exercise yard. The yard in question was a metal cage of limited size which contained no means of rest or shelter. It was a depressing facility.

Exercise apart, prisoners left their cells only to slop out, shower (every second day), receive visits (two periods of half an hour per month) or use the telephone. In-cell activities were limited to reading and/or listening to the radio. Staff in the unit indicated that prisoners were allowed to watch television from time to time, but it was not clear to the delegation how this was arranged; **the CPT would like to receive clarification of this matter.**

In short, inmates held in the segregation unit were subject to a very restrictive regime, which offered them little human contact and very few activities. The records seen by the delegation indicated that, in 1994, the majority of prisoners had been held there for periods of no more than 14 days. However, a few prisoners had spent more than 200 days in such conditions and stays of up to 200 days were not uncommon.

356. The material conditions of detention and regime in the segregation unit at Barlinnie Prison were not unacceptable for short-term placements. By contrast, it is not acceptable to the CPT that prisoners should be held under such conditions for much longer periods (in some cases, for upwards of six months).

**The CPT recommends that measures be taken to improve the regime offered to prisoners held in the segregation unit at Barlinnie Prison for lengthy periods. The regime to be developed should include increased out-of-cell time, purposeful activities of a varied nature (work, preferably with vocational value; education; sport and recreation) and appropriate human contact (including association with other prisoners held in the unit).**

**The Committee also recommends that the outdoor exercise facility be improved substantially - all prisoners held in the segregation unit should be offered at least one hour of outdoor exercise per day in an area large enough to allow them to exert themselves physically, preferably with shelter from inclement weather.**

d. the reception unit

357. A prisoner's path through the reception unit involved being held successively in three distinct sets of cubicles: in the first, immediately on arrival, in another after the visit to the surgery and, after a change of clothes, shower and the provision of food and kit, in a third. Staff told the CPT's delegation that prisoners would spend between 30 to 45 minutes in the first cubicle, up to 1 hour in the second and some 10 to 15 minutes in the third, after which they were sent to the prison cell assigned to them.



358. The cubicles were fitted with a bench, were adequately lit and the doors were fitted with a window. However, these positive features were completely outweighed by the fact that they were extremely small. Those in the first two sets measured under 1m<sup>2</sup>, and those in the third set, just over 1m<sup>2</sup>. In the CPT's opinion, a cubicle of such a size is too small for even the shortest term detention of one prisoner, let alone two - however, at the time of the visit some of the cubicles were holding two prisoners, one sitting on the bench, the second on the floor. Moreover, to subject a newly-arrived prisoner to three successive spells in cupboard-like structures of this sort is unlikely to alleviate the feelings of anxiety and/or depression that he might well be experiencing. Many must find the process extremely humiliating.

359. Staff informed the delegation that the present arrangements had been introduced in order to protect vulnerable prisoners and, more generally, because in the past there had been fights between prisoners in the former holding cells. The CPT recognises that such difficulties may arise at the reception stage. However, many other prisons have successfully overcome them without resorting to "dog boxes" (the term employed by prisoners) of the kind found in the reception unit at Barlinnie Prison.

**The CPT recommends that the above-mentioned cubicles be replaced by larger holding facilities.**

360. The CPT would hasten to add that other aspects of the reception process, including the medical screening, appeared to be quite satisfactory.

#### IV. RECAPITULATION AND CONCLUSIONS

##### A. England

###### 1. Police establishments

361. In the course of the visit, the CPT's delegation heard no allegations of torture of detainees (i.e. persons arrested) by police officers, either in the establishments visited or in other police establishments in England and Wales. Further, hardly any allegations were heard of other forms of ill-treatment of persons arrested by the police under the Police and Criminal Evidence Act 1984 or the Prevention of Terrorism (Temporary Provisions) Act 1989 (PTA).

362. However, during the meeting held with the United Kingdom authorities at the end of the visit, the CPT's delegation invoked Article 8 (5) of the Convention and made immediate observations in respect of the holding of remand and convicted prisoners in the Main Bridewell Police Station in Liverpool.

The prisoners concerned were being held in grossly overcrowded conditions (three to a single cell), with no outdoor exercise and almost nothing which could be called a regime. Moreover, the regulations to which they were subject failed to provide them with adequate protection against the risk of ill-treatment. In this respect, the delegation received allegations that prisoners who behaved in a way which police officers on duty considered to be disruptive had been removed from their cells and taken under restraint to a distinctive cell, where they had been punched and kicked by police officers. Other facts found by the CPT's delegation in the course of the visit tended to corroborate those allegations.

In the light of all of the information at its disposal, the CPT has been led to conclude that remand and convicted prisoners held at the Main Bridewell Police Station in Liverpool ran a not inconsiderable risk of physical ill-treatment by police officers.

363. In a prompt and constructive reply to the matters raised with him under Article 8 (5) of the Convention, the Director General of the Prison Service informed the Committee that all prisoners held at the Main Bridewell on behalf of the Prison Service were transferred to Liverpool Prison on 3 June 1994. He added that he had written to all police forces holding Prison Service inmates asking that they seek to avoid holding prisoners three to a single cell. He also indicated that the question of which rules should apply to Prison Service inmates held in police cells would be carefully considered. On behalf of the Police Department, the Director General informed the Committee that the allegations of ill-treatment heard by its delegation were the subject of an investigation.

The Committee has asked to be informed of the outcome of the investigation into alleged ill-treatment and of any decision taken regarding the rules to be applied to prisoners held in police stations on behalf of the Prison Service. The Committee has also sought an assurance that such prisoners will not in future be held in the Main Bridewell Police Station.

364. The cells seen in all of the police stations visited in England provided acceptable conditions in which to hold persons suspected of criminal offences. The Committee has remarked that if police custody were the only purpose for which those cells were used, it would have little criticism to make of them. However, several of the police stations visited were used to hold remand and convicted prisoners or Immigration Act detainees for lengthy periods of time. The establishments concerned did not offer appropriate conditions of detention for those categories of detained persons.

The Committee has recommended that, as a matter of urgency, the practice of holding Prison Service prisoners in police cells be brought to a permanent end and that the use of police stations to hold Immigration Act detainees be reviewed.

365. The Committee has pursued its ongoing dialogue with the United Kingdom authorities on the subject of the safeguards against ill-treatment which are offered to persons detained by the police. In particular, the CPT has recommended that the right of a detainee to have access to another lawyer when access to a specific solicitor is delayed be made the subject of a legally binding provision.

## **2. Customs detention**

366. The CPT's delegation visited two facilities at Gatwick Airport which were used to hold persons arrested by customs officers (or remanded into their custody by a magistrate's court under the terms of section 152 of the Criminal Justice Act 1988).

The longer term customs detention zone was found to be unsuitable for lengthy periods of detention (due to the absence of a proper exercise area and lack of access to natural light). The Committee has recommended that the use made of that zone be reviewed accordingly.

## **3. Prisons**

367. The CPT's delegation heard no allegations of torture and very few allegations of other forms of ill-treatment of prisoners by prison staff in the establishments visited. Further, in the course of the visit, the delegation heard hardly any allegations of ill-treatment having occurred in other prison establishments in England and Wales. Certain reports received after the visit about the alleged ill-treatment of prisoners held in the segregation unit at Full Sutton Prison in York have been raised by letter with the United Kingdom authorities.

368. In its consideration of the conditions of detention in the establishments visited, the Committee has paid particular attention to the issues of the eradication of overcrowding, provision of ready access to a lavatory at all times and improvement of regime activities.

The CPT has noted that some progress had been made in each of these areas at **Leeds** and **Wandsworth** Prisons, both of which were the subject of follow-up visits. Nonetheless, certain areas in those establishments remained overcrowded, a significant number of prisoners still did not have ready access to a lavatory at all times and the regimes offered to some prisoners (especially those on remand) continued to leave a great deal to be desired. A comparable situation was found in **Liverpool Prison**, which was visited for the first time by a CPT delegation.

In short, despite the considerable efforts made by the United Kingdom authorities since 1990, certain areas of all three prisons were still to be found blighted by the "pernicious combination" of overcrowding, lack of integral sanitation and poor regime activities which, in the report on its first visit, the CPT described as amounting to inhuman and degrading treatment.

369. The Committee has called upon the United Kingdom authorities to take further action to address the problems outlined above. More radical efforts are required to tackle overcrowding and it has been recommended that a very high priority continue to be given to measures designed to bring about a permanent end to that phenomenon.

The target date for providing all prisoners in England and Wales with ready access to a lavatory at all times has been deferred from December 1994 to February 1996. The CPT trusts that everything possible will be done to ensure that this new target is met. Moreover, the Committee has recommended that, wherever possible, "3 cells into 2" rather than "simple" sanitation be installed.

The CPT recognises that delivering a satisfactory programme of regime activities is an objective which is likely to remain, to some extent, contingent upon reducing overcrowding. Nonetheless, the Committee has recommended that, in the context of the renovation of the prison estate, a very high priority be given to the provision of additional facilities for association.

370. The CPT has also made a number of recommendations, comments and requests for information in respect of other matters of relevance to the CPT's mandate (health care services, prison staff-inmate relations, outdoor exercise, reception facilities, contact with the outside world, disciplinary and control measures, complaints and inspection procedures and the stability of location of unconvicted prisoners).

#### **4. HM Young Offender Institution and Remand Centre, Feltham**

371. The CPT's delegation heard no allegations, and found no other evidence, of torture of persons held at Feltham Young Offender Institution and Remand Centre. Moreover, it heard no allegations of other forms of deliberate ill-treatment.

372. Close attention was paid to the operation of a generalised incentive scheme, known as the "points and levels system". Inmates who were downgraded to level 1 of that system, or who were placed in the Waite Unit, spent up to 23 hours per day in their cells, with only limited in-cell activities to occupy them. The CPT has characterised the regimes offered to those inmates as akin to solitary confinement and has recommended that they be modified, in particular in order to ensure that the persons concerned benefit from appropriate human contact. Additional administrative safeguards have been recommended in respect of placements in the Waite Unit for lengthy periods.

More generally, the Committee found in the points and levels system no signs of the therapeutic and educational elements which are essential components of any behaviour modification system. Consequently, it has been recommended that the operation of the system be reviewed.

373. With rare exceptions (the Albatross and Swallow units), the cells and equipment in the units visited were in a poor state of repair and the standard of hygiene and cleanliness was deplorable. Most units visited were both anonymous and austere; the overall impression was one of slovenliness and neglect. The CPT has recommended that these shortcomings be addressed and, more generally, that the material environment of the juveniles and young adults detained at Feltham be improved.

374. As regards regime activities, the CPT's delegation's on-site observations suggested that for the great majority of inmates in the units visited (again, with the notable exceptions of the Swallow and Albatross units), out-of-cell time was too often spent on activities such as games and watching television. Further, not all of the work provided was of vocational value.

This is not in accordance with Rule 3 of the YOI Rules 1988, which lays emphasis *inter alia* upon the importance of providing a programme of activities, including education, training and vocational work. The Committee has recommended that a high priority be given to developing activities programmes at Feltham which are capable of putting into practice the objectives set out in Rule 3 of the 1988 Rules.

The CPT has also recommended that measures be taken to ensure that all inmates at Feltham benefit from at least one hour of outdoor exercise every day, and commented that the material conditions in the Waite Unit exercise yard should be reviewed.

## 5. Administrative detention of foreign nationals

375. The CPT's delegation heard no allegations of torture of foreign nationals in administrative detention in the United Kingdom. Moreover, the delegation found no other evidence of torture during its visit.

A certain number of allegations of other forms of ill-treatment during 1993 and 1994 were heard, mainly concerning the use of gags, body belts and physical force on those under escort prior to removal from the country. The CPT has requested additional information about two such cases, together with an account of the practical steps which have been taken by the United Kingdom authorities following the joint Home Office/Police Review of Removal Procedures in Immigration Cases Involving the Police.

The CPT has also requested information on the means of restraint which escort groups employed by private companies are authorised to use and copies of any relevant instructions on that subject issued by the Enforcement Directorate of the Immigration and Nationality Department and/or the private companies concerned.

376. The short-term holding rooms seen by the CPT's delegation at Gatwick Airport's South Terminal, and in Terminals 1, 2 and 3 at Heathrow were acceptable for detention lasting a maximum of a few hours and not extending overnight.

The delegation also visited two facilities where foreign nationals could be held for periods which, in principle, did not exceed five days. The **Beehive Detention Suite at Gatwick Airport** was in an advanced state of dilapidation and disrepair and was due to be replaced by a new centre, which offered superior conditions of detention. The Committee has recommended that the new centre be brought into service as soon as possible. Renovation work had just been completed in the **Queen Anne's Building detention area at Heathrow Airport**; however, access to natural light remained poor and there were no facilities for outdoor exercise. The CPT has recommended that these deficiencies be addressed.

377. The material conditions of detention at the **Immigration Detention Centre, Campsfield House** were of a good standard. Further, the activities provided for detainees could in principle be considered satisfactory, although efforts should be made to offer additional activities to persons held at the centre for long periods.

378. As regards medical services, the CPT was concerned to learn that, at the time of the visit, the terms of the contract between the Immigration Service and Group 4 Securitas (the private company to which the management of Campsfield House had been sub-contracted) were not being observed in full. In particular, although the contract provided for the presence of a general practitioner between 9am and 5pm, Monday to Friday, the doctor only held surgeries for between two to three hours per day. The Committee has recommended that steps be taken to ensure that the terms of the contract are respected.

The CPT has also recommended that a psychiatric and psychological service appropriate to the needs of those detained at Campsfield House be established.

379. The staff of detention centres such as Campsfield House have a particularly onerous task, which implies that they must be carefully selected and trained. Supervisory staff should have well-developed communication skills, familiarity with the detainees' different cultures, appropriate language skills and the capacity to recognise symptoms of stress displayed by detained persons. The CPT has recommended that these factors be taken into account in the selection as well as in the induction and ongoing training, of supervisory staff at Campsfield House and at other detention centres for foreign nationals.

380. No fundamental criticism could be levelled at the conditions of detention for Immigration Act detainees in **D wing at Pentonville Prison** and the CPT has recognised the efforts made by the prison's staff to make periods of custody for such persons more bearable. However, a prison is by definition not an appropriate place in which to detain someone who is neither suspected, nor convicted, of a criminal offence. In the view of the Committee, in those cases where it is considered necessary to deprive persons of their liberty under aliens legislation, they should be accommodated in centres specifically designed to receive them.

The CPT has recommended that steps be taken without delay to bring an end to the practice of placing in prison establishments persons deprived of their liberty under the Immigration Act.

381. More generally, the CPT has noted with interest the provisions of the Code of Practice for the Immigration Service, which includes important guidance on the fundamental safeguards to which persons detained under the Immigration Act are entitled. The Committee has recommended that the Code be given the same status as that of the codes of practice drawn up under the provisions of the Police and Criminal Evidence Act 1984.

The CPT has also recommended the inclusion in the Code of certain additional fundamental safeguards (the right to free legal aid, the right to be examined by a doctor of one's own choice) and that the Code be made available to foreign nationals detained under the Immigration Act.

## **6. Rampton Special Hospital**

382. The CPT's delegation heard no allegations, and gathered no other evidence, of torture of patients at Rampton Special Hospital. Further, it received hardly any allegations of other forms of deliberate ill-treatment.

Nonetheless, the CPT has requested further information about the case of one patient who died in 1992, apparently after the use of control and restraint techniques. More generally, the Committee has recommended that greater attention be given to training in the different methods of managing aggressive behaviour, as outlined in section 18 of the Code of Practice issued under the Mental Health Act 1983, and that appropriate steps be taken to ensure that members of the health care staff are fully acquainted with the contents of the Code as a whole.

383. The establishment's psychiatrist: patient ratio was found to be inadequate for a hospital of the type and capacity of Rampton, which cares for a large number of patients with severe psychiatric pathologies. Further, the Committee has noted that, at the time of the visit, not all of the authorised posts for doctors were filled. It has been recommended that the necessary steps be taken to improve the psychiatrist: patient ratio and, more generally, to fill all of the authorised posts for doctors.

By contrast, the complement of nursing staff appeared to be adequate.

384. The CPT has highlighted certain deficiencies as regards access to care at night. Firstly, it appeared that the presence of a doctor on the premises of the hospital was not guaranteed at night - apparently it could take up to thirty minutes for an on-call doctor to arrive at an emergency. Secondly, there were very low nursing staff levels at night in certain wards (especially in those for admissions and intensive care). One consequence of this situation was that nurses awaited the arrival of support staff before unlocking the doors of patients' rooms - a procedure which might cause a delay in excess of three minutes before care could be provided. In some circumstances, such a delay could be too long.

The CPT has recommended that at least one doctor be present on the premises on a 24 hour basis and that the hospital's procedures for responding to medical emergencies at night be revised.

385. Living conditions for patients in the wards visited varied in quality. Material conditions ranged from good or even very good to mediocre, depending on whether or not the ward concerned had been renovated. The CPT has recommended that the renovation work in the wards be continued (and, as far as possible, expedited) and that immediate steps be taken to instal call systems in the rooms of all patients.

The majority of patients had very limited access to fresh air. Urgent steps to ensure that all patients are able to take at least one hour of outdoor exercise every day (unless there are medical reasons to the contrary) have been recommended by the Committee.



386. Around 50% of patients were systematically locked in their rooms at night. The placement of patients in this form of seclusion for more than ten hours per day is not acceptable in a care establishment which is already equipped with a secure perimeter and closed wards. Among some patients - psychotics and depressives - this practice may cause distress and anxiety.

The CPT has welcomed the commitment of the Special Hospitals Service Authority (SHSA) and the hospital's management to ending the practice of nighttime confinement and recommended that this matter be given a high priority. The CPT has recommended that, in the meantime, steps be taken immediately to ensure that a sufficient number of nursing staff (at least two staff members) are on duty at night in every ward. This should, inter alia, permit patients to be unlocked from their rooms at night in order to use a toilet facility, and enable care to be provided immediately in the event of an emergency.

The Committee has also recognised the rehabilitative importance of providing patients with 24 hour access to their rooms or dormitories and recommended that the implementation of the SHSA objective to provide such access be accorded a high priority.

387. As regards the treatment of patients, the CPT's delegation found that, in its general atmosphere, Rampton was more like a place of detention than a hospital. Security was omnipresent and seemed to take priority over treatment.

In the "intensive care" wards (such as Drake) the main interventions were observation and pharmacotherapy - therapeutic activities were little in evidence. In order to facilitate the establishment of long-term therapeutic programmes for chronic patients held in those wards, the CPT has recommended that such patients be separated from patients admitted for observation or as emergencies.

388. The use of seclusion is a matter which the CPT considers should always be the subject of a detailed policy. Having noted, with approval, the policy on this matter set out in the Code of Practice (issued under the Mental Health Act 1983) as well as the policy statement issued by the SHSA in October 1993, the CPT has recommended that the necessary steps be taken to ensure the application of that policy in practice.

Certain shortcomings observed in the seclusion rooms visited in Anston and Drake wards have also been the subject of a recommendation.

## **B. Scotland**

### **1. Police establishments**

389. In the course of the visit, the CPT's delegation heard no allegations of torture of persons detained by the police in Scotland. Further, few allegations of other forms of ill-treatment by the police were heard. A small number of persons interviewed indicated that they had been roughly treated by the police at the time of their arrest and/or in the course of their transport to a police station; no allegations were heard of physical ill-treatment while being held in a police station.

Although the information gathered by the CPT's delegation during its visit suggests that persons detained by the police in Scotland run little risk of being physically ill-treated, the Committee has stressed the importance of senior officers delivering the clear message that no more force than is reasonably necessary should be used when effecting an arrest and transporting detained persons to a police station.

390. In the three Divisional Headquarters visited - where persons were frequently detained overnight pending an appearance in court and, on occasion, for several days - material conditions of detention were, on the whole, acceptable. The only significant shortcoming observed in these three establishments was the absence of any outdoor exercise facility for those held in custody for an extended period (in particular over the weekend).

Conditions of detention in the cells at Wester Hailes Sub-Division in Edinburgh were of an inferior standard (no windows, poor artificial light, faulty ventilation); however, the delegation was informed that no-one would be detained there overnight.

391. The CPT has also examined the safeguards against ill-treatment offered to persons held in police custody and made a number of recommendations in this area: persons held by the police to be entitled to have access to a lawyer from the very outset of their custody; a detained person to be entitled to be examined by a doctor of his choice (in addition to any examination carried out by a doctor called by the police); a form setting out the rights of detainees to be given systematically to such persons at the outset of their custody, and a code of practice for police interrogations to be drawn up.

## 2. Prisons

392. In the course of its visit to Scotland, the delegation heard certain allegations about incidents of severe ill-treatment of prisoners by prison staff. At Barlinnie Prison, the delegation heard allegations (which were supported by medical evidence of a compelling nature) about the ill-treatment of two prisoners in the context of their transfer to that establishment's segregation unit from other prisons.

393. In the first case, following a riot at Shotts Prison in July 1993, a prisoner was transferred to Barlinnie by prison staff from **Shotts**. According to records seen by the CPT's delegation, the prisoner alleged that, during the journey in a prison van, he was kicked and punched by prison officers whilst handcuffed. The medical report completed when the prisoner left Shotts showed no injuries. However, when examined by a doctor after his arrival at Barlinnie he displayed injuries including: a haematoma of the pinna of the ear; a displaced nasal septum and extensive bruising to the face and body.

The second case concerned one of a group of prisoners who were transferred to Barlinnie, following a riot at Glenochil Prison in January 1994. The prisoner concerned alleged that, both whilst handcuffed during transfer in a prison van and after arrival in a cell in the segregation unit, he was beaten by prison officers from **Barlinnie Prison**. When examined by doctors at Barlinnie Prison, he displayed injuries which included: bruising around the right eye; abrasions to his back, both shoulders, chest and abdomen; a 75% collapse of the left lung and a fracture of the left 7th rib.

Reference has also been made to allegations heard about the ill-treatment of a prisoner in **G hall at Peterhead Prison** in April 1994. Several prisoners who had been, or were being, held in G hall alleged that an inmate had been assaulted there, by prison officers wearing control and restraint equipment. Records seen by the CPT's delegation indicated that an incident had taken place on the day in question, in the course of which the prisoner concerned had been injured.

The CPT's delegation was told that internal and police investigations were underway into all three of the cases described above. The Committee has requested a full account of the findings of those investigations, together with details of any disciplinary and/or criminal proceedings which may subsequently have been initiated.

394. The evidence gathered during the visit to Scotland does not indicate that there is a generalised problem of ill-treatment of prisoners by prison staff. The number of allegations of ill-treatment heard remained very small; further, prison staff-inmate relations in the two prisons visited appeared, on the whole, to be satisfactory. However, it would seem that prisoners considered to be violent and/or disruptive may on occasion be the victims of ill-treatment, especially in the aftermath of a major incident.

In this connection, the CPT has recommended that the relevant authorities deliver the clear message that ill-treatment of prisoners is not acceptable under any circumstances and will be dealt with severely.

395. More generally, the Committee has recommended the introduction of a series of safeguards for all prisoners against whom any means of force (including control and restraint techniques) have been used.

396. The CPT's delegation's findings in **Peterhead Prison** indicated that the vast majority of prisoners held there benefitted from reasonably good material conditions of detention and varied and potentially challenging regime activities. Regrettably, the same could not be said of the situation of a small number of inmates held in two units for prisoners who were considered to be violent or disruptive.

Prisoners in G hall were held in what amounted to solitary confinement for very long periods of time, under miserable material conditions of detention, with no purposeful activities. Such a situation could in itself be described as inhuman. Further, until shortly before the visit, prison officers had been wearing protective clothing in all day-to-day contacts with every prisoner held there. At the time of the visit, such equipment was still being worn by staff in their contacts with one prisoner.

In E Hall, although the material conditions of detention were acceptable, the regime applied in practice left a great deal to be desired.

397. The CPT has recommended that steps be taken to improve the material conditions of detention in G Hall. The Committee has also recommended that the regimes in G and E Halls be modified as a matter of urgency and has highlighted some considerations to be taken into account in redesigning the regimes to be applied within those units. In addition, it has recommended that the practice of prison staff wearing riot gear in all day-to-day contacts with certain prisoners be discontinued.

The CPT has also made a number of recommendations on the administrative safeguards to be offered to inmates held in units for prisoners who are considered to be violent or disruptive.

398. In the course of a brief visit to **Barlinnie Prison**, the CPT's delegation focused its attention on C Hall, which held prisoners on remand. It found that those inmates were kept in cramped accommodation, without ready access to a lavatory at all times. Moreover, the regime which was offered to them was quite inadequate. The Committee has made recommendations designed to address these deficiencies.

More generally, the CPT has recommended that the provision of integral sanitation in cells in Scottish Prisons (or other means of ready access at all times to a lavatory) be accorded a very high priority. In this connection, the Committee has indicated that it would be most desirable for the current target date of 1999 for the completion of that task to be brought forward, and has recommended that, whenever practicable, "3 cells into 2" rather than "simple" sanitation be installed.

399. The CPT's delegation also examined conditions of detention in the segregation and reception units at Barlinnie Prison.

The material conditions of detention and regime in the segregation unit were not unacceptable for short-term placements; however, the CPT has recommended that measures be taken to improve the regime offered to prisoners held there for lengthy periods. It has also recommended that all placements in the "silent cell" in the segregation unit, whether for disciplinary or other reasons, be recorded in a special register and that the unit's outdoor exercise facility be improved.

As regards the reception unit, the CPT has recommended that the sets of small cubicles through which newly-arrived prisoners pass in the course of the reception process be replaced by larger holding facilities.

**C. Action on the CPT's recommendations, comments and requests for information**

400. The various recommendations, comments and requests for information formulated by the CPT are summarised in Appendix 1.

401. As regards more particularly the CPT's recommendations, having regard to Article 10 of the Convention, the CPT requests the United Kingdom authorities:

- i) to provide within six months an interim report giving details of how it is intended to implement the CPT's recommendations and, as the case may be, providing an account of action already taken (N.B. the CPT has indicated the urgency of certain of its recommendations);
- ii) to provide within twelve months a follow-up report providing a full account of action taken to implement the CPT's recommendations.

The CPT trusts that it will also be possible for the United Kingdom authorities to provide in the above-mentioned interim report, reactions to the comments formulated in this report that are summarised in Appendix 1 as well as replies to the requests for information made.

**APPENDIX I**

**SUMMARY OF THE CPT'S RECOMMENDATIONS, COMMENTS  
AND REQUESTS FOR INFORMATION**

**I. CO-OPERATION**

**comments**

- the United Kingdom authorities are requested to take appropriate steps to ensure that the right of the CPT to have access to medical records is formally guaranteed (paragraph 9).

**II. ENGLAND**

**A. Police establishments**

**1. Torture and other forms of ill-treatment**

**comments**

- the Committee would like to receive an assurance from the United Kingdom authorities that the Main Bridewell Police Station in Liverpool will not in future be used to hold prisoners on behalf of the Prison Service (paragraph 22).

**requests for information**

- information on any decisions which may have been taken with regard to the rules which should apply to prisoners held on police premises on behalf of the Prison Service (paragraph 13);
- details of the outcome of the investigation into allegations of ill-treatment of prisoners at the Main Bridewell Police Station (paragraph 13);
- a copy of the full text of the High Court decision referred to in paragraph 16 and an account of any action subsequently taken in the light of that decision (paragraph 16);
- as much information as possible on the investigations being carried out into the activities of police officers based at Stoke Newington Police Station, to the extent that they relate to the ill-treatment of detainees (paragraph 17);
- for 1993 and 1994:
  - the number of complaints of ill-treatment lodged against police officers and the number of criminal/disciplinary proceedings initiated as a result of such complaints;
  - an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by police officers (paragraph 23).

## **2. Conditions of detention**

### **recommendations**

- urgent steps to be taken to bring a permanent end to the practice of holding Prison Service prisoners in police cells (paragraph 29);
- the use of police stations to hold Immigration Act detainees to be reviewed in the light of the CPT's remarks in paragraphs 31 to 34 (paragraph 34);
- washing facilities for PACE detainees at Paddington Green Police Station to be improved (paragraph 35).

### **requests for information**

- information on the outdoor exercise arrangements at Paddington Green Police Station for PACE and PTA detainees held for extended periods (paragraph 35).

## **3. Safeguards against ill-treatment**

### **recommendations**

- the right of a detainee to have access to another lawyer when access to a specific solicitor is delayed to be the subject of a legally binding provision (paragraph 40).

### **requests for information**

- the views of the United Kingdom authorities on ways of ensuring that detained persons have in all cases the right to request a medical examination by a doctor other than one chosen by the police (paragraph 42);
- information on the outcome of the trial of audio-tape recording of interviews with terrorist suspects in England and Wales ((paragraph 44).

## **B. Customs detention**

### **recommendations**

- the use made of the longer term customs detention zone at Gatwick Airport to be reviewed in the light of the Committee's remarks in paragraph 47 (paragraph 47).

### **requests for information**

- clarification of the reasons for the existence of the power provided for in section 152 of the Criminal Justice Act 1988, to remand a person to customs detention for a period of up to 8 days (paragraph 48).

**C. Prisons**

**1. Torture and other forms of ill-treatment**

**requests for information**

- for 1993 and 1994:
  - the number of complaints of ill-treatment lodged against prison officers and the number of criminal/disciplinary proceedings initiated as a result of such complaints;
  - an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by prison officers (paragraph 52);
- regularly updated information on complaints of ill-treatment lodged against prison officers and on subsequent criminal/disciplinary proceedings (paragraph 52).

**2. Conditions of detention**

**recommendations**

- the cells in J wing at Liverpool Prison to revert to single occupancy on completion of the transfer of the patients held there to the new hospital unit (paragraph 72);
- the regimes to be implemented in local prisons to aim at ensuring that prisoners on remand are able to spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activity of a varied nature (paragraph 74);
- a very high priority to continue to be given to measures designed to bring about a permanent end to overcrowding, taking into account the Committee's remarks in paragraph 79 (paragraph 79);
- wherever practicable, "3 cells into 2" rather than "simple" sanitation to be installed in cells (paragraph 80);
- in the context of the renovation of the prison estate, a very high priority to be given to the provision of additional facilities for association (paragraph 81).



**comments**

- the activities which it is planned to offer to inmates in E wing at Leeds Prison correspond to the kind of regime which should be offered to all inmates in local prisons (paragraph 60);
- initiatives such as the NACRO work area for remand prisoners at Wandsworth Prison are to be encouraged (paragraph 69);
- the United Kingdom authorities are invited to expand the educational activities available at Liverpool Prison, taking account of the demand for places from inmates (paragraph 73);
- the CPT trusts that everything will be done to ensure that the new target date for the end of slopping out is respected (paragraph 80).

**requests for information**

- clarification as to whether the renovation work to be undertaken in A and B wings at Wandsworth Prison will involve the installation of "three cells into two" rather than "simple" sanitation (paragraph 63);
- further information about the rolling programme of renovations for A, H and K wings at Liverpool Prison, including an indication of the target date for ending the practice of slopping out in the establishment (paragraph 71);
- clarification of the notion of a more "austere" regime (paragraph 82);
- further information on the tendency to redefine the "entitlements" of prisoners as "privileges" which they must "earn", including, in particular:
  - a list of the entitlements which it is proposed should become privileges;
  - an account of the ways in which prisoners will be expected to "earn" privileges;
  - a description of the regime which will be applied to a prisoner who has not (yet) earned privileges;
  - an explanation of the procedures which will be applied if it is thought necessary to deprive a prisoner of privileges which he has earned, including an account of the safeguards (right to be informed of reasons; right to a hearing; right of appeal) which will apply in such cases (paragraph 82).

3. **Other issues related to the CPT's mandate**

**recommendations**

- a high priority to continue to be given to increasing the number of qualified nurses working in prisons and to providing health care officers with the opportunity to gain a recognised nursing qualification (paragraph 85);
- steps to be taken to ensure that, in all prisons in England and Wales, newly-arrived prisoners are seen without delay by a member of the establishment's health care service and that, in cases where that initial interview is not carried out by a doctor, it is performed by a fully qualified nurse who reports to a doctor (paragraph 88);
- steps to be taken to ensure that all prisoners at Wandsworth Prison are offered at least one hour of outdoor exercise every day (paragraph 94);
- steps to be taken immediately to ensure the confidentiality of discussions between newly-arrived prisoners and reception officers at Leeds Prison (paragraph 97);
- material measures to be taken to ensure that the eight very small holding cells located in the reception area at Wandsworth Prison cannot again be used to hold prisoners (paragraph 98);
- appropriate means to be found to ensure that the operation of the advance booking system for visits at Liverpool Prison does not lead to prisoners sitting alone in the visiting room (paragraph 101);
- the communications system in the facilities for closed visits at Liverpool Prison to be improved (paragraph 102);
- the iron-bound wooden blocks in the cells for violent or disturbed prisoners in the segregation unit at Leeds Prison to be removed and prisoners held there to be provided with alternative means of rest (paragraph 108);
- improvements to be made as regards access to natural light in all of the cells on landing B1 at Leeds Prison and as regards the ventilation in the two cells for violent or disturbed prisoners (paragraph 108);

- any prisoner against whom the measure of removal from association for reasons of good order and discipline is applied to have the right:
  - to be informed in writing of the reasons for that measure (it being understood that those reasons need not include facts which it would be reasonable to withhold from a prisoner on security grounds);
  - to present his views on the matter to the deciding authority;
  - to lodge an appeal to a relevant authority against the decision on removal from association and against any renewal of that decision (paragraph 113);
- a full review to be carried out of the use made of segregation units in local prisons, with a view to ensuring that such units are not used to hold inappropriate categories of inmates for lengthy periods of time (paragraph 119);
- prison governors to be reminded of the need to take all reasonable steps to ensure that prisoners on remand are not uprooted unnecessarily (paragraph 125).

#### **comments**

- the CPT trusts that the necessary means will be provided to enable the Health Care Service for Prisoners to provide services equivalent in range and quality to those available in the community (paragraph 84);
- the United Kingdom authorities are invited to take steps to render operational the single rooms in the hospital at Leeds Prison (paragraph 86);
- many prisoners held in A wing at Leeds Prison complained that staff required them to complete written "general applications" forms even in respect of simple requests, and that, once those forms had been submitted, it could take some considerable time before they received a reply (paragraph 91);
- attention should be given to the decoration of the room used for post-visit strip searches in Wandsworth Prison (paragraph 93);
- the lavatories in the A wing exercise yard at Leeds Prison were found to be in a filthy condition (paragraph 95);
- the United Kingdom authorities are invited to explore means of equipping the exercise yards at Leeds and Wandsworth Prisons (and at other establishments) with appropriate means of shelter for prisoners who wish to take outdoor exercise in inclement weather (paragraph 96);
- the CPT trusts that further efforts will be made to increase the visit entitlement of convicted prisoners (paragraph 103).

**requests for information**

- an account of the progress being made towards the creation of an entirely new reception complex at Leeds Prison (paragraph 97);
- confirmation that card-operated telephones have now been installed at all prisons, for use by both convicted and unconvicted prisoners (paragraph 104);
- the number of cases since 1992 in which prisoners have been granted the right to be legally represented in the context of disciplinary proceedings before prison Governors (paragraph 106);
- the comments of the United Kingdom authorities on the suggestion that in cases where - in view of the nature of the alleged offence - a penalty of a significant number of additional days of imprisonment may be imposed, the prisoner concerned should always be able to be legally represented at disciplinary proceedings (paragraph 106);
- the comments of the United Kingdom authorities on the remarks made in paragraph 116 about the operation in practice of the system of transferring prisoners for reasons of good order and discipline (paragraph 116);
- the number of so-called "primary cells" (formerly known as 37/90 cells) in local prisons which are reserved for holding inmates on temporary transfers, including details of the location of the cells in question (segregation unit/normal location etc.) (paragraph 116);
- information on the safeguards (right to be informed of reasons, right to present views and right of appeal) which are available to prisoners classified as security category A who are placed in segregation units in local prisons (paragraph 118);
- information on the placement of prisoners in security Category A and, in particular, on the safeguards available (right to be informed of the reasons for that classification, right to present views, and right of appeal) (paragraph 118);
- the comments of the United Kingdom authorities on the continued involvement of Boards of Visitors in authorising the extension of the segregation of prisoners held under Rule 43 of the Prison Rules (paragraph 121);
- copies of the annual reports of the Prisons Ombudsman for England and Wales (paragraph 124).

**D. HM Young Offender Institution and Remand Centre, Feltham**

**recommendations**

- the level 1 regime in the ordinary units and the regime in the Waite Unit to be modified, in particular to ensure that the inmates concerned benefit from appropriate human contact (paragraph 138);
- placements for lengthy periods in the Waite Unit to be subject to a full review at least once every three months, where appropriate on the basis of a medico-social opinion (paragraph 139);
- measures to be taken to rectify the shortcomings observed in the material conditions of detention and, more generally, to improve the material environment of the juveniles and young adults detained at Feltham (paragraph 141);
- a high priority to be given to developing activities programmes at Feltham which are capable of putting into practice the objectives set out in Rule 3 of the YOI Rules 1988 (paragraph 148);
- appropriate steps to be taken to ensure that all inmates at Feltham benefit from at least one hour of outdoor exercise every day (paragraph 149);
- the vacant post of medical officer to be filled as soon as possible (paragraph 152);
- improvements to be made to the room used in the Osprey Unit for medical consultations with newly-admitted inmates (paragraph 161);
- the functioning of the points and levels system at Feltham to be reviewed, in the light of the Committee's remarks in paragraphs 168 and 169 (paragraph 169).

**comments**

- material conditions in the Waite Unit exercise yard should be reviewed (paragraph 149);
- it would be advisable to increase the number of nurses trained in psychiatric care (paragraph 153);
- insufficient privacy was afforded by the glass partition currently separating the lavatories in the dormitory in the health care centre (paragraph 158);
- it would be desirable for the interview with an inmate on arrival always to be conducted by a member of the health care staff who is a qualified nurse (paragraph 160);
- it would be preferable for the initial filtering of requests to see a doctor to be carried out in private (paragraph 162);
- it is important to guarantee the confidentiality of discussions between an inmate and his lawyer (paragraph 165).

**requests for information**

- information on the results of the inquiries by the Governor and the local police into the incident which occurred in the common room of Quail Unit on 21 May 1994 and, as the case may be, an account of any follow-up action taken (paragraph 130);
- for 1993 and 1994:
  - the number of complaints of ill-treatment lodged against staff at Feltham and the number of criminal/disciplinary proceedings initiated as a result of such complaints;
  - an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment (paragraph 131);
- the comments of the United Kingdom authorities on complaints heard about the quality of the food at Feltham (paragraph 143);
- whether any of the psychiatrists working at Feltham have received specialist training in child and adolescent psychiatry (paragraph 152);
- clarification as to whether the health care staff on duty at night always includes a qualified nurse (paragraph 154);
- the comments of the United Kingdom authorities on the concerns expressed by some members of the health care staff about the lack of a managerial structure in the medical sphere and the lack of communication between the various groups involved in the health care service at Feltham (paragraph 155);
- notification of the completion of the work to install integral sanitation in the single cells in the health care centre (paragraph 158);
- the comments of the United Kingdom authorities on the subject of the transfer of mentally ill patients from Feltham to a psychiatric hospital (paragraph 163);
- information on plans to modify the induction procedure in Osprey Unit (paragraph 167).

**E. Administrative detention of foreign nationals**

**recommendations**

- the new detention centre at Gatwick Airport for foreign nationals to be brought into service as soon as possible (paragraph 186);
- pending the opening of the new detention centre, steps to be taken to ensure that persons detained in the Beehive Detention Suite are offered outdoor exercise on a daily basis (paragraph 187);
- the limited natural light and the absence of outdoor exercise facilities at the Queen Anne's Building detention area at Heathrow Airport to be rectified (paragraph 194);
- steps to be taken to ensure respect of the terms of the contract between the Immigration Service and Group 4 Securitas, which provide for the presence of a general practitioner at Campsfield House between 9 am and 5 pm, Monday to Friday (paragraph 212);
- the necessary steps to be taken to establish a psychiatric and psychological service appropriate to the needs of those detained at Campsfield House (paragraph 213);
- all foreign nationals to be seen by a member of the medical staff on admission to Campsfield House and, if necessary, given a medical examination. The medical screening on admission to be carried out by a doctor or by a qualified nurse reporting to a doctor (paragraph 215);
- the factors referred to in paragraph 220 to be taken into account in the selection, as well as in the induction and ongoing training, of supervisory staff at Campsfield House and at other detention centres for foreign nationals (paragraph 221);
- steps to be taken without delay to bring an end to the practice of placing in prison establishments persons deprived of their liberty under the Immigration Act (paragraph 230);
- as regards the "Code of Practice of searches of premises, seizure of property and interview and treatment of persons: application by the Immigration Service during the investigation of offences" :
  - the Code to be given the same status as that of the codes of practice drawn up under the provisions of the Police and Criminal Evidence Act 1984;
  - certain additional fundamental rights for foreign nationals detained under the Immigration Act to be included, in particular, the right to free legal aid and the right to be examined by a doctor of their own choice (paragraph 234).

**comments**

- the proximity to the runways of the new detention centre for foreign nationals at Gatwick Airport renders it unsuitable for long-term detention (paragraph 186);
- efforts should be made to offer additional activities to detainees who spend several months at Campsfield House Immigration Detention Centre (paragraph 207);
- the provision made for incoming telephone calls at Campsfield House is far from adequate (paragraph 210);
- given the capacity of Campsfield House, an increase in nursing staff would be desirable (paragraph 214);
- isolation measures should be accompanied by appropriate safeguards. The person concerned should be informed of the reasons for the measure taken against him, be given an opportunity to present his views on the matter and be able to contest the measure before an appropriate authority (paragraph 219);
- a scrupulous record of all placements in isolation, whatever the reasons for the measure, is a fundamental safeguard against any possible abuse and, more generally, an essential tool of good management (paragraph 219);
- it would be preferable for the Campsfield House Visiting Committee to be provided with administrative support from outside the Immigration Service (paragraph 224);
- it would be appropriate for the Code of Practice for Immigration Officers to be made public (paragraph 234).

**requests for information**

- the outcome of the trial of the police officers who arrested Ms Joy Gardner on 28 July 1993 (paragraph 172);
- practical steps which have been taken following the joint Home Office/Police Review of Removal Procedures in Immigration Cases Involving the Police, together with copies of any directives issued on the means of restraint which the police are authorised to use in removal procedures (paragraph 173);
- the means of restraint which escort groups employed by private companies are authorised to use, together with copies of any relevant instructions on that subject issued by the Enforcement Directorate of the Immigration and Nationality Department and/or the private companies concerned (paragraph 173);



- the comments of the United Kingdom authorities on the allegations referred to in paragraph 174 (paragraph 174);
- for 1993 and 1994:
  - the number of complaints of ill-treatment lodged in respect of removal procedures or the transfer of foreign nationals and the number of criminal/disciplinary proceedings initiated as a result of such complaints;
  - an account of criminal/disciplinary sanctions imposed following such complaints (paragraph 175);
- further information about the Immigration and Nationality Department Complaints Audit Committee (composition, terms of reference, powers, etc.) (paragraph 176);
- full information on the operation of the new detention centre for foreign nationals at Gatwick Airport (de facto capacity, possible length of stay, activities available, medical services, etc) (paragraph 186);
- the comments of the United Kingdom authorities on the possible difficulties caused by the location of Campsfield House, as referred to in paragraph 209 (paragraph 209);
- detailed information on the transfer to hospital of persons on hunger strike at Campsfield House (numbers involved, criteria applied, authority competent to order transfer) and on the approach adopted as regards the treatment of such persons after their transfer to hospital (paragraph 216);
- full information on the rules governing placement in isolation at Campsfield House, together with copies of all relevant texts (paragraph 218);
- a copy of the most recent Annual Report of the Campsfield House Visiting Committee (paragraph 225);
- the comments of the United Kingdom authorities on the complaints received from detained foreign nationals about having received insufficient information regarding the grounds for their detention or the progress of their case, and about the overall length of the procedure applied to them (paragraph 231);
- a detailed account of the precise measures taken in practice by the Immigration Service to ensure that persons are not returned to a country where they run a risk of being subjected to torture or to inhuman or degrading treatment or punishment (paragraph 235).

**F. Rampton Special Hospital**

**recommendations**

- greater attention to be given to training in the different methods of managing aggressive behaviour, as outlined in section 18 of the Code of Practice issued under the Mental Health Act 1983 (paragraph 242);
- appropriate steps to be taken to ensure that health-care staff at Rampton become fully acquainted with the whole of the Code of Practice, in its most recent version (paragraph 242);
- the necessary steps to be taken to improve the psychiatrist: patient ratio and, more generally, to ensure that all of the authorised posts for doctors at Rampton Special Hospital are filled (paragraph 243);
- steps to be taken to ensure that at least one doctor is present on the premises on a 24 hour basis (paragraph 244);
- procedures to be revised in order to ensure that patients' rooms may be unlocked more quickly in the event of an emergency at night (paragraph 245);
- ward renovation work to be continued and, as far as possible, expedited (paragraph 252);
- immediate steps to be taken to ensure that all patients' rooms are equipped with a call system (paragraph 252);
- a high priority to be given to ending the practice of night-time confinement of patients (paragraph 254);
- immediate steps to be taken to ensure that a sufficient number of nursing staff (at least two staff members) are on duty at night in each ward (paragraph 255);
- a high priority to be given to the implementation of the objective of providing open access for patients to their room or dormitory over 24 hours (paragraph 256);
- urgent steps to be taken to ensure that all patients are able to take at least one hour of outdoor exercise each day (unless there are medical reasons to the contrary) (paragraph 257);
- patients admitted to Drake Ward for observation or as emergencies to be separated from chronic patients (paragraph 261);
- the necessary steps to be taken to ensure the application in practice of the policy on seclusion defined by the Code of Practice issued under the Mental Health Act 1983 and the policy Statement on the use of seclusion issued by the SHSA in October 1993 (paragraph 267);
- the shortcomings observed in the seclusion rooms in Anston and Drake Wards to be rectified (paragraph 268).

**comments**

- it would be appropriate to review the training of the majority of the workshop staff with a view to completing it by training in the psychosocial rehabilitation of patients (paragraph 247);
- the privacy afforded to patients in Alford and Anston Wards when using the lavatories should be improved (paragraph 250);
- initiatives such as the establishment of proper vocational training which will be recognised outside the hospital are to be encouraged (paragraph 259).

**requests for information**

- a copy of the results of the judicial enquiry and the SHSA inquiry into an allegation that in 1992 a patient died following the use of control and restraint techniques (paragraph 241);
- clarification as regards the possibility for nursing staff immediately to provide the full range of emergency care (use of emergency equipment, etc) (paragraph 245);
- the comments of the United Kingdom authorities on the working hours of the nursing staff (paragraph 246);
- the comments of the United Kingdom authorities on whether an appropriate balance is maintained between the forensic and therapeutic activities of psychologists at Rampton Hospital and on whether a clear distinction is drawn between forensic activities and treatment (paragraph 248);
- updated information on the development of psycho-therapeutic activities (paragraph 262);
- the comments of the United Kingdom authorities on the matters related to the administration of medication raised in paragraph 264 (paragraph 264);
- the response to the recommendation in the Report of the Committee of Inquiry into Complaints about Ashworth Special Hospital that a Patients' Advocacy Service be established (paragraph 272);
- the measures which the United Kingdom authorities intend to take in order to ensure that staff working in institutions such as Rampton receive the necessary external support and stimulation (paragraph 273);
- the comments of the United Kingdom authorities on the apparent difficulties in arranging transfers of patients from Rampton (paragraph 275);
- updated information on the measures taken to implement the recommendation set out in paragraph 5.11 of the report of the Department of Health Working Group on High Security and Related Psychiatric Provision (greater dispersion of high security services and units with a maximum of 200 patients) (paragraph 276).

### **III. SCOTLAND**

#### **A. Police establishments**

##### **recommendations**

- conditions of detention in the police establishments visited to be reviewed, in the light of the remarks made in paragraphs 282 to 284 (paragraph 285);
- all persons taken into police custody to be entitled to have access to a lawyer from the very outset of their custody. This to include the right to contact the lawyer and to be visited by him (in both cases under conditions guaranteeing the confidentiality of their discussions) and, in principle, the right of the person concerned to have the lawyer present during interrogation (paragraph 291);
- a person in police custody to have a right of access to another lawyer, when access to a specific solicitor is delayed (paragraph 292);
- specific legal provisions to be adopted on the subject of the right of persons in police custody to have access to a doctor. Those provisions to stipulate inter alia:
  - that a person taken into police custody has the right to be examined, if he so wishes, by a doctor of his own choice, in addition to any medical examination carried out by a doctor called by the police authorities;
  - that all medical examinations of persons in custody are to be conducted out of the hearing and - unless the doctor concerned requests otherwise - out of the sight of police officers;
  - that the results of every examination, as well as any relevant statements by the person in custody and the doctor's conclusions, are to be recorded in writing by the doctor and made available to the person in custody and his lawyer (paragraph 295);
- a form setting out the rights of persons taken into custody by the police to be given systematically to such persons, at the outset of their custody. That form to be available in different languages and the person concerned to certify that he has been informed of his rights (paragraph 296);
- a code of practice on interrogations to be drawn up for the Scottish police (paragraph 299).

### **comments**

- it is important that senior officers deliver the clear message that no more force than is reasonably necessary should be used when effecting an arrest and transporting detained persons to a police station (paragraph 280);
- the grounds upon which notification of custody can be delayed under the Criminal Justice (Scotland) Act 1980 might usefully be defined more closely (paragraph 288).

### **requests for information**

- for 1993 and 1994:
  - the number of complaints of ill-treatment lodged against police officers and the number of criminal/disciplinary proceedings initiated as a result of such complaints;
  - an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by police officers (paragraph 281);
- clarification of the concept of a person reasonably named by a detainee or arrested person, together with details of the maximum length of time for which notification of a person reasonably named may be delayed. In addition, information on the precise procedure followed when it is considered necessary to delay the exercise of the right of notification of custody (are the precise reasons for delay recorded in writing?, is the authorisation of a senior officer required? etc.) (paragraph 288);
- the percentage of cases in 1994 in which use has been made of the power to delay the exercise of the right to have a person notified of the fact of custody, drawing a distinction between cases of detention/arrest under the Criminal Justice (Scotland) Act and cases under the P.T.A. (paragraph 289);
- the percentage of cases in 1994 in which notification of a solicitor has been delayed, drawing a distinction between cases of detention under the Criminal Justice (Scotland) Act and cases under the P.T.A. (paragraph 293);
- confirmation that all interviews conducted by CID officers are tape-recorded, together with details of any planned developments in the area of the electronic recording of police interviews (paragraph 300);
- information on the operation of the police complaints procedure in Scotland, including full details of the guarantees ensuring the independence and impartiality of that procedure (paragraph 301).

## **B. Prisons**

### **1. Torture and other forms of ill-treatment**

#### **recommendations**

- the relevant authorities to deliver the clear message that the ill-treatment of prisoners is not acceptable under any circumstances and will be dealt with severely (paragraph 309);
- steps to be taken to ensure that the safeguards set out in paragraph 310 are available to all prisoners against whom any means of force (including control and restraint techniques) have been used (paragraph 310).

#### **requests for information**

- a full account of the findings of the internal and police investigations into the three cases of alleged ill-treatment of prisoners by prison officers described in paragraphs 306 and 307, together with details of any disciplinary and/or criminal proceedings which may subsequently have been initiated (paragraph 308);
- for 1993 and 1994:
  - the number of complaints of ill-treatment lodged against prison officers and the number of criminal/disciplinary proceedings initiated as a result of such complaints;
  - an account of criminal/disciplinary sanctions imposed following complaints of ill-treatment by prison officers; (paragraph 311);
- regularly updated information on complaints of ill-treatment lodged against prison officers and on subsequent criminal/disciplinary proceedings (paragraph 311).

## 2. Peterhead Prison

### recommendations

- steps to be taken to improve the material conditions of detention in B, C and D Halls, in the light of the remarks made in paragraph 314 (paragraph 314);
- material measures to be taken to remove from service on a permanent basis the so-called "silent cells" (located in an outhouse adjacent to G Hall and in E Hall) (paragraphs 320 and 325);
- urgent measures to be taken to bring the regimes in G and E halls into conformity with the criteria set out in paragraph 330 (paragraph 333);
- the practice of prison staff wearing riot gear in all day-to-day contacts with certain prisoners to be discontinued (paragraph 333);
- steps to be taken to remedy the defects in the material conditions of detention in G Hall, as identified in paragraph 319 (paragraph 333);
- the Scottish Prison Service to take full account of the remarks in paragraph 330 when developing its policy for the management of prisoners considered to be violent or disruptive (paragraph 334);
- in respect of the placement of a prisoner in a unit for violent and disruptive prisoners, whether at Peterhead Prison or elsewhere in Scotland:
  - a prisoner who is placed in such a unit or whose placement is renewed to be informed in writing of the reasons for that measure (it being understood that those reasons need not include facts which it would be reasonable to withhold from a prisoner on security grounds);
  - a prisoner in respect of whom such a measure is envisaged to be given an opportunity to express his views on the matter to the deciding authority;
  - the placement of a prisoner in such a unit to be fully reviewed at least every three months, where appropriate, on the basis of a medico-social opinion (paragraph 335).

**comments**

- the Scottish authorities are invited to endeavour to provide the occupant of the category A unit with an enhanced range of appropriate human contact (paragraph 332);
- it would be desirable for a person with a recognised nursing qualification to be present in the prison at night. Further, someone competent to provide first aid should always be present in the prison (paragraph 336);
- the CPT trusts that the vacant posts for a second psychiatrist and for a psychologist will be filled as soon as possible (paragraph 339);
- the CPT trusts that steps will be taken to implement throughout the Scottish Prison Service the recommendations made in paragraphs 8.31, 9.12 and 9.61 of the recent Review of Medical and Nursing Services in Scottish Prisons (paragraph 340).

**requests for information**

- details of any plans to carry out extensive renovation work, including the installation of integral sanitation, in the establishment (paragraph 314);
- the avenues open to a prisoner for the purposes of appealing against a decision to place him in a unit for violent or disruptive prisoners or to renew his placement (paragraph 335).



### **3. Barlinnie Prison**

#### **recommendations**

- steps to be taken to ensure that prisoners are never held three to a cell in C Hall (paragraph 348);
- serious efforts to be made to reduce the occupancy level in C Hall to one prisoner per cell (paragraph 348);
- the installation of integral sanitation in cells in Scottish Prisons (or the provision of other means of ready access at all times to a lavatory) to be accorded a very high priority (paragraph 349);
- wherever practicable, "3 cells into 2" rather than "simple" sanitation to be installed (paragraph 349);
- prison officers to receive clear instructions to the effect that a request made by a prisoner during the day to be released from his cell for the purpose of using a lavatory is to be granted, unless significant security considerations dictate otherwise (paragraph 350);
- appropriate steps to be taken to improve significantly the regime activities offered to remand prisoners at Barlinnie Prison; the objective should be to ensure that they spend a reasonable part of the day (8 hours or more) outside their cells, engaged in purposeful activity of a varied nature (work, preferably with vocational value; education; sport; recreation/association) (paragraph 351);
- all placements in the "silent cell" in the segregation unit, whether for disciplinary or other reasons, to be recorded in a special register (paragraph 354);
- measures to be taken to improve the regime offered to prisoners held in the segregation unit at Barlinnie Prison for lengthy periods. The regime to be developed to include increased out-of-cell time, purposeful activities of a varied nature (work, preferably with vocational value; education; sport and recreation) and appropriate human contact (including association with other prisoners held in the unit) (paragraph 356);
- the segregation unit's outdoor exercise facility to be improved substantially - all prisoners held in the unit to be offered at least one hour of outdoor exercise per day in an area large enough to allow them to exert themselves physically, preferably with shelter from inclement weather (paragraph 356);
- the cubicles in the reception unit at Barlinnie Prison to be replaced by larger holding facilities (paragraph 359).

**comments**

- it would be most desirable to bring forward the current target date of 1999 for the completion of work to provide all prisoners with ready access to a lavatory at all times (paragraph 349).
- the Scottish authorities are invited to consider re-equipping the cells in the segregation unit with integral sanitation (paragraph 353).

**requests for information**

- the present timetable for the installation of integral sanitation in the cells at Barlinnie Prison (paragraph 349);
- details of the arrangements under which prisoners in the segregation unit may watch television (paragraph 355).

**APPENDIX II**

**LIST OF THE NATIONAL AUTHORITIES AND  
NON-GOVERNMENTAL ORGANISATIONS WHICH THE  
DELEGATION HELD CONSULTATIONS**

**A. National authorities**

Foreign and Commonwealth Office

Mr Robert Setterfield                      Head of Council of Europe Section,  
Human Rights Policy Department

Home Office

Mr. Peter Lloyd                              Minister of State for Home Affairs

Mr Peter Honour                              Assistant Secretary, Head of A Division  
Mr Mark Budden                              Higher Executive Officer (HEO), A Division

Mr. Derek Lewis                              Director General of the Prison Service  
Mr. Anthony Pearson                        Director of Programmes  
Mr. Robert Locket                            Head of Nursing Services  
Mr. John Greenland                         Grade 7, Directorate of Health Care  
Dr. Robin Ilbert                               Senior Medical Officer, Directorate of Health Care Services  
Mr. Nigel Newcomen                         Grade 7, Directorate of Programmes (Policy Group)  
Mr. Andrew Cross                             Governor 5, (Custody Group)

Mr. Nicholas Sanderson                    Head of F2 Division  
Mr. Adrian Corey                            Grade 7, F4 Division  
Mr. Alan Brown                               HEO, F2 Division

Mr. Jonathan Potts                           Head of C3 Division  
Mrs Elizabeth Sadler                        Grade 7, C3 Division, with policy responsibility for Mentally  
Disordered Offenders

Mr. William Jeffrey                         Chief Inspector, Immigration Service  
Mr. Colin Manchip                           Director, Immigration Service (Enforcement)  
Mr. David McDonough                      Deputy Director, Immigration Service (Enforcement)  
responsible for policy on detention of those held under the  
Immigration Act 1971

Mr. Paul Quibell                             Assistant Director, Immigration Service (Enforcement)

Department of Health

Ms. Dora Pease	Assistant Under Secretary of State, Head of Health Care (A) Division
Mr. Ian Jewesbury	Assistant Secretary, Head of Branch
Dr. John Reed	Special Adviser
Mr. Robert Macrowan	Nursing Officer
Ms. Andrea Leonard	Grade 7 Head of Section (with policy responsibility for health and social services for mentally disordered offenders)
Mr. Alexander McLachlan	HEO (D)
Dr. Pamela Taylor	Head of Medical Services of the Special Hospitals Service Authority (SHSA)
Mr. Nuala O'Brien	Public Relations Manager, SHSA
Mr. Michael O'Daly	Service Manager, the SHSA

Scottish Office

The Right Honourable the Lord Fraser of Carmyllie Q.C.	Minister of State for Health and Home Affairs
Mr. Hamish Hamill	Secretary of the Scottish Office Home and Health Department
Mr. Michael Lugton	Head of Criminal Justice Reform and Licensing Division
Mr. Eddie Frizzell	Chief Executive of the Scottish Prison Service
Mr. Alan Walker	Deputy Chief Executive of the Scottish Prison Service and Director of Prisons
Dr. John Basson	Medical Advisor to the Scottish Prison Service
Mr. David Essery	Under Secretary with responsibility for the Police Service in Scotland
Ms. Jane Richardson	Principal, Police Division

Other authorities

Admiral Sir Peter Woodhead	Prisons Ombudsman
Sir Louis Blom-Cooper QC	Chairman of the Mental Health Act Commission

**B. Non-governmental organisations**

Asylum Rights Campaign  
The Howard League for Penal Reform  
Joint Council for the Welfare of Immigrants  
Liberty  
MIND  
National Association for the Care and Resettlement of Offenders (NACRO)  
The Scottish Council for Civil Liberties