# VISIT REPORT

## SCOTLAND

## June 2025


CPT

EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

**AD HOC VISIT**

**3- 12 June 2025**

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# KEY OBSERVATIONS

## PRIORITY TOPICS

### ■ Prison

**CONDITIONS OF DETENTION** – To address the root causes of overcrowding in prison establishments for men, a coherent strategy, covering both admission to and release from prison is required.

**SEGREGATION AND ISOLATION MEASURES** – Improve the regime offered to prisoners in the Separation and Reintegration Units (SRUs), primarily through increased meaningful human contact to avoid persons being held in solitary confinement.

**CHILDREN** – The system of secure childcare should be reinforced by addressing the concerns set out in the report in relation to legislation, safeguards, resources, unequal standards across centres, restraint frequency and child-protection risks.

## CHRONIC ISSUES

### ■ Prison

**SEGREGATION AND ISOLATION MEASURES** – Long-term segregation: develop strategies to break the cycle of "carousel" or "yo-yo" segregation for certain prisoners including the development of more step-down facilities between the SRU and the mainstream environment.

## GOOD PRACTICES

### ■ Prison

**LAW AND POLICIES / WOMEN**

- Significant reform of the women's prison estate, guided by a reconceptualised policy, strategy and ethos for women in custody that prioritises trauma informed and gender specific approaches.

- Small Community Custody Units provide community-style living in or near city centres with, structured therapeutic environments and trauma-informed practices that together offer a more humane alternative to traditional prisons. The CPT welcomes these as vanguard facilities.

**LAW AND POLICIES / CHILDREN** – Positive change in legislation, and the move to end custody of children in prisons and the use of smaller, child-centric and specialised secure units.

# THE CPT AND THE UNITED KINGDOM

The United Kingdom ratified the ECPT in 1988, and the Committee's first visit took place in 1990.

Since ratification, the CPT has carried out 29 country visits to the United Kingdom – 10 periodic and 19 ad hoc – including 91 visits to police establishments, 86 to prisons, 20 to psychiatric institutions, 16 social welfare and educational-correctional establishments, 2 to military detention facilities, and 13 to border and immigration detention facilities.

All the visit reports have been published. The United Kingdom did not accept the automatic publication of the visit reports.

# EXECUTIVE SUMMARY

The purpose of the 2025 visit to Scotland was to examine the treatment of persons held in police and prison establishments and to assess the progress made since the CPT's previous visits in 2018 and 2019. More specifically, the CPT once again paid particular attention to the problem of overcrowding in prisons, to prisoners placed in segregation and to the reforms aimed at improving the situation of women in prison and children in detention, as well as to overall health care provision. The delegation also examined the treatment of persons in police custody. The co-operation received from the authorities and from the staff at the establishments visited was excellent.

### Prison establishments for men

In the past, the CPT had noted the steady increase of the prison population in Scotland, despite various measures pursued by the Scottish Government to address this phenomenon. It had recommended urgent measures to tackle overcrowding in prisons, as well as greater investment in countering the different factors playing into the steady increase in prison population, including addressing the increase in the use of remand, assessing short-term sentencing policies, and increasing the use of alternatives to imprisonment.[1]

At the time of the 2025 visit, overcrowding remained a worrying feature of the Scottish prison system and to address the root causes of overcrowding, a coherent strategy, covering both admission to and release from prison is required. The emergency measures taken to date are insufficient. The CPT visited Barlinnie, Low Moss and Perth Prisons.

Positively, at the prison establishments visited, the vast majority of prisoners stated that they were treated correctly by prison officers, and the delegation did not receive any credible allegations of deliberate ill-treatment of prisoners by staff. However, it did receive two allegations of excessive use of force during control and restraint operations. Further, in the three establishments visited, prisoners complained to the CPT of verbal abuse by some custodial officers. The Scottish authorities should take effective action, via the prison management, to ensure that custodial staff receive the clear message that verbal abuse, as well as other forms of disrespectful or provocative behaviour vis-à-vis prisoners, is not acceptable and will be sanctioned accordingly. Incidents of inter-prisoner violence occurred regularly in the prisons visited but were, as a general rule, subject to rapid intervention by prison staff.

The conditions of detention in the prisons visited were, in several cases, adversely impacted by overcrowding. This was particularly notable at Barlinnie Prison. At Low Moss Prison, some single-occupancy cells measuring some 7 m2, were transformed into double-occupancy cells and at Perth prison, some cells measuring approximately 6 m2 were accommodating two prisoners. Such occupancy rates are not acceptable and should be reviewed. In all cases, the minimum standard of 6 m2 of living space per prisoner in single-occupancy cells and 4 m2 in multiple-occupancy cells (in both cases excluding the sanitary annexe) must be duly respected. In addition, the Scottish authorities should install a shelter against inclement weather and a means of rest in the outdoor exercise yards in all prisons. Positively, the reception area at Barlinnie Prison has been refurbished and the very small waiting cubicles, consistently criticised by the CPT, have been replaced.

The CPT found that the regime was restricted primarily due to overcrowding and staff shortages, which resulted in many prisoners being locked up in their cell for extended periods of the day. The number of purposeful activities on offer to prisoners should be developed and the daily out-of-cell programme for all prisoners improved.

In Separation and Reintegration Units (SRUs), the relationships between prisoners and staff were generally positive, and the CPT found that prisoners were overall segregated for shorter periods than those found during the 2018 visit. However, "carousel" or "yo-yo" situations for certain prisoners remained a real challenge, and step-down facilities were mostly not available. The regime offered to prisoners in the SRUs was overall poor, and prisoners were mostly confined to their cells for either 22 or 23 hours a day, without any meaningful human contact.

1. CPT/Inf (2020) 28, paragraph 7.

At the end of the visit, the CPT delegation made an immediate observation under Article 8, paragraph 5, of the European Convention for the Prevention of Torture and inhuman and Degrading Treatment or Punishment ("the Convention") and requested that the Scottish authorities ensure that all categories of segregated prisoner are offered at least one hour of outdoor exercise every day, at a reasonable time of the day.

In all three prisons visited, nursing staff levels were generally adequate, and, during the day, prisoners could have access to a nurse swiftly. However, waiting times were at times long, notably for a general practitioner, a psychiatrist and a dentist. As a rule, the initial health assessments for new admissions were performed within the first 24 hours of arrival. Substance use and its effects on the prison population remained an area of concern.

### Women's prisons

Scotland has made substantial investments in reforming its women's prison estate, guided by a reconceptualised policy, strategy and ethos for women in custody that prioritises trauma informed, gender specific approaches. Central to this reform has been the closure of the long-criticised Cornton Vale Prison in 2022, and the opening of a modern replacement establishment, Stirling Prison, in June 2023. Stirling was designed with a new operational culture and staffing profile tailored to the needs of women prisoners, and the Committee views this as a significant improvement.

Alongside Stirling, two small Community Custody Units (CCUs), Bella and Lilias, opened in 2023. These units reflect the CPT's previous recommendation for smaller custodial settings that support progression and reintegration. They provide community-style living, structured therapeutic environments and trauma-informed practices that together offer a more humane alternative to traditional prisons. The CPT welcomes these facilities as aligned with Scotland's revised approach and considers them vanguard facilities.

That said, at the time of the delegation's June 2025 visit, three different custodial models were operating concurrently across the women's prison estate. The older, mixed-gender prisons of Grampian, Greenock and Polmont still house most of Scotland's women prisoners in designated units. Stirling holds about 100 women in its new women-only facility, and the CCUs accommodate small groups nearing the end of their sentences and together they comprise only one-third of the women in prison. This dual reality means that a modern, individualised, therapeutic model exists alongside a more traditional, less tailored model, which was particularly evident at Polmont.

During this visit, the delegation received no allegations of physical ill-treatment by staff in any of the women's prisons visited. Women interviewed generally spoke positively about staff behaviour and interactions, especially at Bella CCU and Stirling, although this positive culture was less evident at Polmont. Reports of inter-prisoner violence were very low at Bella CCU and at Stirling. In contrast, at Polmont there were numerous incidents of inter-prisoner violence, some resulting in restraint. The data on such incidents at Polmont has not been sufficiently disaggregated or analysed to inform targeted responses and ensure sufficient prevention measures.

A new mandatory policy of C&R2 (the use of non-painful compliance and trauma-informed practices) was in operation at all the women's prisons visited. This policy focuses on the use of de-escalation techniques first and foremost and, if necessary, the use of soft Velcro cuffs, which represented a positive development. Nevertheless, force and means of restraint were still used relatively frequently on a few women with the most complex needs at Stirling. Further measures are needed to divert from prison the few women who are on a continuous cycle of frequent reoffending due to mental illness, and to transfer them to more specialised support settings where they can receive the appropriate treatment and support required.

The regime afforded to women in Stirling's Separation Unit (SRU) was extremely limited. The women held there receive one hour of outdoor exercise alone, with no purposeful activities provided and no association with others allowed. Most contact takes place through the door and is typically brief. Due to these constraints, the CPT found that women prisoners held there spent about 23 hours a day locked in these cells, rarely moving outside of their cells. A psycho-social support system is needed for all prisoners held for longer than two weeks in Stirling's SRU and they should be provided with greater opportunities for association and engagement in purposeful activities. Further, formal step-down facilities at Stirling should

be expanded, in the form of small, genuinely therapeutic units to provide a meaningful alternative to prolonged segregation in SRUs, and to help segregated women prisoners transition back to the mainstream population.

Overall, conditions of detention were good and regimes of activities were reasonable at Stirling and the CCUs respectively, although improvements remain necessary at Polmont. Stirling's new Mother-and-Baby Unit, while physically available, has never been used due to administrative and operational barriers. These require prompt correction to make the unit accessible to eligible women.

At Stirling, staff reported having repeatedly requested training on management of prisoners with special or complex needs without ever having received it. Staff's own concerns included perceived understaffing, workload and limited management response. Assaults on staff occurred frequently, and staff reported that there was no clear debrief/supervision protocol after violent incidents. The Committee recommends an in-depth review of staff concerns and the implementation of structured training programs to support well-being and effective practice for those working with high-risk or vulnerable prisoners.

### Children in detention

The delegation visited two of the four children's centres, namely St Mary's Kenmure (St Mary's) and Rossie Secure Accommodation Services (Rossie House). This was the first time the Committee visited these children's establishments.

Secure accommodation in a locked, residential care setting is designed to provide intensive trauma-informed support, care, and education to children aged 10 to 17 years old, who may be a significant risk to themselves or others in the community. From mid-2024, all children previously held in Young Offender Institutions (YOI) had been transferred to secure care. Four children's centres were designated "secure accommodation" with a combined capacity of 67 sentenced places, operated by independent charities under service-level agreements and overseen by the Care Inspectorate.

The CPT welcomes the change in legislation, and the move to end imprisonment of children and the use smaller, therapeutic, trauma-informed units, which it considers a step forward.

Nonetheless, the CPT considers that the system of secure child care needs reinforcing in relation to legislation, safeguards, resources, unequal standards across centres, restraint frequency and child-protection risks.

Consistent standards, equal progression opportunities and similar resources should be offered at all four secure centres in Scotland. This is not the case currently: some centres offered a safer, better environment and less risky environment than others. Centres with fewer resources, such as St Mary's, offered less safe and supportive environments than better-resourced counterparts like Rossie House. While the Government allocated funding ahead of the Children Act, it has proven insufficient to fully prepare all centres. A comprehensive should be undertaken to review both resources and funding to ensure equal opportunities, standards and protective safeguards for all children deprived of liberty.

The CPT delegation received no allegations from the children of physical ill-treatment by staff at either St Mary's or Rossie House, and interactions between staff and the children were generally positive, particularly at Rossie House. Yet, the CPT is aware of recent staff misconduct cases towards children at both St Mary's and Rossie House, and notably within the past year and a half at St Mary's. In four of the five cases, there were findings of inappropriate use of force or gross misconduct and staff were dismissed. This has been part of an increased vigilance strategy by St Mary's after the Care Inspectorate found failings in child protection and restraint oversight measures 2024. These, and other, cases indicate a need for constant supervision by the management and external bodies. The managements of both centres should ensure regular training of staff on the prohibition of ill-treatment and proportionate use of restraints.

As regards the use of force and means of restraint on children the CPT notes that current legislation lacks a holistic approach. Protections vary by location and setting and do not explicitly cover educational spaces within secure accommodation, creating a gap in oversight. Use of force and restraint was evident at both

centres visited, including instances where children were held face-down, pinned prone on the floor. The CPT deemed this practice dangerous, particularly given children's vulnerability and a detailed independent review should be undertaken of restraints across all secure accommodation centres embedding stronger legal and operational safeguards to ensure restraint is used only as a last resort, for the minimal necessary duration, and, where possible, a shift toward non-physical interventions. Operational protocols and legislation should explicitly prohibit the practice of face-down prone holds. Overall, a comprehensive framework regulating all use of restraint on children is needed to provide more consistent and better protection.

Living conditions and the regime of education and activities varied significantly between the two centres. Rossie House demonstrated generally good conditions and a reasonable regime, while St Mary's offered poorer living conditions and more limited activities. Immediate investment is required to modernise St Mary's and ensure that all children in secure care have equal access to purposeful and vocational activities, organised sport and opportunities for being out of their accommodation units for the majority of the day. These improvements are essential to meet the new national policy of tailored, individualised care for children in custody and to uphold the positive duty of care that accompanies licensing independent charities as secure accommodation providers for children deprived of liberty by Scottish courts or the welfare system.

## Police

In the course of the 2025 visit, the delegation visited five police custody facilities in Scotland. The police stations visited all had very good registration systems. Given the absence of outdoor exercise yards in police stations, the CPT considers that the Scottish authorities should continue their efforts to reduce the numbers of persons held in police custody facilities for longer than 24 hours (i.e. especially between Friday and Monday mornings), notably through the opening of some Saturday courts.

All persons met by the delegation stated that they had been treated correctly by staff during their time in the custody facilities visited. The delegation received a few complaints about excessively tight handcuffing upon apprehension. It also met with one detained person who complained of excessive use of force upon apprehension. The delegation noted the plans to increase the use of body-worn video cameras by police officers, which could represent an additional safeguard against abuse as well as a protection against unfounded allegations of ill-treatment.

The CPT found that the safeguards against ill-treatment generally operated reasonably well. However, as had also been the case during the 2018 visit, detained persons were not necessarily informed that notification of custody to a third party had taken place. Further, feedback to the detained person on whether a lawyer has been contacted is not registered, as there is no such entry available in the electronic system. Regrettably, under Section 44 of the Criminal Justice (Scotland) Act 2016, it is still possible to delay a detained person's access to a lawyer, or the exercise of that person's right to meet a lawyer in private. The CPT considers when access to a particular lawyer is delayed then the authorities should offer the possibility for the detainee to have access to another lawyer and that this should be properly regulated in law.

As was the case in the past, there is still no formal requirement guaranteeing the right of access to a doctor under the law, despite recent revisions of the Criminal Justice (Scotland) Act 2016. The right of detained persons to have access to a healthcare professional from the very outset of their deprivation of liberty should be expressly provided for in law and in the administrative guidance regulating the deprivation of liberty by the police.

Medical consultations in police stations took place in a confidential manner and the CPT noted that custodial officers made efforts to continue any methadone maintenance treatment which was already underway. However, the process of identification and recording of injuries upon admission to the police stations visited was in need of improvement, as the onus remained on the detained person to say whether they were injured, and the custody officers did not refer cases of persons with evident injuries to the competent investigative body unless the detained person expressed such a wish.

The material conditions in all police custody facilities visited were in general terms of a reasonable standard for short stays of up to 24 hours.

# I. INTRODUCTION

## A. The visit, the report and follow-up

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 an ad hoc visit to Scotland from 3 to 12 June 2025. The visit was considered by the Committee "to be required in the circumstances" (cf. Article 7, paragraph 1, of the Convention).

2. Its objective was to examine the treatment and conditions of detention of persons deprived of their liberty in Scottish prison establishments and secure care accommodation for minors, as well as to assess the progress made since the CPT's visits in 2012, 2018 and 2019. The delegation also visited several police stations to examine the treatment, conditions of detention and safeguards for persons held in police custody. It was the Committee's twenty-seventh visit to the United Kingdom and its sixth visit to Scotland.[2]

3. The visit was carried out by the following members of the CPT:

- Kristina Pardalos (Head of delegation)
- Mari Amos
- Christopher Cremona
- Juan Carlos Da Silva
- Imants Jurevičius
- Anahit Manasyan

They were supported by Francesca Gordon and Aikaterini Lazana of the CPT Secretariat and assisted by the following experts: Jurgen Van Poecke, Prison Director (Belgium), Dino Vukanović, medical doctor (Italy) and Olivera Vulić, psychiatrist (Montenegro).

4. The report on the visit was adopted by the CPT at its 118th meeting, held from 3 to 7 November 2025, and transmitted to the authorities of the United Kingdom on 17 December 2025. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the authorities of the United Kingdom (Scotland) provide **within four months** a response containing a full account of action taken by them to implement the Committee's recommendations, along with replies to the comments and requests for information formulated in this report

## B. Consultations held by the delegation and co-operation encountered

5. In the course of the visit, the delegation held consultations with Angela Constance, Cabinet Secretary for Justice and Home Affairs, Linda Pollock, Deputy Chief Executive of the Scottish Prison Service (SPS), Jane Connors, Deputy Chief Constable, Wendy Middleton, Assistant Chief Constable, Police Scotland, Gail Woodcock, Chief Executive of Falkirk Health & Social Care Partnership, as well as with senior officials of the Scottish Government.

6. The delegation also met with Sara Snell, Chief Inspector of His Majesty's (HM) Inspectorate of Prisons for Scotland, Craig Naylor, HM Chief Inspector of Constabulary in Scotland, Laura Paton, Police Investigations and Review Commissioner, Kevin Mitchell, Executive Director, Care Inspectorate of Scotland, Charlotte Wilson, Chief Inspector, Children and Young People Service, Care Inspectorate, as well as with representatives of the United Kingdom's National Preventive Mechanism (NPM), the Scottish Human Rights Commission, Independent Custody Visiting representatives, and civil society bodies.

2. The visit reports and the responses of the United Kingdom authorities on all previous visits are available on the CPT website: https://www.coe.int/en/web/cpt.

7. The CPT delegation received excellent cooperation during the visit from the Scottish authorities at all levels. The delegation had rapid access to all places of detention it wished to visit, was able to meet in private with those persons with whom it wanted to speak and was provided with access to the information required to carry out its task.

8. The Committee wishes to express its appreciation for the assistance provided to the delegation during the visit by the management and staff of the establishments visited, as well as for the support offered by its liaison officers, Elli Kontorravdi, Alexandra Devoy and David Doris.

9. Co-operation, however, also extends to implementation of the Committee's recommendations. While the Committee was noted positively that various changes had taken place since its previous visit, notably in the women's prisons, there still remained some longstanding recommendations that remained unchanged and thus still valid in 2025. These notably concerned the use of long-term segregation, improvements needed for the treatment, regime and conditions in the men's prisons and the continued situation of overcrowding, and while some short-term measures have been taken to release prisoners, tackling the root causes of overcrowding and a more coherent strategy remains required. **The CPT trusts that increased attention will now be put into addressing these long-standing recommendations.**

## C. Immediate observation under Article 8, paragraph 5, of the Convention

10. During the presentation of its preliminary observations to the United Kingdom (Scotland) authorities ("Scottish authorities"), on 12 June 2025, the delegation made the following immediate observation under Article 8, paragraph 5, of the Convention.

- The Scottish authorities, **within one month**, were requested to ensure that that all categories of segregated prisoner are offered at least one hour of outdoor exercise every day at a reasonable time of the day.

11. This immediate observation was confirmed by letter of 27 June 2025 when transmitting the delegation's preliminary observations in writing to the UK (Scottish) authorities.

12. On 23 July 2025, the Scottish authorities informed the CPT of the actions taken in response to this immediate observation. This response has been taken into account in the relevant sections of the present report.

13. On 25 September 2025, the Scottish authorities informed the CPT of its response to the delegation's preliminary observations. This response has also been taken into account in this report.

# II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

## A. Law enforcement agencies

### 1. Preliminary remarks

14. Policing is a "devolved matter" under the Scotland Act 1998. However, the UK Parliament and Government keep overall responsibility for the areas of national security, terrorism, firearms and drugs. In 2013, a unified "Police Service of Scotland" (Police Scotland - PSS) was formally established. Police Scotland is led by a Chief Constable and comprises a command team of three Deputy Chief Constables, Assistant Chief Constables and Directors. It is divided into 13 local policing divisions, each headed by a Chief Superintendent. The Chief Constable is accountable to the Scottish Police Authority, a body which is also responsible for maintaining policing, promoting policing principles, and the continuous improvement of policing.

15. Part 1 of the Criminal Justice (Scotland) Act 2016[3] includes provisions on the powers of the police to arrest, hold in custody and question a person who is suspected of having committed an offence. This part also provides for the rights of such persons in custody, makes specific provision for vulnerable adults and children, and obliges the Lord Advocate to issue a code of practice about investigative functions; Police Scotland's core procedural guidance is enshrined in its Standard Operating Procedures (SOPs). The Criminal Justice (Scotland) Act 2016 (Arrest Process) SOP details the procedures and safeguards surrounding the arrest and detention of suspects under the 2016 Act.

16. Police custody centres are arranged according to 12 regional clusters across Scotland. During the 2025 visit, the CPT visited five police custody facilities in Scotland.

In Glasgow, the delegation visited Govan Police Station and London Road Police Station. London Road Police Station has a total of 36 adult and six juvenile cells. At the time of the visit, it was holding 22 individuals, and four cells were out of service for technical reasons. Govan Police Station was holding 36 individuals at the time of the visit for an official capacity of 50 persons. All persons were held in individual cells.

In Edinburgh, the delegation visited St Leonard's Police Station, which had 31 cells in use and had an occupancy of six detained persons on the day of the delegation's visit.

The delegation also visited, for the first time, Levenmouth Police Station, a custody facility with 12 cells. This custody centre was holding two individuals at the time of the visit. Dunfermline Police Station, also visited for the first time, is a facility with 18 cells, (one of which was out of service at the time of the visit), 14 in the "male" corridor and four in the "female" corridor. At the time of the visit, there were two detained women and no men.

The delegation interviewed persons held in police custody at the time of the visit, as well as a large number of prisoners held on remand in the various Scottish prisons visited, about their treatment by the police.

17. Chapter 2 of the Criminal Justice (Scotland) Act 2016 provides for a person to be detained for 12 hours by the police, with the possibility to extend this period by a further 12 hours upon the authority of an inspector, or of a chief inspector for a person under 18 years of age. The custody of each detained person must be reviewed by an inspector every six hours based upon reasonable grounds for suspecting that the person has committed an offence, and the test of necessity and proportionality. A detained person, if not released, must be charged and brought before a court, "if practicable, before the end of the first day on which the court is sitting". [4]

3. Criminal Justice (Scotland) Act 2016.
4. See Criminal Justice (Scotland) Act 2016, sections 11, 13, 14 and 21.

18. The police stations visited all had very good registration systems. Each police station kept proper records of the most necessary information, including whether the detained person needed medicine, when they had been seen by a nurse, and when a lawyer had been notified.

19. The courts were not, as a rule, open on weekends. Therefore, persons taken into police custody on a Friday would have to wait until the following Monday before attending court. In the event of a bank holiday, detained persons could remain in custody from Friday until Tuesday. On bank holidays there might be a custody Court sitting, but this was not always the case.

20. Positively, the CPT was informed that the Scottish authorities are undertaking efforts to keep fewer people in police custody and to instead release them on conditions. The PSS informed the CPT that capacity management was a key objective and that active efforts were being made to reduce the numbers of people in custody, as well as the number of custody centres.

In May 2023, the "Criminal Justice Improvement" Plan was launched, which included the objective to "create alternative pathways based on the presumption of liberty, ensuring that all arrests are lawful, necessary and proportionate". [5] One practical example is the use of the "voluntary interview pathway".[6] Under this pathway, suspected persons make a commitment to collaborate voluntarily, instead of being arrested and held in a custody centre.

Linked with the "voluntary interview pathway" is the "Custody 2030" project, through which the PSS aim to learn from data collection, in order to decide which custody centres are truly required.

21. By letter dated 25 September 2025 in response to the CPT's Preliminary Observations, the Scottish authorities informed the CPT that individuals were not detained in custody for any longer than necessary and that they pursue a range of options, such as the use of Investigative Liberation, Release on Undertaking to Attend Court, Release for Summons and the use of Direct Measures as alternatives to individuals being detained for court. According to the Scottish authorities, these policies significantly reduce the number of individuals detained longer than 24 hours, with the average time an individual spends in custody currently being around five hours. This is positive.

**The CPT recommends that the Scottish authorities continue their efforts to reduce the numbers of persons held in police custody facilities for longer than 24 hours (i.e. especially between Friday and Monday mornings), notably through the opening of some Saturday courts.**

## 2. Ill-treatment

22. All persons met by the delegation stated that they had been treated correctly by custody staff during their time in the custody facilities visited. Indeed, the CPT met many custodial officers carrying out their challenging tasks professionally. The vast majority of persons interviewed also stated that they had been treated properly by the police at the time of apprehension. However, the delegation received a few complaints about excessively tight handcuffing.

**The CPT recommends that the Scottish authorities ensure that when it is deemed essential to handcuff a person, the handcuffs are not excessively tight.**

23. The delegation also received one allegation of excessive use of force upon apprehension by police officers. Detainee A.A. told the CPT delegation that he had been apprehended on Saturday, 7 June 2025 at approximately 15:30 and alleged that, during transport to Glasgow Royal Infirmary, he was physically assaulted by a police officer. According to A.A., the arresting police officers, before taking him into custody, decided to take him to the hospital for a medical examination, to which he objected. When they arrived at Glasgow Royal Infirmary, A.A. refused to leave the police vehicle. He alleged that police officers applied force to pull him out, hitting his face and one side of his body, while his hands were

5. Main Report | Scottish Police Authority
6. Lord Advocate's guidelines on the use of the police direct measures for adult offenders | COPFS

handcuffed behind his back, and verbally abused him. A.A. told the delegation that he had been informed that he would be charged with assault on a police officer.

Hospital records at Glasgow Royal Infirmary on 7 June 2025 indicated no documented injuries, noting that the clinical assessment was limited due to the detainee's agitated state. The CPT met and interviewed A.A. at London Road Police Station, on Sunday, 8 June 2025. The CPT's medical expert observed multiple irregular lesions on his flank, arms and shoulder, of varying size and coloration, consistent with blunt force trauma sustained within the previous 24 to 48 hours. The injuries documented were assessed as compatible with A.A.'s account , and could not be attributed to accidental causes. [7]

A.A. wished to introduce a formal complaint before the custody sergeant during the CPT visit. The case was referred to the NHS custody nurse on duty and a Forensic Medical Examiner (FME) was contacted to perform a full medico-legal evaluation of the detainee's injuries and allegations.

**The CPT would like to be informed about the outcome of the complaint introduced by detainee A.A and receive all relevant medical and administrative documents.**

24. **The CPT recommends that the Scottish authorities remain vigilant and continue to deliver a strong message that the ill-treatment of detained persons is illegal, unprofessional, and subject to appropriate sanctions.**

**Further, regular professional training for police operational officers should be provided, which is well structured and covers the prevention of ill-treatment.**

25. The low number of allegations was a positive development compared to the 2018 visit, when there was a marked increase in the number of allegations of excessive use of force by police officers.

In this respect, the CPT was informed by the Scottish authorities that, since the 2018 visit, more training for police officers on de-escalation techniques had taken place. Further, since March 2025, every operational officer in Dundee had a body-worn video camera, with both video and audio footage, as the first stage of a "national roll-out". It was planned to have more than 10 000 body-worn video cameras operating on police officers by 2026, which would mean that more than half of the police officers would be equipped with a video camera.[8]

The CPT welcomes these steps taken by the Scottish authorities. It considers that issuing body-worn video cameras to law enforcement officials, and the systematic recording with those cameras of any intervention, represents an additional safeguard against abuse by police officers, as well as a protection against unfounded allegations of ill-treatment.

**The CPT would like to receive further information on these plans and their implementation. In particular, it would like to be informed of any initial assessment made by the Scottish authorities on the use of body-worn video cameras by police officers in Dundee. It would also like to be informed of the concrete steps envisaged by the Scottish authorities in order to implement the plan to have 10 000 body-worn video cameras operating on police officers by 2026.**

7. Custody records showed that three doctors from Govan health hub who had seen A.A. had not recorded any injuries or mentioned allegations of police ill-treatment; during his admission the detainee had not mentioned having sustained any injuries or having been ill-treated. Therefore, as per standard practice, no proper medical examination was performed, as the injuries were not visible without A.A. undressing.

8. According to the Police officer quarterly strength statistics, there were 16 427 full-time equivalent (FTE) police officers in Scotland on 30 June 2025 (Police officer quarterly strength statistics: 30 June 2025 - gov.scot). According to Police Scotland, every frontline uniformed police officer will be expected to be equipped with a video camera (Police Scotland rolls out body worn video into Central Scotland - Police Scotland).

## 3. Safeguard against ill-treatment

26. The CPT examined the safeguards afforded to persons deprived of their liberty by the police; namely, the right of such persons to inform a close relative, or another third party of their choice, of their situation, to have access to a lawyer and to have access to a doctor. It also examined whether such persons were informed without delay of all their rights and whether the custody records were properly completed and well-maintained.

### a. notification of custody

27. The legal framework governing the notification of custody has remained unchanged since the 2018 visit.[9] In the police stations visited, notification of a third party took place systematically. However, as had also been the case during the 2018 visit, detained persons were not necessarily informed that notification of custody to a third party had taken place.

By letter dated 25 September 2025 in response to the CPT's Preliminary Observations, the Scottish authorities informed the CPT that a change to the National Custody System (the NCS), first requested in April 2022, in order to include a mandatory field recording the time and date that an individual in custody has been advised that the notification of a third party and a lawyer has been completed. The change will be affected as soon as capacity within the Digital Division allows. This is positive.

**CPT would like to be informed when the change in the system will take effect. It is important that detained persons are informed when the third-party notification has been effected by custody staff and that this is recorded within police custody records.**

### b. access to a lawyer

28. Under Scottish law, detained persons have the right to have a lawyer notified of their detention, the place of their custody and that legal assistance is required.[10] Detained persons also have the right to consult with a solicitor at any time.[11]

In general, this right operated well in practice. However, two persons whom the delegation met on a Sunday at *London Road Police Station* told the delegation that they had not seen a lawyer since their arrest on Friday. The authorities informed the delegation that sometimes it was lawyers who chose not to visit detained persons in police stations and to meet them only at court, shortly before the start of the court proceedings.

The delegation also observed that the fact that the custody officers contact a lawyer is traceable in the electronic system. However, feedback to the detained person on whether a lawyer has been contacted is not registered, as there is no such entry available in the electronic system. A few persons interviewed by the CPT delegation complained that they were uncertain whether the custodial officers had in fact contacted their lawyer.

**The CPT recommends that detained persons be informed when notification of the lawyer has taken place and that this feedback should be traceable in the police custody records. Also, the detained person should be informed of the lawyer's response to the police officers, including whether they intend to visit the detained person at the police station.**

9. The right of detained persons to have a third party notified of their detention, or their refusal thereof, is provided for in Section 38 of the Criminal Justice (Scotland) Act 2016. In principle, notification of custody may be delayed if it is necessary in the interests of the investigation or prevention of crime, the apprehension of offenders or for safeguarding children in custody (section 38(5)) and effected with no more delay than is necessary (section 38(4) and (7)).
10. Section 43 of the Criminal Justice (Scotland) Act 2016.
11. Section 44(1) of the Criminal Justice (Scotland) Act 2016.

**Further, steps should be taken in consultation with the Bar Associations to ensure that lawyers are reminded of their key role in preventing ill-treatment by attending police stations and intervening at the outset of the deprivation of liberty, by representing to the best of their ability the interests of the persons they are mandated to assist.**

29. In its reports on the 2012 and 2018 visits, the Committee had noted that, under Section 44 of the Criminal Justice (Scotland) Act 2016, in exceptional circumstances, it was possible to delay a detained person's access to a lawyer, or the exercise of that person's right to meet a lawyer in private.[12] In 2025, the relevant legislation remained unchanged.

**The CPT therefore reiterates its recommendation that Section 44 of the Criminal Justice (Scotland) Act 2016 be amended accordingly.**

### c. access to a doctor and recording of injuries

30. As was the case in 2012 and 2018, in 2025 there was still no formal requirement guaranteeing the right of access to a doctor under the law, despite overall recent revisions of the Criminal Justice (Scotland) Act 2016.

Custodial officers interviewed apprehended persons upon reception and conducted a vulnerability assessment, by completing a questionnaire. If the detained person declared that they had injuries, custodial staff (that is, not medical staff) decided whether the detained person should be examined by a medical professional. Some larger police stations, such as *Govan*, had in-house NHS nurses and the examination could take place immediately, so that it could be determined whether an examination by a general practitioner (GP) was required. If the police station did not have in-house nurses, an NHS nurse was contacted by phone and, if deemed necessary, they came to the police station in order to examine the detained person.

This practice could create delays in practice. The delegation observed that, according to custodial staff themselves, at *Levenmouth Police Station* a detained person having arrived at 08.30 required medical attention. The officer in charge told the delegation that NHS nurses from Falkirk were available on a 24/7 on-call basis, as was a medical doctor, and that a call to a nurse had been made around 09.30. However, by the time the CPT visit was concluded, at approximately 11:45, a nurse had not yet arrived and there was no update as to an estimated time of arrival or further actions to be taken.

31. Access to a doctor is a key safeguard to help prevent ill-treatment.

**The CPT reiterates its previous recommendation[13] that the right of detained persons to have access to a healthcare professional from the very outset of their deprivation of liberty be expressly provided for in law and in the administrative guidance regulating the deprivation of liberty by the police.**

32. In its report on the 2018 visit, the CPT had noted that medical consultations in police stations did not take place in private, out of the hearing and sight of a police officer. In 2025, the CPT delegation was pleased to note that, in the police stations visited, medical consultations took place in a confidential manner, that is, without custodial staff present, unless the NHS staff specifically requested the presence of a police officer during examinations.

33. As had been the case in 2018, during the 2025 visit the CPT delegation saw people suffering from drug withdrawal symptoms in many of the police stations visited. While a uniform practice did not seem to exist, custodial officers made efforts to continue any methadone maintenance treatment which was already underway. For example, at *Levenmouth Police Station*, the officer in charge informed the CPT

12. The person's exercise of the right to access a lawyer may be delayed, so far as that is necessary in the interests of the investigation or the prevention of crime, or the apprehension of offenders, by a constable of the rank of sergeant or above, and who has not been involved in the investigation in connection with which the person is in custody.
13. CPT/Inf (2019) 29, paragraph 21.

delegation that a local pharmacy was contacted directly to supply the medication for which the detained person had a prescription. It remained unclear whether a clinical reassessment or verification by a qualified health professional was systematically conducted prior to administration.

The CPT notes that, generally, persons in police custody should have access to the same Medication for Opioid Use Disorder (MOUD) treatment as they had had in the community. It should be verified rapidly whether Methadone and Pregabalin had been prescribed in the community and, in the affirmative, the detained person's regular treatment provider and the community pharmacy network should be contacted in order to collaborate in continuing the treatment.

Further, in the event of drug withdrawal, a medical evaluation by a general practitioner should be arranged without further delay to assess the detainee's clinical status and establish a tailored withdrawal or continuation protocol. Clinical monitoring for signs of opioid withdrawal should be implemented, including fluid status, vital signs, and mental health indicators. Moreover, all medical complaints, referrals and actions taken should be documented in the detainee's custodial health record.

34. As was the case during the 2018 visit,[14] the process of identification and recording of injuries upon admission to the police stations visited was in need of improvement. The detained person was asked standard questions, including whether they had sustained injuries. However, the onus remained on the detained person to say whether they were injured; if they said 'no injuries', it was marked as such in their file (in some cases, despite obvious injuries).

As a rule, there was no visual check of injuries upon entry and the custody officers did not even refer cases of persons with evident injuries to the competent investigative body, unless the detained person expressed such a wish. At *Govan*, *Levenmouth*, *St Leonard's*, and *London Road Police Stations*, no injury body mapping (or photographs) was being conducted, and the CPT found a lack of injury documentation.

35. By letter dated 25 September 2025 in response to the CPT's Preliminary Observations, the Scottish authorities informed the CPT that all individuals brought into custody were subject to an initial risk assessment process, which included confirming whether that individual had any pertinent injuries or medical conditions. It was added that, over the last year, the National Police Care Network had developed a national Target Operating Model for healthcare and forensic medical services for people in police custody (TOM), which did not explicitly reference timeframes for access to a nurse or processes for alerting a doctor. Application of the TOM was being overseen by an implementation group, made up of a wide range of stakeholders across health and justice. In July 2025, NHS Boards and Police Scotland were asked to assess each of the 92 elements contained within the Service layer of the TOM. NHS Boards and Police Scotland have been asked to undertake a self-assessment and determine to what degree each element was implemented. This self-assessment would be repeated every six months to monitor implementation at an NHS Board level and nationally.

The CPT notes the reply of the Scottish authorities. It considers that proper documentation and recording by custody staff of detained persons' injuries upon arrival at the police station is an important safeguard against ill-treatment. Booking-in custody staff should take a more active role, including by inquiring about any injuries and systematically recording obvious injuries observed on newly-arrived detained persons, and referring these persons to NHS healthcare staff for a medical examination.

36. **The CPT reiterates its recommendation that the Scottish authorities ensure that custody staff are reminded, through regular training, that all injuries should be immediately and properly documented and that such detained persons with injuries should be examined by NHS healthcare staff. Recording of the medical examination in cases of traumatic injuries should be made on a special form provided for this purpose, with completed body charts mapping those injuries to be kept in the custody records of the detained person. A special trauma register should also be kept. A request by a detained person to be examined by a doctor should always be granted, and it is not for police officers to filter such requests.**

14. CPT/Inf (2019) 29, paragraph 24.

**Further, the CPT recommends that procedures should also be put in place to ensure that whenever injuries are recorded which are consistent with allegations of ill-treatment made by the detained person concerned (or which, even in the absence of an allegation, are clearly indicative of ill-treatment), the record is systematically brought to the attention of the competent prosecutorial authorities. The person should be told of the reporting obligation by a healthcare professional and reminded that they can also initiate a complaint, if they so wish. The results of the examination should also be made available to the detained person concerned and their lawyer. If necessary, the Scottish Standard Operating Procedure should be amended to reflect these principles.**

### d. Information on rights

37. Scottish law provides that any person deprived of their liberty must be informed of the reason for police detention and of their rights.[15] Most detained persons with whom the delegation spoke confirmed that they had been informed about their rights.

As a rule, detained persons were taken to the police station's "charge bar", where an officer sitting at one side of a bar requested personal identification details and provided information on rights to the detained person. All information was entered into the IT system and a camera records the interaction (video and audio).

Each detainee was to be given a brochure detailing their rights to keep in their cell, however, on some occasions, for example at London Road Police Station, the delegation did not see such brochures in some cells.

The information brochures existed in a variety of commonly spoken languages. Information in foreign languages could also be provided to detained persons via the telephone, or if necessary, through face-to-face interpretation services.

The CPT welcomes the fact that the information brochure uses simple and accessible language, combined with pictures. It would like to remind the Scottish authorities that when detained persons are unable to read the information brochure provided, and have communication difficulties, they should still be informed of their rights.

**The CPT would therefore like to be informed of whether alternative modes, means and formats of communication are used in such cases by the Scottish authorities.**

## 4. Conditions of detention

38. The material conditions in all police custody facilities visited were in general terms of a reasonable standard for short stays of up to 24 hours. Whenever specific cells had maintenance issues, they were taken out of service, as was the case at *London Road Police Station*, where four cells were not used due to water leakages.

All cells were single occupancy and were of an adequate size, measuring at least 6.5 m2. Cells contained a concrete plinth, as well as a steel toilet which flushed from outside the cell, and were equipped with a thin blue waterproof mattress, a call bell, and a surveillance camera.[16] Three hot meals per day were provided to detained persons. The cells were sufficiently ventilated and were artificially lit. However, as was the case during the 2018 visit, some cells had either very limited or no access to natural light. For example, in *Dunfermline* and *London Road Police Stations*, cells mostly had access to artificial light.

15. Criminal Justice (Scotland) Act 2016, Chapter 1, Sections 3 and 5.
16. On some occasions, the cells also had running water for washing hands, such as at London Road Police Station.

**The CPT reiterates its recommendation that all police custody cells should have access to natural light, and that any new construction of police facilities take this into account.**

39. At the police stations visited, apprehended persons were assessed by the custodial staff upon arrival. Persons who were considered vulnerable were placed in observation cells and were observed with CCTV cameras, or in some cases through a glass wall. The toilet area in the cell was, in all instances, covered by a black square on the screen, ensuring the privacy of detained persons. The Committee is pleased to note that, following the 2018 recommendation, [17] at *St. Leonard's Police Station* all on-screen toilet areas were covered by a black square on the CCTV monitor screens.

**The CPT would like to receive information on the applicable legal framework on the use of CCTV in police stations.**

40. Shower facilities existed in most police stations visited. They were fully operational at London Road Police Station. However, in the rest of the police stations, access to shower facilities continued to be problematic at times, either due to staff shortages[18] or because the shower facilities were not fully operational.[19]

The delegation also noted that, as had been the case during the 2012 and 2018 visits,[20] persons deprived of their liberty for periods in excess of 24 hours did not, as a rule, have access to outdoor exercise facilities, either because such facilities did not exist,[21] or due to low staffing levels.[22]

During the 2025 visit, the Scottish authorities acknowledged that if a person were detained for more than 24 hours, they should have access to a shower and outdoor exercise. However, the CPT was informed that the priority of the authorities was to make efforts to reduce the time spent in custody rather than to create exercise yards.

41. By letter dated 25 September 2025 in response to the CPT's Preliminary Observations, the Scottish authorities informed the CPT that there was no statutory obligation placed on Police Scotland to provide outdoor exercise areas. The layout, size and age of the current custody estate precluded the Scottish authorities from acting on this recommendation at the current time. However, it would be considered as part of their overarching national Custody Estates Strategy, when developing plans for future renovations or building new custody facilities in the future. It was added that there was no short or indeed medium-term solution.

In 2025, the CPT still considers that firstly, the police custody facilities visited remain unsuitable for detention for longer than 24 hours given the lack of outside exercise yards and limited access (and in some cases no access at all) to natural light in cells. The CPT acknowledges that old custody facilities cannot be easily adapted, and it welcomes the objective of the Scottish authorities to decrease the numbers of persons held for longer than 24 hours in police custody.

**Nevertheless, the CPT recommends that greater efforts be made to ensure that detained persons who are held for 24 hours or more are offered access to running water with adequate shower facilities. Further, any newly planned police custody facilities should provide for access to sufficient natural light, ventilation, shower facilities and outdoor exercise facilities.**

17. CPT/Inf (2019) 29, paragraph 32.
18. This was the case, for example, in Govan Police Station, where the CPT delegation was informed that the custody officers tried to offer showers to detained persons, but this was not always possible due to low staffing levels.
19. For example, that was reportedly the case at St Leonard's Police Station.
20. CPT/Inf (2019) 29, paragraph 33, and CPT/Inf (2014) 11, paragraph 27.
21. For example, this was the case at Dunfermline Police Station, Levenmouth Police Station, and London Road Police Station.
22. For example, this was the case at both Govan and St Leonard's Police Stations at the time of the CPT visit.

## B. Prison establishments for men

### 1. Preliminary remarks

42. Justice and penal policy are devolved areas under the Scotland Act of 1998 and fall under the authority of the Scottish Government. Prisons in Scotland are the responsibility of the Scottish Prison Service (SPS), established in 1993, which operates as an Agency of the Government. At the time of the 2025 CPT visit, there were 15 prisons in Scotland, including one operated by the private sector.[23] Plans to replace older prisons, such as Barlinnie, Greenock and Inverness, already mentioned in the CPT report on the 2018 visit,[24] had yet to materialise. The CPT was informed that Inverness Prison would be replaced by Highlands Prison, scheduled to open in 2026, and Barlinnie Prison would be replaced by Glasgow Prison, to be opened in 2028.

43. In its report on the 2019 visit, the CPT had noted the steady increase of the prison population in Scotland, despite various measures pursued by the Scottish Government to address this phenomenon. It had recommended urgent measures to tackle overcrowding in prisons, as well as greater investment in countering the different factors playing into the steady increase in prison population, including addressing the increase in the use of remand, assessing short-term sentencing policies, and increasing the use of alternatives to imprisonment.[25]

44. In 2025, overcrowding remains a worrying feature of the Scottish prison system. On 14 November 2025, there were 8 275 persons held in Scottish prisons, for an official capacity of 8 007 places (an occupancy rate of 103%, and approximately 150 prisoners per 100 000 population).[26] In absolute numbers, this is a poorer situation than that at the time of the October 2018 visit, when there were over 7 900 prisoners for an official capacity of 7 900 places (that is, an occupancy rate of 100%). According to the Scottish authorities, the reasons for the steady increase in the prison population include a spike in the use of remand (approximately 30% of the prison population), significant increases in imprisonment for historical sex offences and organised crime, and a growing amount of longer prison sentences.

45. By letter dated 25 September 2025 in response to the CPT's Preliminary Observations, the Scottish authorities informed the CPT that it had taken a range of actions to address the prison population, including changing the point of release for some short-term prisoners and widening the use of home detention curfew. Additional funding of £25 million[27] over two years had been provided to increase the capacity of community justice services across Scotland to support a sustained increase, where appropriate, in the use of alternatives to custody. An independent Sentencing and Penal Policy Commission was also established to review how custody and community-based interventions were used.

46. The CPT notes that under the Bail and Release from Custody (Scotland) Act 2023, it is possible to release prisoners in case of an emergency situation. In June 2024, while the prison population stood at 8 294, 477 prisoners were released under an early release scheme.[28] In November 2024, an Early Release Bill[29] allowed eligible short-term prisoners[30] to be released at the 40% point of their sentence instead of the 50% point. 312 individuals were released under this scheme between February and March 2025.[31]

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23. Addiewell Prison.
24. See also, CPT/Inf (2019) 29, paragraph 35. https://rm.coe.int/1680982a3e
25. CPT/Inf (2020) 28, paragraph 7.
26. Data, Research and Evidence | Scottish Prison Service.
27. This brought the total funding for community justice to £159 million in 2025/26.
28. Scottish prisoners released from jail early to ease overcrowding. The move involved prisoners with 180 days or less to serve from a sentence of under four years, and did not apply to prisoners convicted of sexual or domestic abuse offences.
29. Prisoners (Early Release) (Scotland) Act 2025.
30. Sentences below four years.
31. Data, Research and Evidence | Scottish Prison Service.

The CPT welcomes the efforts undertaken by the Scottish authorities. Nevertheless, it is evident that the emergency measures are, by definition, only intended to have a short-term benefit. For example, immediately following the application of the emergency release measures, on the 1st of April 2025, there were 8 182 persons in Scottish prisons,[32] a number which climbed rapidly back to 8 321 prisoners by 5 September 2025. Consequently, to address the root causes of overcrowding, a more coherent strategy, covering both admission to and release from prison is required.

More generally, the CPT wishes to stress that a prison cannot function effectively if it is operating at 100% of its capacity. There must always be some margin for transferring prisoners from one wing to another, for receiving additional prisoners, or for taking back prisoners on temporary release. The Council of Europe's White Paper on Prison Overcrowding states that "if a given prison is filled at more than 90% of its capacity this is an indicator of imminent prison overcrowding. This is a high-risk situation, and the authorities should feel concerned and should take measures to avoid further congestion."[33]

Further, the Committee considers that, for every prison, there should be an absolute upper limit for the number of prisoners, in order to guarantee the minimum standard in terms of living space, namely 6 $m^2$ per person in single cells and 4 $m^2$ per person in multiple-occupancy cells (excluding the sanitary annex). Whenever a prison has reached that limit, appropriate steps must be taken by the relevant authorities to ensure that a person who has been newly remanded in custody or sentenced to imprisonment, is offered acceptable conditions of detention (including in terms of living space).

**CPT recommends that these precepts be taken into account when calculating the official prison capacity and the number of places available within the prison estate, and when looking at projections for the prison population in the future.**

47. **The CPT once again[34] calls upon the Scottish authorities to pursue their efforts to reduce the prison population.[35]**

**Further, the CPT recommends that a thorough analysis be carried out of the root causes for overcrowding in Scottish prisons, as well as the measures envisaged to be taken in the future in relation to these challenges. The CPT would also like to receive updated information on the new prison construction programme (places envisaged per establishment, timing) and the expected timing for the closure of Barlinnie, Greenock and Inverness Prisons.**

**The CPT would like to be informed whether an assessment of the use of alternatives to custody has been conducted by the Scottish authorities following the plans to increase the capacity of community justice services across Scotland. It would also like to receive any assessments carried out by the independent Sentencing and Penal Policy Commission.**

48. In the course of the 2025 visit, the CPT visited for the first time Low Moss and Perth Prisons and carried out a targeted follow-up visit to Barlinnie Prison, focusing on overcrowding, prisoners on protection, and persons in segregation from the mainstream prisoner population (including in the Separation and Reintegration Units (SRUs)).

32. Statistics on prisons - Safer Communities and Justice Statistics Monthly Data Report: April 2025 - gov.scot.
33. See Section 20 of White Paper on Prison Overcrowding – CM(2016)121-add3, 23 August 2016.
34. CPT/Inf (2014)11, paragraph 32, and CPT/Inf (2019) 29, paragraph 38.
35. See Recommendation No. R(99)22 concerning prison overcrowding and prison population inflation; Recommendation CM/Rec (2017)3 on the European Rules on community sanctions and measures; Recommendation Rec(2003)22 on conditional release (parole); Recommendation Rec(2006)13 on the use of remand in custody; and Recommendation Rec(2010)1 on the Council of Europe Probation Rules. Reference is also made here to the White Paper on Prison Overcrowding, the Council of Europe's Committee on Crime Problems (CDPC), PC-CP (2015) 6 rev 7.

*Barlinnie Prison*, opened in 1882 and located in Glasgow, is the largest prison in Scotland. The general layout of the prison was described in the reports on the 2012 and 2018 visits.[36] It has a design capacity of 987 places and, on the first day of the 2025 visit, was accommodating 1 299 prisoners, 839 convicted and 460 untried (a 131.6% occupancy rate). The CPT delegation was informed that the prison population had recently been around 1 400 but was reduced following the emergency measures (see paragraph 46 above).

*Low Moss Prison*, located in Bishopbriggs, near Glasgow, opened in March 2012. It accommodates prisoners primarily from the North Strathclyde Community Justice Authority area. It has a design capacity of 784 places and an "extended operational capacity" of 884.[37] On the day of the visit, it was accommodating 794 prisoners, 571 convicted and 223 untried (89.8%). The prison consists of two different residential blocks offering single- and double-occupancy accommodation: Clyde House ("extended capacity" of 395 prisoners) and Kelvin House ("extended capacity" of 489 prisoners). Each house has three levels of four Sections each (including the SRU, located in Section A of Clyde House).

*Perth Prison* has a design capacity[38] of 631 places in three Halls, A, B and C, and one SRU. Halls A and B are part of the old structure which has been refurbished, and Hall C was added at a later stage. Each Hall has four levels. At the time of the 2025 visit, the prison was accommodating 677 prisoners, 404 sentenced and 273 untried (107% occupation).

## 2. Ill-treatment

49. At the prison establishments visited, the vast majority of prisoners stated that they were treated correctly by prison officers, and the delegation did not receive any credible allegations of deliberate ill-treatment of prisoners by staff.

However, it did receive two allegations of excessive use of force during control and restraint operations, which took place a few days prior to the delegation's visit. A prisoner at *Barlinnie Prison*, B.B., alleged that he was kicked in the face by members of a special intervention team, while being restrained on the floor. Prisoner B.B. presented, according to the available medical records, severe swelling and bruising on his right eye on 2 June 2025 at 08:35. A full clinical assessment was undertaken approximately 12 hours after the alleged incident. On 2 June 2025 at 20:24, a nurse documented that B.B. reported "no focus to right eye and blurred vision", with "extreme bruising to the right eye, inflammation present and bloodshot around pupils". The patient was advised to alert staff in case of worsening symptoms during the night. On 2 June 2025 starting at approximately 20:26, the prisoner had a series of seizures. An emergency ambulance arrived at 20:55 and the patient was transferred to the hospital.

A prisoner at *Perth Prison,* C.C., alleged that a few days before the CPT visit, he had refused to attend a disciplinary hearing and that as a consequence he was restrained and handcuffed, and that one officer banged his head against the floor of his cell four times. C.C. introduced a formal complaint on the incident.[39]

50. By letter dated 25 September 2025, the Scottish authorities informed the CPT that SPS staff were trained in use of force during their initial training and then followed a refresher training every year within each establishment. Officers were trained in de-escalation techniques, and it is reinforced that the minimum amount of force required is to be used.

The CPT considers that control and restraint operations do inherently pose a risk of excessive use of force if not undertaken correctly. Moreover, it is almost impossible to monitor and determine the actual level of pain inflicted in an unplanned pain-compliance operation merely from the CCTV footage review, especially when the operation involves four or more officers controlling one inmate, or if the restraint procedure is undertaken in an inmate's cell, with no CCTV coverage. The CPT welcomes the fact that SPS

36. CPT/Inf (2014)11, paragraph 34.
37. See paragraph 58 below.
38. See paragraph 59 below.
39. C.C. initially introduced the wrong complaint form (PCF1), but the staff members gave him the right one (PCF2).

staff receive continuous training on use of force and trusts that, in this context, the Scottish authorities will regularly remind prison staff, including through ongoing training and refresher courses, that no more force than is strictly necessary should be used to control prisoners.

51. The delegation was also informed that a new pilot project on control and restraint, "Control and Restraint 2" (C&R2), was in place at *Low Moss, Stirling* and *Polmont Prisons* (see section on control and restraint in Part B). Prison officers at Low Moss Prison use body cuffs made of soft material (Velcro). According to the prison management, these cuffs are readily available on officers' belts,[40] and prisoners and staff are safer, as there are fewer assaults on staff and fewer injuries. At the same time, soft cuffs are seen by the prison authorities as a de-escalation tool, and the aim is to restrain prisoners in a standing position.[41] Restraint takes place by a minimum of three officers, plus a supervising officer.

The Scottish authorities informed the CPT that C&R2 was a trauma-informed approach, the first of its kind in the world, which promoted de-escalation and the use of soft cuffs with non-pain inducing techniques. After its initial successful pilots, it would be rolled out to all establishments as from the end of 2025 and running through to the financial year of 2027-2028.

**The CPT welcomes the use of soft cuffs in restraint operations and considers that this is a positive step, as such cuffs can provide a safer alternative to handcuffs. It would like to be informed of the exact procedure to be followed by prison staff under the new pilot project on control and restraint. It would also like to be informed of any official assessment of the pilot project.**

52. In its report on the 2018 visit, the CPT invited the Scottish authorities to consider taking measures to ensure that body-worn cameras be used by front-line prison staff during all control and restraint operations.[42] During the 2025 visit, the delegation was informed that a new pilot project, consisting of the use of body-worn cameras by certain prison officers at *Barlinnie*, *Low Moss* and *Perth Prisons* was in place. At Low Moss Prison, the pilot project, which had started approximately one year prior to the CPT visit, consisted of 10 officers per shift wearing body cameras on a voluntary basis. When an officer turned on the camera, it registered footage starting 30 seconds back in time. The recorded images were kept for 14 days, unless they were downloaded, and could be used in court. Prison officers spoke positively of the project, as they felt that recordings both protected them from unfounded allegations of ill-treatment and could be used to demonstrate to a prisoner their undesirable behaviour.

**The CPT welcomes the pilot project on the use of body-worn cameras during control and restraint operations at Barlinnie, Low Moss and Perth Prisons. It encourages the Scottish authorities to expand the use of body-worn cameras and to make their usage compulsory by front-line prison staff before and during all control and restraint operations, as well as in all prisons across Scotland. Further, the CPT recommends that the Scottish authorities take the necessary measures to ensure that body-worn camera video footage is, in all cases, securely retained for a period of at least one month, and preferably longer.**

**It would also like to be informed whether the policy framework for the use of body-worn video cameras in Scottish prisons provides for a debriefing session with the members of staff and the prisoner concerned, with a view to preventing similar incidents in the future.**

40. Before the pilot project, officers were using regular handcuffs, which they were not allowed to carry on their belt but had to be brought from a safe, in the event of an incident.
41. Injuries can be caused, according to the prison staff interviewed, while trying to restrain someone on the ground as, in a cell, prisoners could get hurt by furniture or by hitting the floor.
42. CPT/Inf (2019) 29, paragraph 40.

53. In all prisons visited, prisoners complained to the CPT of verbal abuse by some custodial officers. At *Low Moss Prison*, two prisoners of foreign origin complained that they had received insults and xenophobic comments from staff, including use of the word "monkey". At *Barlinnie Prison*, a prisoner charged with a sexual offence told the CPT delegation that staff had used the word "beast" to address him. At *Perth Prison*, prisoners complained that they heard a member of staff telling her colleagues that they should treat prisoners in Hall B as "dogs", and that another prison officer used vulgar language towards them.

**The CPT recommends that the Scottish authorities take effective action, via the prison management, to ensure that custodial staff receive the clear message that verbal abuse, as well as other forms of disrespectful or provocative behaviour vis-à-vis prisoners, is not acceptable and will be dealt with commensurate to the gravity of the crime.**

54. Incidents of inter-prisoner violence do occur regularly in all prisons visited but are, as a general rule, subject to rapid intervention by the prison staff. Substance use and its effects on the prison population at times render responses to inter-prisoner violence a complicated task, as new illicit psychotropic substances influence prisoner behaviour in novel ways (see paragraphs 101 to 111 below).

The CPT trusts that the Scottish authorities will remain vigilant in order to prevent violence in all three prisons visited, for example, through the use of follow-up reports on violent incidents and individual concern files.

# 3. Conditions of detention

## a. material conditions

55. At *Barlinnie Prison*, most of the infrastructure was old and dilapidated. All cells had an in-cell phone and a call bell. As was the case during the 2018 visit,[43] overcrowding adversely impacted the material conditions. Single cells, measuring between 6 and 8.5 $m^2$ (including the partitioned toilet), were being used to accommodate two prisoners. In most Halls, the majority of prisoners had less than 4 $m^2$ of living space each. In addition, the cells in those halls were in a bad state of repair, and some had mould on the ceilings and walls. Communal showers were outside the cells, in each Hall.

The CPT has long considered, as a minimum standard, that there should be 6 $m^2$ of living space for a single-occupancy cell (not including the sanitary annexe) and 4 $m^2$ of living space per prisoner in a multiple-occupancy cell (not including the fully partitioned sanitary annexe). Nevertheless, this is a minimum standard and the CPT encourages all Council of Europe member states to apply a higher standard, in particular when constructing new prisons, that is, it would be desirable for a cell of 8 to 9 $m^2$ to hold no more than one prisoner, and a cell of 12 $m^2$ no more than two prisoners.

The CPT is particularly concerned by the situation of those prisoners at Barlinnie Prison who had less than 3 $m^2$ of living space in poor conditions and spent 23 hours per day locked in their cells (see paragraph 60 below). In the CPT's view, such conditions may amount to inhuman and degrading treatment contrary to Article 3 of the European Convention on Human Rights.

**The CPT invites the Scottish authorities to ensure that Glasgow Prison becomes fully operational as soon as possible, in order to allow for the minimum living space per prisoner described above. The CPT also recommends that until Glasgow Prison starts functioning, Scottish authorities ensure that that the minimum standard of 6 $m^2$ of living space per prisoner in single-occupancy cells and 4 $m^2$ in multi-occupancy cells (not counting the area taken up by any in-cell toilet facility) is duly respected.**

43. CPT/Inf (2019) 29, paragraph 45.

56. In its report on the 2018 visit, the CPT was critical of the fact that exercise yards at Barlinnie Prison were mostly basic concrete yards with no means of rest or shelter from the weather.[44] In 2025, the layout of the yards had not changed, and had remained bare, without benches or shelters. A similar situation was in evidence at *Low Moss* and *Perth Prisons*.[45] Taking into account the increasing age of prisoners and the weather prevalent in Scotland, these deficiencies should be remedied.

By letter dated 25 September 2025, the Scottish authorities informed the CPT that the SPS was examining options to improve means of shelter and rest in exercise yards across the prison estate, and that all individuals participating in exercise periods were provided with outdoor clothing for adverse weather conditions.

**The CPT urges the Scottish authorities to install a shelter against inclement weather and a means of rest in the outdoor exercise yards at Barlinnie, Low Moss and Perth Prisons, as well as in other prisons across the country. It also recommends that the redesign and refurbishment plans for new prisons should take into account the need for shelter against inclement weather and seating facilities in the exercise yards.**

57. In its reports on the 1994, 2003, 2012 and 2018 visits, the CPT had criticised the use of 66 cupboard-like cubicles (measuring some 1 $m^2$ and referred to as "dog-boxes" by prisoners), at Barlinnie prison, where the prisoners were placed while in transit through the reception unit. During the 2025 visit, the CPT delegation was pleased to observe that the admissions area at Barlinnie Prison had been refurbished and, as a consequence, the cubicles were removed.

58. The infrastructure at *Low Moss Prison* was adequate and the buildings were in a good state of repair. Cells had sufficient lighting (including access to natural light) and ventilation. The delegation was informed that at times prisoners were not supplied with towels upon admission.

Prisoners were accommodated in single- and double-occupancy cells, furbished with a desk, shelves, a kettle and a TV. All cells had an in-cell phone and a call bell, a sink and a toilet, as well as a shower. However, the material conditions were directly impacted by the extension of the prison's original design capacity, 15 months prior to the CPT visit, from 784 places to 884. The additional 100 places, 36 at Clyde House and 64 at Kelvin House, were created by transforming single-occupancy cells into double-occupancy. The CPT measured such cells at Clyde House, sections 2D and 1B. Cells originally designed for single occupancy measured some 7 $m^2$, without the partitioned toilet, and accommodated two prisoners. This is below the minimum CPT standard.

**The CPT recommends that the single-occupancy cells measuring some 7 $m^2$, transformed into double-occupancy cells in Low Moss Prison no longer be used as double cells and do not hold more than one prisoner. Further, towels should always be provided to all prisoners upon admission.**

59. At *Perth Prison*, the premises were generally in an acceptable state of repair and cleanliness. The cells in all Halls were adequately lit and ventilated, and suitably equipped (table, chairs, shelves, and a TV, as well as an in-cell phone and a call bell). However, in Hall B some cells were dilapidated, and did not have sufficient furniture, such as chairs, for two persons. The delegation also received complaints at the first and second levels of Hall B that the ventilation was not functioning.

Double occupancy cells in Hall A were sufficient in size, measuring between approximately 8 and 12 $m^2$, without the partitioned toilet. However, in Hall C there were double cells measuring 7 $m^2$, without the partitioned toilet, which is not sufficient in size for two people. In addition, in order to increase the prison's capacity, 78 double-occupancy cells had been created in Hall B out of single-occupancy cells. These cells measured approximately 6 $m^2$ without the partitioned toilet and were too small for two persons.

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44. CPT/Inf (2019) 29, paragraph 46. Prisoners were provided with jackets for inclement weather.
45. Each of the exercise yards at *Perth Prison* had three, centrally-placed multifunctional fitness devices but had no shelter from the weather and no means of rest. Prisoners in all three prisons were given a jacket to protect from the rain.

**The CPT recommends that in Perth Prison, each prisoner be allocated at least 4 m² of living space in multi-occupancy accommodation (excluding the sanitary annexes).**

### b. regime

60. In the three prisons visited, prisoners who had work or attended activities spoke very positively about their experience, explaining that it gave them a sense of fulfilment and a break from the prison routine. At the same time, in all three prisons the delegation found that overcrowding and staff shortages frequently led to the cancellation of activities. Moreover, remand prisoners tended to have less access to work and activities, resulting in them spending most of the day inside their cell or at the Halls.

At *Barlinnie Prison*, there was a large workshop area, where, according to the prison management, 300 prisoners attended work every day. There was a timber machine and there were assembly workshops, a horticulture area, where all plants for the new prison in Glasgow were being cultivated, and a bicycle repair shop. There were also three gym areas, a common room with snooker and pool tables, a library and a ping-pong table, an art room, a room with musical instruments, and a well-being hub, where a 10-week yoga course, mindfulness lessons and stress management classes took place.

Conversely, prisoners who did not work or attend educational activities, including due to long waiting lists, could spend up to 23 hours a day locked up in their cells, with one hour to enjoy outdoor exercise in the yard of each Hall. In some instances, prisoners could spend one additional hour in the common area of the Halls.

Lunch and dinner were distributed in each Hall, but the prisoners took it back to their cells, as there were no refectories in the Halls.

61. At *Low Moss Prison* there was a well-equipped gym, and prisoners also had fitness equipment at their disposal in each section. There was also a library, run by prisoners and supported by staff,[46] a multi-faith area, an education department with an IT room, and a radio station. Most prisoners who worked were "passmen" (that is, responsible for cleaning in the accommodation halls), but there were also prisoners working in posts, such as caterers, launderers, or at timber machinery and assembly.

As a general rule, prisoners were entitled to one hour of outdoor exercise per day. If they did not work, they had one hour of recreation time in the corridor of their Halls. They were also allowed to use the gym two or three times per week, for one hour. Prisoners could take their lunch and dinners in the common area in the corridors. Dinner was served at approximately 16:00.

**The CPT invites the Scottish authorities to consider the possibility of serving the last hot meal of the day later in the day, preferably in the evening.**

62. At *Perth Prison*, prisoners could work in a variety of jobs, such as passmen, painters, industrial cleaners, tailors, launderers, cooks, or hairdressers. They could also work at a bike repair station and a wood workshop. A construction academy had been created in the prison and, following a 12-week course involving eight prisoners, certificates were presented during an event with the prisoners' families. A football pitch was available for the whole prison. Hall A had a recreation room with various activities, such as darts, as well as a fitness hall.

On weekdays and weekends, prisoners had access to the outdoor yard for one hour daily. During the week, they were offered approximately one and a half hours of morning association, which included one hour access to the outdoor yard, as well as one hour of recreation in the afternoon. One hour of evening activities, which could include pool and table football, darts, boardgames or association was also offered on a rotational basis. However, as a rule, prisoners had dinner at 16:00 and were then locked up for the night. On weekends the evening activities were not available.

46. The library was also used for other activities, such as yoga.

63. The CPT notes that ensuring that sentenced prisoners are engaged in purposeful activities of a varied nature (work, preferably with vocational value; education; sport; recreation/association) is not only an essential part of rehabilitation and resocialisation, but it also contributes to the establishment of a more secure environment within prisons. Moreover, remand prisoners should, as far as possible, also be offered work as well as other structured activities.

**The CPT once again calls upon the Scottish authorities to improve substantially the programmes of purposeful activities on offer to all prisoners (both remand and sentenced), including educational, vocational, sports and recreational opportunities, in all prisons; the aim should be to ensure that all prisoners spend a reasonable part of the day (that is, eight hours or more) outside their cells engaged in purposeful activities of a varied nature, such as work (preferably with vocational value), education, sport and recreation/association.**

## 4. Segregation of prisoners

### a. Introduction

64. The legal framework governing the segregation of prisoners in Scottish prisons is described in detail in the CPT's report on its 2018 visit.[47] Under Rule 95 of the Prisons and Young Offenders Institution (Scotland) Rules 2011, a prisoner may be "removed from association" for reasons of maintaining good order and discipline, protecting the interests of other prisoners and ensuring the safety of other persons. The initial term of 72 hours can be extended under Rule 95 (11) for a period of no more than one month but any number of further extensions for successive periods of one month may be granted under Rule 95 (12). Prisoners to whom Rule 95 had been applied were held either in the Separation and Reintegration Units (SRUs) or in individual cells in the Halls.

In addition, under Rule 41 of the Prisons and Young Offenders Institution (Scotland) Rule 2011, a prisoner may be accommodated in "specified conditions" if a healthcare professional deems it appropriate in order to protect their health or welfare, or that of other prisoners.

Under Rule 114 of the Prisons and Young Offenders Institution (Scotland) Rules 2011, a prison governor may impose, *inter alia* cellular confinement on a prisoner, for a period not exceeding three days, if they are found guilty of a breach of discipline.

65. The Prisoner Monitoring and Assurance Group (PMAG) has been established by the Scottish authorities to manage prisoners who stay for long periods of time in segregation. It operates as an advisory body to provide advice to Governors and assurance to the Director of Operations in relation to the following cases: the management of prisoners who have been removed from association for three consecutive months or more; the management of prisoners who have been held in an SRU for three consecutive months or more, who refuse to return to mainstream circulation; and the management of prisoners, who the Deputy Governor wants to refer to PMAG for advice (this can include those prisoners who are approaching three months in an SRU or any other operational issue).

66. In its report on the 2018 visit, the CPT had noted that there were numerous prisoners who were being segregated for extremely long periods of time, for several months and occasionally years, either in "carousel" (moved between different prison SRUs) or a "yo-yo" situation (repeatedly moved between the SRU to the mainstream and then back to the SRU). During the 2018 visit, there was a lack of a middle ground step-down facility in prisons, in-between the SRU and the mainstream population, for those prisoners who simply cannot deal with the high-stimulus environment of mainstream prison accommodation, but who should not be isolated constantly in SRUs.[48]

47. CPT/Inf (2019) 29, paragraphs 67 and 68.
48. CPT/Inf (2019) 29, paragraph 71. In this respect, the CPT has long held the view that prolonged segregation carries with it risks to the prisoners' mental health as well as the possibility of prisoners becoming institutionalised in the different and more closed environment of the SRUs, and not wanting to rejoin the mainstream population. The carousel of constant SRU prisoner transfers also has an impact on staffing requirements and creates a burden for the small SRUs, which operate most of the time at full capacity.

67. During the 2025 visit, the SRUs in the three prisons visited faced similar challenges. The initial term of 72 hours was still very often extended under Rules 95 (11) and (12), which resulted in many prisoners being segregated for extended periods of time. On 1 May 2025, 343 prisoners were under Rule 95 regime across the Scottish prison estate. 125 of those were placed in SRUs, of whom 61 had stayed in the SRU for more than 30 days. In 2024 and the first five months of 2025, 683 prisoners had been referred to the PMAG. The CPT notes that the PMAG reviews an important number of cases of prisoners who stay for long periods of time in segregation in the Scottish prison estate. It notes, however, that the SRUs still hold a significant number of prisoners for long periods of time.

By letter dated 25 September 2025, the Scottish authorities informed the CPT that an ongoing internal SPS review of the SRU was underway and that an update could be provided later in the year.

**The CPT invites the Scottish authorities to transmit the full report, once it is available.**

### b. separation and reintegration units for male prisoners

68. The SRU at *Barlinnie Prison* had 15 operational cells, as well as one safer cell,[49] which was used as a storage room.[50] At the time of the visit, the SRU was holding ten prisoners under Rule 95 orders, two of whom were under the Management of Offender at Risk Due to Any Substance (MORS) procedure (see paragraph 106 below),[51] as they had tested positive for illegal substances after a body scan. The cells in the SRU were generally clean, but the material conditions were rather poor, mostly due to the old state of the building, and there was insufficient natural light. Prisoners could shower once a day.

The SRU had four exercise yards; three small ones and a bigger one at a separate location. The yards were separated by a metal fence and covered with metal netting. The delegation was informed that prisoners could go one at a time in the yards. The yards lacked shelter or any means of rest. A gym was also available to the prisoners held in the SRU (one running machine, one bike, a bench and weights), where they could go one at a time upon their request, for between 30 minutes and one hour daily. At the time of the visit, only two to three prisoners were regularly using this gym.

69. At *Low Moss Prison*, the SRU had a capacity of 12 prisoners. At the first day of the 2025 visit, 10 prisoners were being held in the SRU: seven under Rule 95 of the Prison Rules, one under a breach of disciplinary order,[52] and two under Rule 41 of the Prison Rules. Two of these prisoners were on the Talk to Me Programme (TTM),[53] and one was on the MORS procedure.

The SRU had three exercise yards, separated by concrete walls, making it impossible to see other prisoners who were exercising at the same time in the adjacent yards. There was also a gym with a bike and an exercise machine. The cells had sufficient access to natural and artificial light, as well as ventilation. They were equipped with a bed, a chair, a desk, and a sink, all fixed to the floor, and had a call-bell, telephone, mirror, TV and a kettle. A toilet behind a partition and a shower were also available in the cell.

70. At *Perth Prison*, the SRU could hold up to 16 individuals, and had an operational safer cell. There were 13 prisoners held at the SRU at the time of the 2025 visit. Prisoners who had a positive body scan for illegal substances upon admission were also placed in the SRU.

Each cell was furnished with a table and a chair in inox, a TV, bed, telephone, and a call bell. There was an inox toilet and sink in the cell. Prisoners could shower every day. There were three exercise yards (two small ones and a bigger one), separated by concrete walls and covered with metal netting, as well as a gym. The yards did not have means of rest, save for a bench in the bigger one.

49. This type of cell is designed to provide a safe environment for use in cases of prisoners in distress. Special furniture and equipment are used in order to diminish the risk of self-harm.
50. For a description of the cells, see CPT/Inf (2019) 29, paragraph 75.
51. See paragraph 105 below.
52. This prisoner refused to go back to the mainstream population, as he felt unsafe.
53. See paragraph 118 below.

71. In all prisons visited in 2025, the relationships of prisoners with staff in SRUs were generally positive, and prisoners interviewed by the CPT were overall segregated for shorter periods compared to the 2018 visit. However, "carousel" or "yo-yo" situations remained a frequent reality. In each SRU unit visited by the CPT delegation, there was one prisoner who had stayed in SRUs continuously for more than eight months. For instance:

At *Perth Prison*, the delegation met one prisoner, D.D.*, who had been in a "carousel" situation for the last nine years, and in SRUs most of his time for the last twenty years. He had been diagnosed with a mental health disorder. In February 2024, D.D. had been referred to a state hospital for psychiatric assessment and a trial of antipsychotic medication. According to the hospital, features described as psychotic symptoms were more likely to be interpreted as secondary phenomena, consistent with the effects of prolonged solitary confinement. On multiple occasions, it had been recommended by an NHS forensic psychiatrist to make attempts to mitigate the effects of solitary confinement rather than transferring D.D. to a hospital for compulsory treatment with antipsychotic medication. It was also recommended to move D.D. to mainstream accommodation. However, he remained in the SRU, and there were no plans to review his situation. He told the CPT that he left his cell only for about one hour every four days.

72. **The CPT recommends that the Scottish authorities develop a secure but therapeutically enriched environment for D.D., in order to mitigate the psychological impact of long-term segregation, and that a structured reintegration pathway be implemented, led by a multidisciplinary team, with clearly defined stages and weekly clinical reviews, including a psychiatric assessment, to support progressive transition out of SRU.**

**Such an environment should include daily access to open air and exercise (minimum one hour per day), in-cell and out-of-cell therapeutic and recreational activities and sensory regulation strategies to reduce overstimulation, until his transfer takes place.**

**More generally, the CPT would like to be informed whether plans exist to establish an intermediate care setting within the Scottish prison system for persons with serious mental health disorders, who cannot be accommodated with the mainstream prison population.**

73. In the CPT report on the 2018 visit,[54] the absence of a step-down unit, between the SRU and the mainstream environment, which is especially necessary in cases of prolonged segregation, was highlighted. Such an absence is one of the reasons prisoners stay in SRUs for prolonged periods. In 2019, the CPT recommended that the Scottish authorities establish step-down facilities, in the form of small, genuinely therapeutic units that could meaningfully address the lacunae of support to enable prisoners to leave the SRU and return to the mainstream prisoner population (see also paragraph 76 below).

74. At times, prison authorities made efforts to apply specific measures for individual prisoners who had spent long periods of time in SRUs. For example, at *Low Moss Prison*, the delegation was informed that there were plans to reintegrate a prisoner from the SRU to the mainstream environment. The prisoner, who was in the SRU for protection reasons, could go twice per week to the prison's main gym, the aim being to gradually augment the frequency to three, then four times per week. The prison authorities made efforts to facilitate his participation in educational activities, with other prisoners of their choice, for his own protection. However, the delegation observed that such plans remained sporadic and were applied *ad hoc*.

A more holistic approach had been developed at *Perth Prison*. The delegation was informed that there had been a pilot project, whereby a section in Hall A would be used as a reintegration unit. However, reportedly this project did not continue due to overcrowding concerns, as Hall A had to be used for its normal occupancy, which is highly regrettable.

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* Sensitive personal data deleted from the public version of the report in conformity with Article 11 (3) of the CPT Convention

54. CPT/Inf (2019) 29, paragraph 71.

By letter dated 25 September 2025, the Scottish authorities informed the CPT that a working group with SPS and NHS was established, in order to develop a proposal for alternative spaces for those in the prison estate who were too mentally unwell to be managed in the mainstream halls or SRU, but were not awaiting transfer to the forensic estate.[55]

**The CPT welcomes this initiative and invites the Scottish authorities to transmit the working group's proposal, once it is available.**

75. The Scottish authorities also informed the CPT that, in order to facilitate successful reintegration, step-down facilities within the SPS were developed locally by creating tailored and robust reintegration plans for individuals leaving SRU conditions. Each plan was developed in partnership with the individual and was often supported by NHS and SPS psychological services. Activities included visits to mainstream halls, meetings with assigned personal officers, and participation in the gym, education, work parties, or chapel. Ultimately, depending on individuals' needs, behaviour, and management plan, they might be transferred to other SRUs for operational reasons ("carousel" situations),[56] or back to the SRU from mainstream conditions ("yo-yo situations").[57]

The CPT notes the fact that the Scottish authorities are developing a type of step-down approach to allow for reintegration into the mainstream population. In view of the delegation's findings on the spot, such an approach is not yet systematically applied in practice. At the same time, while it is true that not all prisoners are necessarily in need of a separate step-down facility within the prison, this should nevertheless be a possibility, on offer for prisoners (and management) who for various reasons would not be able to benefit from a tailored step-down approach while in the SRU.

76. **The CPT reiterates its recommendation that the Scottish authorities develop step-down facilities in prisons, in the form of small genuinely therapeutic units. These should provide a robust psycho-social support system for segregated prisoners and provide a meaningful alternative to prolonged segregation in SRUs, with the overall aim to help segregated prisoners transition back to the mainstream population. There is a need for a multi-disciplinary approach, with psychology taking the lead in the management of these units (see also paragraph 180 below).**

**Further, the Committee would like to be provided with a copy of the pilot project establishing a reintegration unit in Perth Prison. Also, it would like to be informed whether there are plans to reinstate the project and if other such projects exist within the Scottish prison estate.**

77. In its report on the 2018 visit, the CPT had already expressed concern on the approach of the Scottish authorities towards the regime offered to prisoners in the SRUs.[58] Regrettably, in 2025, little progress was noted and the SRUs still offer an overall poor regime. Most of the prisoners only had access to the exercise yard for one hour per day and, in addition, they could have access to the SRU gym for up to one hour per day. They were thus mostly confined to their cells for either 22 or 23 hours a day, without any meaningful human contact, either with staff or with other prisoners. It is regrettable that the layout and the practical arrangements in the exercise yards in the SRUs still do not allow for prisoners to take exercise together, after due risk assessment.

By letter dated 25 September 2025, the Scottish authorities informed the CPT that an individualised approach was utilised for each person located within an SRU, and teams arrange opportunities for them

55. According to the Scottish Government, the purpose of the group was to provide a forum for collaborative working between Scottish Government, NHS and SPS to fully consider and, where agreed, work to implement the recommendations of His Majesty's Inspectorate of Prisons for Scotland (HMIPS). The working group would also consider other recommendations from HMIPS' report on 'A Thematic Review of Segregation in Scottish Prisons'.
56. This, according to the Scottish authorities, could happen if the sending establishment was assessing which prison might best support the person's reintegration, taking into account factors such as individual's preference.
57. This, according to the Scottish authorities, could happen for a variety of reasons, such as difficulties coping well with the integration.
58. CPT/Inf (2019) 29, paragraph 80.

to take part in other forms of purposeful activity if appropriate and feasible, depending on the needs of the individual and/or their management plan. This could include education, counselling, in-person visits and taking part in recreation in other residential areas, and is in addition to legislative compliance being met for time in the open air, medication, meals, etc.

Given its findings at the prisons visited, it would appear that such an individualised approach is not systematically applied in practice

78. **The CPT calls on the Scottish authorities to put in place a psycho-social support system for all prisoners held for longer than two weeks at Barlinnie, Low Moss and Perth Prisons and provide them with greater opportunities for association and engagement in purposeful activities. The aim should be for all prisoners held under Rule 95 to be offered at least two hours of meaningful human contact every day and preferably even more (see also paragraph 175 below). Equally, the possibility of supervised contact among selected SRU long-term prisoners should be considered. In particular, the Scottish authorities could envisage a system whereby prisoners in the SRU attend the SRU gym or the exercise yard two at a time, after a risk assessment, if necessary.**

**The longer the time spent in segregation, the more developed the regime on offer to prisoners should be; in light of the situation of the prolonged "carousel" SRU prisoners, the purposeful out-of-cell time and regimes on offer should be as long and as varied as possible.**

### c. use of Rule 95 in own cells

79. In all prisons visited, Rule 95 was also applied in individual cells at the Halls.[59] Oftentimes, the regime for Rule 95 prisoners outside the SRUs was extremely restrictive. As was the case during the 2018 visit, the delegation met several prisoners who were locked in their cells for 23 to 24 hours per day for several weeks, if not months, at a time.

At *Barlinnie Prison*, a number of prisoners who were on non-offence protection and extended Rule 95 (11) segregation were not offered one hour of outdoor exercise every day at regular daytime hours. At *Low Moss Prison*, prisoners under non-offence protection were placed in separate sections within the prison. They complained that they had very little possibilities to engage in education or rehabilitation activities and progress towards a less restrictive regime. At *Perth Prison*, the delegation met with prisoners who were on Rule 95 regime and were kept in their cell for 23 hours per day and only allowed one hour per day of outdoor exercise in the SRU courtyards, one of whom only very early in the morning.

80. At the end of the visit, the CPT made an immediate observation under Article 8, paragraph 5, of the European Convention for the Prevention of Torture and requested that the Scottish authorities ensure that all categories of segregated prisoner are offered at least one hour of outdoor exercise every day, at a reasonable time of the day.

By letter of 23 July 2025, the Scottish authorities replied that the SPS had disseminated a communication to all Governors-in-Charge reminding them that offering Time in the Open Air (TITOA) for those who are being managed under Rule 95 conditions for at least one hour per day for everyone in their care is a legal requirement. Additionally, establishments have been reminded that those who are being managed under Rule 95 conditions should have their 'Daily Narrative' on SPS' electronic records system (PR2) updated to state whether they attended, or were offered, TITOA.

**The CPT welcomes the response of the Scottish authorities. The Committee urges the Scottish authorities to ensure that all prisoners placed under Rule 95 are offered outdoor exercise in practice. Further, the Committee would like to receive information on the manner in which this recommendation is implemented in practice.**

59. At *Low Moss Prison*, the CPT delegation was informed that these prisoners were not segregated but had "different regimes".

# 5. Healthcare services

## a. Introduction

81. In Scotland, the National Health Service (NHS) is responsible for providing healthcare in prisons.[60] Local Health Boards are charged with ensuring that the healthcare service in a prison is adequately resourced and properly staffed.

82. In its report on the 2018 visit, the CPT had noted that several systemic issues persisted in the provision of healthcare by NHS to prisoners.[61] A joint, improved cooperation between the NHS Scotland and the SPS was needed, as well as a strengthened multi-disciplinary approach to tackling the in-flow of Novel Psychoactive Substances (NPS) into the prison system, prevention of bullying for prescribed medication, victim support and proportional responses to perpetrators.

83. By letter dated 27 January 2019, the Scottish Government informed the CPT that there were "work streams" looking at different strands of healthcare delivery in custody to address many of the systematic deficiencies. In its response to the 2018 visit report, the Scottish Government informed the CPT that the Health and Justice Collaboration Improvement Board did not have a strategic plan, but that its work and its programme were set out in a letter of 22 February 2019 from the Minister for Public Health, Sport and Wellbeing to the Convener of the Scottish Parliament Health and Sport Committee.

84. On 20 September 2022, the Scottish Government published a report on prison population health needs. According to the report, issues of concern in health and care provision in Scottish prisons included staff shortage and retention, poor data quality and difficulties in sharing information between organisations, a lack of consistency in health and care provision, and the fact that facilities were ill-suited for people with disabilities or with care needs.[62]

**The CPT would like to be informed about the follow-up given by the Scottish authorities to the 2018 CPT visit report and the 2022 Scottish Government report on prison population health needs, including whether a strategic plan covering prison healthcare has been adopted.**

## b. healthcare in general

85. In all prisons visited, nursing staff levels were generally adequate and, during the day, prisoners could have access to a nurse swiftly. However, the unequal distribution of nurses in shifts meant that healthcare personnel was not present in the prisons from 20:30 or 22:00 to 07:00 the following morning, and this despite the increased healthcare needs due to the application of the MORS procedure (see paragraph 105 below).

86. At *Barlinnie prison*, healthcare services were provided by NHS Greater Glasgow and Clyde. The healthcare team include dsix general practitioners, who rotated in order to cover weekday shifts of one person from 09:00 to 17:00, as well as morning or afternoon sessions on Saturdays[63]. The average waiting

60. This responsibility was transferred from the prison services to the NHS in November 2011.
61. These included the incompatibility of the electronic systems used in the prisons with those in the community, difficulties in accessing addiction services' files, and the absence of an electronic prescribing system, all leading to possible discontinuity of care when prisoners arrive or leave the prison system. Before the CPT's 2018 visit, in May 2017, a Parliamentary Committee had concluded that improvements had not taken place and recommended that the Scottish Government prepare a strategic plan covering prison healthcare (Parliamentary Report on the state of the healthcare system in Scottish prisons, 10 May 2017). The Health and Justice Collaboration Improvement Board was established in 2017 to draw together senior leaders from Health, Justice and Local Government to lead the creation of a much more integrated service response to people's needs, where Health and Justice services intersect.
62. According to the same report, positive improvements included the expansion of multi-disciplinary mental health teams in prisons, good relationships between the NHS and the Scottish Prison Service (SPS), the availability of training for healthcare staff, and the increased accessibility of secondary care appointments through greater video-calling capabilities in prisons.
63. Nurses were present in shifts: Monday to Friday 07:00 to 20:00, and weekends 08.30 to 17:00.

time to consult a general practitioner was two to three weeks. There was no on-site medical presence on Sundays, although an NHS doctor was reportedly available 24/7. In this regard, the CPT notes that this constitutes a worsening in the situation as compared to the CPT's 2018 visit, when a 24-hour nursing presence was assured.

The CPT notes that in its report on the 2018 visit, it had recommended that the Scottish authorities increase the healthcare staffing resources at Barlinnie prison, in order to ensure that three full-time posts of general practitioners are provided (that is, increased by two Full-Time Equivalent (FTE) posts of general practitioner) and the mental health nurse positions be increased by three (that is, to a total of six). It notes with concern that, in this regard, the staffing situation remains the same as during the 2018 visit.

87. At *Low Moss Prison*, general medical services were provided by a pool of five general practitioners, all operating as independent contractors under the NHS. One general practitioner was present onsite during weekdays from 9:00 to 17:00. On Saturdays, coverage was limited to either the morning or the afternoon. A general practitioner was not physically present on Sundays, and coverage is provided through the NHS on-call system. A psychiatrist conducted four sessions per week (totalling 12 hours), and a dentist was present 1.5 days per week. The average waiting time for general practitioner appointments was approximately three weeks, for a psychiatrist eight weeks, and for a dentist 20 weeks in case of urgency and 62 weeks for routine appointments. There were 20 nurses,[64] and approximately five vacancies. Nurses were present until 22:00 and no healthcare staff were present after this time until the following morning at 07:00. Two nurses were available for the whole prison between 17:00 and 22:00.

At the time of the visit, morning medications at *Low Moss Prison* were distributed between 7:30 and 9:00, while evening medications were administered at 15:30.[65]

88. At *Perth Prison*, healthcare services operated between 7:00 and 21:00 from Monday to Friday and between 8:00 and 17:30 at the weekend. No healthcare staff were present in the prison after 21:00. The prison has the equivalent of 1.4 general practitioners daily taken from a pool of eight freelancers.[66] The waiting time for a routine general practitioner appointment was three weeks, for a dentist 22 weeks and for a psychiatrist four weeks. In case of emergency, a psychiatrist could be consulted in one week. There were two psychiatrists who visited the prison twice a week.

89. At all three prisons visited, during the night, out-of-hours (OOH) doctors or an ambulance could be contacted in case of need.

90. By letter dated 25 September 2025, the Scottish authorities informed the CPT that waiting times for general practitioner appointments at Barlinnie prison had been longer than they would like, therefore, extra sessions had been made available and two Advanced Nurse Practitioners had been recruited to support the medical team. It was added that the waiting time for a doctor's appointment in Low Moss Prison was one week, with psychiatry appointments having waiting times of typically three weeks for those living in Barlinnie Prison and Low Moss Prison.

In the same letter, the Scottish authorities informed the CPT that, as demand for healthcare outwith prison working hours was very low, each prison operated a local OOH service, and there were no plans to recommend changing the current working hours of NHS prison healthcare staff. However, work was underway to review OOH pathways across the estate to identify best practice, and any improvements needed. Across the Glasgow estate there is a contract in place with a forensic/doctor provider for OOH cover, should it be required. Perth Prison could contact a community general practitioner OOH services for advice. In all instances, SPS staff could contact emergency services to request an ambulance, in case emergency response was required.

64. Three nurses were on sick leave or maternity leave.
65. This included medication for insomnia, psychiatric conditions and cardiovascular disorders.
66. There were 2.58 vacancies in the mental health nursing team, 6.08 vacancies in the substance misuse team and 5.42 vacancies in the primary care nursing team.

91. Concerning dental services, the Scottish authorities informed the CPT that Barlinnie Prison and Low Moss Prison were actively looking at ways to improve the waiting time, that the Scottish Government had agreed that dental services available in the community were available for longer-term prisoners, and that the treatment of acute conditions and stabilisation of disease will be provided for those on-remand, due for release within six months and on sentences of one year or less.

92. The CPT notes that long waiting times for healthcare professionals may significantly impact timely diagnosis and the management of health conditions within the prison population.

**In light of the prisoner population numbers, their often complex healthcare needs and, in particular, the extensive mental health issues existent among the prisoner population, the increased needs in prompt dental care, as well as the substance use prevalent in Scottish prisons, the CPT recommends that, for each prison, the Scottish authorities ensure that healthcare staffing levels for general practitioners, dentists, nurses (including mental health nurses) and other healthcare professionals should be tailored to the prisoners' specific healthcare needs. The Scottish authorities should increase the healthcare staffing resources in all prisons to ensure that at least one general practitioner is available for 250-300 prisoners.**

**Further, the following should be guaranteed at all times (including at night and during weekends):**

**- a healthcare professional's (either a doctor or a qualified nurse reporting to a doctor) presence on prison premises or availability on call;**
**- the presence of a qualified nurse in the prison's in-patient infirmary, where applicable, and ideally also including nurses with mental health qualifications;**
**- immediate access to emergency care;**
**- the presence of a staff member - preferably someone with a nursing qualification - with first-aid certification (including cardiopulmonary resuscitation and the use of a defibrillator) on prison premises.**

**Moreover, in all establishments, waiting times notably for a general practitioner, a psychiatrist and a dentist should be reduced.**

93. The healthcare facilities at *Low Moss* and *Perth Prisons* were of a high standard and were well-equipped and maintained. The healthcare Centre at *Barlinnie Prison* had been refurbished, which is a positive development.

### c. screening on admission

94. The CPT delegation observed that the timing of the initial medical screening differed at the three establishments visited. At *Barlinnie Prison*, the initial health assessments for new admissions was reportedly performed within the first 24 hours of arrival. At *Low Moss Prison*, newly admitted prisoners were seen by a nurse within the first three hours of admission. The initial health screening was documented electronically and included a risk assessment and an identification of existing medical conditions.

95. At *Perth Prison*, the delegation learned that healthcare screening by a nurse was conducted within 24 hours from arrival. The delegation met with two prisoners who presented serious symptoms during the initial healthcare screening but were not seen by a doctor as soon as possible:

i) One prisoner interviewed by the delegation, suffered, upon admission on 19 December 2024, *inter alia* from type 2 diabetes.* According to E.E., it took eight days until insulin was administered to him in a consistent manner. The first assessment by a general practitioner took place four days after his admission, on 23 December 2024, and another consultation took place on 31 December 2024. E.E. told the CPT delegation that during that time, he had strong pain in his right leg, and that when he was examined, the doctor and the nurse concluded that there were no issues. The next morning, the general practitioner examined him and referred him to the hospital, where he was transferred on 6 January 2025. E.E. then underwent an amputation of his right hallux and, a few days later, an amputation below his right knee.

ii) Another prisoner, F.F., had a history of circulatory stroke in 2021, followed by spasms, persistent anxiety and stress. He was admitted to the prison on 23 May 2025, seen by a nurse, but was only examined by a general practitioner on 9 June 2025, that is, 17 days after his admission.

96. The CPT notes that it is impossible to overemphasise the importance of medical screening and timely follow-up of newly arrived prisoners, particularly in establishments which constitute points of entry to the prison system.

**The CPT recommends that the Scottish authorities ensure the proper follow-up of the initial screening is undertaken as soon as possible by a medical doctor. In this respect, timely communication and coordination by the screening team with the general practitioners is also essential. General practitioners should have access to all medical files available on patients.**

### d. psychological and psychiatric care

97. In all prisons visited, the delegation met with prisoners who complained that they were not receiving any psychiatric and/or psychological care, despite being in urgent need, due to the long waiting time to a first assessment or consultation. This included prisoners who had made suicide attempts in the past and/or told the CPT delegation that they had suicidal thoughts at the time of the interview.

At *Barlinnie Prison,*[67] the delegation was told that the first assessment by a psychologist took place four to six weeks after a referral. After this assessment, a letter to the prisoner was sent with the date and place of the first meeting. The CPT delegation was informed that only individual sessions were taking place, as Barlinnie was "mostly a prison for remand prisoners", and it would not be efficient to implement group programmes. At the time of the CPT visit, there was one NHS cognitive behavioural therapist and one clinical psychologist. As an example, the cognitive behavioural therapist saw 15 prisoners per week (one initial assessment and 14 regular individual sessions).

At *Low Moss Prison*, five forensic psychologists,[68] who were SPS staff, were working with prisoners who would be in prison for a minimum of 12 months. The prisoners underwent an initial assessment, in order to determine whether they could participate in a particular program.[69] There were no group programmes for remand prisoners. Four clinical psychologists also worked in the prison, and prisoners met a psychologist four to six weeks after a referral. According to the prison authorities, there were 500 prisoners in total under MOUD and psychiatric treatment.

* Sensitive personal data deleted from the public version of the report in conformity with Article 11 (3) of the CPT Convention

67. At Barlinnie prison, the delegation did not meet with the SPS team providing mental healthcare.

68. Including one trainee.

69. For instance, for substance misuse, sexual offences, general and violent offenders.

At *Perth Prison*, in the NHS mental health team there was one principal psychologist, one forensic psychologist and one assistant psychologist, who conduct 24 sessions per week in total and usually have 20 to 30 patients.[70] 20 more prisoners are on a waiting list, and the waiting time is 33 weeks.

98. The CPT welcomes the fact that, on 5 September 2024, the SPS launched the Mental Health Strategy for 2024-2034.[71] The Strategy aims to create an environment which minimises stigma and discrimination, in which people can get support, allowing SPS to collaborate with prisoners throughout their time in custody in order to address their needs, and support them for return to the community.

99. By letter dated 25 September 2025, the Scottish authorities informed the CPT that the National Prison Care Network had been funded to develop the first TOM for prison healthcare (see also paragraph 103 below). In the context of mental health services, this included processes for community staff to support prison teams (for example, virtual consultations and smooth access for visiting professionals), nationally agreed escalation processes for waiting times for the forensic mental health estate, sharing of best practice across the Network from NHS Boards/Health and Social Care Partnerships that have good pathways in place, and the establishment of the National Prison Care Network's Prison Mental Health Nursing Forum and Clinical Psychology Advisory Group.

By the same letter, the Scottish Government informed the CPT that 90% of people in the community would start their treatment within 18 weeks of referral to psychological treatment, and that patients in HMP Barlinnie and HMP Low Moss were within the national waiting times standard.

100. The CPT notes that these are positive steps. However, it wishes to underline that, given the duty of care for people in detention, together with the potentially very serious consequences for the inmates' integrity and lives,[72] the waiting times in order to see a psychiatrist and a psychologist in the establishments visited are too long.[73]

**The CPT recommends that the Scottish authorities undertake a thorough assessment of the prison population needs for mental health professionals, including psychiatrists, psychologists, mental health nurses and occupational therapy nurses.**

**The CPT would like to be informed of the current posts of psychologists in all Scottish prisons, of the number of vacancies, as well as of the available type of therapies and the number of prisoners attending.**

**It would also like to be informed on the concrete steps envisaged in order to implement the Mental Health Strategy for 2024-2034, as well as on the relevant timeframes for implementation.**

### e. substance use

101. In its report on the 2018 visit, the CPT had expressed concern about the widespread availability of drugs, and their effects on the prison population.[74] In their response, the Scottish authorities informed the CPT that a Strategic Risk and Threat Group had been established within the SPS, which provided an ongoing review of emerging threats and trends across the prison estate.

70. There were also SPS forensic psychologists.
71. Mental Health Strategy for 2024-2034 launched | Scottish Prison Service. The Mental Health Strategy for 2021-2027 the Scottish Government had made a commitment to increase access to the overall mental health workforce by 800 additional staff. Mental Health Strategy 2017-2027 - gov.scot.
72. See Prisoner health - ScotPHO. According to a report published in September 2022 by the Scottish Government, 15% of the prison population had a long-term mental health condition, 17% a history of self-harm, 30% a current alcohol use disorder, 16% symptoms of anxiety and 18% symptoms of depression. See also the 2024 Prisoner Survey.
73. See also paragraph 85 above.
74. CPT/Inf (2019) 29, paragraphs 121-125.

102. Following the 2018 visit, the Scottish Government undertook initiatives in order to assess the needs in relation to substance use in Scottish prisons,[75] and to create a strategy on substance use recovery policy.[76] In May 2025, the Criminal Justice Committee of the Scottish Parliament launched an inquiry into the harm caused by substance misuse in Scottish prisons, aiming to gather views on the supply of substances in prisons, their impact in prisons and rehabilitation and support for prisoners who use substances.[77]

103. By letter dated 25 September 2025, the Scottish authorities informed the CPT that the SPS had implemented a National Incident Management Team (IMT) to respond to concerns experienced across the prison estate as a result of an increase in illicit drug use.[78] The Scottish authorities added that, as part of the Target Operating Model (TOM) implementation and monitoring phase, Health Boards submitted self-assessed progress reports every six months. As of April 2025, five of the seven key changes to drug addiction services had been fully implemented, with the remaining two well underway.

**The CPT would like to receive copies of any assessment carried out by the IMT, as well as by the Health Boards in the context of the TOM implementation and monitoring phase.**

104. At the time of the CPT's 2025 visit, substance use and its effects on the prison population remained an area of serious concern. The Scottish Prisoner Survey 2024 had found that more than a third of respondents said that they have used illegal drugs in prison, up from 29% in 2019.

The needs assessment conducted for the SPS alcohol and drugs recovery policy 2023-2024 found that the nature of drug use within Scottish prisons had changed dramatically.[79] Where previously this would have been opioid orientated, it was now dominated by the use of a combination of novel psychoactive substances, primarily cannabinoids and 'street benzos'.

The CPT considers that in order to better identify trends and facilitate the taking of measures concerning substance use within the prison establishments, it is necessary to gather credible, up-to date data at regular intervals in order to map and accurately depict the issue, both at a central level and at a single prison level. The data collected should be then analysed, shared and stored, with a view to taking concrete measures to tackle the issue.

**The CPT would like to be informed on how data concerning substance use in Scottish prisons is currently being collected, analysed, shared and stored.**

105. During the 2025 visit, the CPT delegation noted the high prevalence of psychoactive substances, which were mostly smoked after being placed in the capsule of a vaper, available at the prison canteen.[80] While the SPS went smoking-free in 2018, prisoners were allowed to vape.[81] Capsules were oftentimes a

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75. In September 2022, the Scottish Government published a study entitled "*Understanding Substance Use and the Wider Support Needs of Scotland's Prison Population*", a needs assessment tool in relation to alcohol, drugs and tobacco use in Scottish prisons.
76. In 2022, the Scottish Government launched "The Vision for Justice in Scotland", a Strategy aiming to create "safer communities and shifting societal attitudes and circumstances which perpetuate crime and harm". The SPS alcohol and drugs recovery policy 2023-2024, initiated in February 2025, aims to support this Strategy.
See also: Rights, Respect and Recovery (2018), Alcohol Framework: Preventing Harm (2018), National Drugs Mission Plan, Medication Assisted Treatment (MAT) Standards, Changing Lives Report (2022), Understanding Substance Use and the Wider Support Needs of Scotland's Prison Population (2022).
77. Inquiry into the harm caused by substance misuse in Scottish Prisons.
78. The national group supported a multi-agency approach with key partners across the Scottish Ambulance Service (SAS), Public Health Scotland (PHS), Police Scotland, the University of Dundee and representatives from across SPS Directorates.
79. SPS alcohol and drugs recovery policy 2023-2024
80. For example, at Perth Prison, the CPT delegation was told that there are three pods in a box that could be bought in the canteen and cost £2.20 GBP. A prisoner could buy a maximum of £20 pounds' worth in the canteen, twice per week (for £40 pounds in total).
81. According to the Scottish Prisoner Survey 2024, there has been a substantial increase in the proportion of respondents who are vaping in prison, from 40% in 2019 to 64% in 2024.

currency in prisons.[82] In all prisons visited, the delegation saw and interviewed on several occasions prisoners that were clearly under the influence of substances. Most prison staff, on the other hand, were deeply concerned about the situation, while also perceiving the substance use issue as "part of the prisoners' culture".

106. The MORS policy was used in all establishments visited, albeit with different frequency and length of application. MORS is a specialised policy designed to manage individuals with immediate substance use issues. The initiative aims to relocate such individuals into dedicated units where they can receive enhanced monitoring, stabilisation, and targeted psychosocial and medical interventions. However, the number of prisoners on this regime often means that prison officers cannot always comply with its procedural requirements, including the visual check of the prisoner at regular intervals, and that the functioning of certain prisons was clearly disrupted in practice. The CPT also notes that the MORS regime is taking place under the Rule 95 procedure and is therefore not strictly speaking a medical measure. In addition, during the placement in the MORS regime, prisoners do not have any access to the exercise yard.

By letter dated 25 September 2025, the Scottish authorities informed the CPT that the SPS was reviewing the MORS policy.

**The CPT would like to receive information on this review, once it is concluded.**

107. The CPT delegation was informed that the prevalence of substance use at *Barlinnie Prison* was very high.[83] According to the prison administration, this led to more violence within the prison. The MORS regime was applied regularly, initially in specific cells on the ground floor of each Hall, for the time needed for a search, then the prisoner was returned to his cell. Initial assessments and follow-ups were carried out by nursing staff, with physicians physically reviewing the patient in selected cases.

The CPT delegation was informed that, at the time of the visit, 96 prisoners were on methadone and 33 prisoners had been prescribed suboxone. The facility operated structured detoxification protocols for substance use disorders, including a 12-day detoxification program. Efforts were made to prevent the entry of illicit substances in the prison through the use of body scanners.

108. The effects of substance use were particularly prevalent and worrying at *Low Moss Prison*, which was a very complex environment to manage. Within the 24 hours after the start of the CPT visit, five different incidents needed to be addressed, most of which, according to the prison management, were probably linked to substance use: one prisoner who was unresponsive in the late afternoon, had been urgently transferred to the hospital and was in a coma in intensive care; one prisoner who had a possibly drug-induced seizure and was transferred to the hospital; one in the SRU who had a head injury and was transferred to the hospital for an hour; a fight between prisoners whereby one bit the other's nose; and a prisoner who threatened prison staff with a self-made weapon.

109. The CPT was informed that at Low Moss Prison overdoses are a frequent occurrence, notably on synthetic drugs.[84] There are also five "Code blue" incidents[85] on average every day. The prison management told the CPT that constant efforts were undertaken to address the issue of substance use. For example, there was a body scanner check upon entrance, and 25% of incoming prisoners were found with drugs in their body. One out of 10 visitors were also checked using the body scanner.

82. One prisoner at Perth Prison told the CPT delegation that a capsule may, for example, be exchanged for a t-shirt, shoes, or a haircut.
83. According to the prison management, 80% of the prison population in Barlinnie presented some form of substance use disorder.
84. Such as ADB-BUTINACA, a potent synthetic cannabinoid (SCRA) in powder form.
85. 'Blue' incidents are acute medical emergencies, often related to suspected overdoses or unresponsive individuals.

At Low Moss Prison, there were often 30 to 40 people simultaneously on the MORS procedure. The regime was in principle applied for three days[86] in the prison's SRU or in cells designated for that purpose. From January to April 2025, there had been from 103 to 218 MORS procedures applied per month. Prisoners told the CPT delegation that the MORS procedure had been applied to them for more than a few days. The delegation met with a prisoner who, at the time of the visit, had been under the MORS procedure in the prison's SRU for at least two weeks.[87] Approximately 120 prisoners were participating in weekly addiction support interventions.

110. *Perth Prison* was also facing considerable challenges relating to substance use. The prison management told the CPT delegation that they reacted with a dual approach: disrupting the inflow of substances and supporting the prisoners. Until recently, there were drones flying to Hall C to deliver drugs to the windows, but special window grills had been installed, thereby hindering deliveries and improving the situation within the prison. If prison staff observed that many prisoners were under the influence, they did cell searches and transferred or relocated prisoners, mostly from Hall A to Hall B.

The majority of cases where the MORS procedure was applied at Perth Prison lasted from 24 to 48 hours. During May 2025, the MORS procedure was applied 81 times, on 58 individuals. On the day of the CPT visit, there were two prisoners on the MORS procedure. A few detoxification and methadone maintenance programs were available for prisoners with substance dependence.

111. As evident from the variety of complex prison environments and prison population needs, immediate action is needed at a central level, as well as concrete plans in each of the establishments visited in order to address the situation. The CPT wishes to highlight that this can only be achieved through a multi-faceted approach, which must include a range of measures.

In view of the high level of need among prisoners, the CPT considers that further action is necessary in order to strengthen treatment for People with Drug Use Disorders (PWDUD) and to enhance drug-dependence programmes. These measures should aim, *inter alia* at stopping the supply of drugs into prisons; identifying and engaging prisoners who use drugs and providing comprehensive treatment options with appropriate throughcare; developing standards, monitoring and research on drug issues; and enhancing staff training and development. In this respect, the CPT notes that early and continuous interventions for PWDUD are critical in order to reduce morbidity and mortality among the prison population.

112. **In light of the above remarks, the CPT recommends that the Scottish authorities introduce comprehensive drug treatment systems that include clinical treatment, harm reduction and different psychosocial support, tailored to each prisoner's health needs.[88] A coordinated approach between the NHS and the SPS is essential in this respect.[89]**

**In particular, drug addiction consultations and treatment should follow an initial health screening, in which PWDUD are identified, and be tailored to the prisoner's types of addiction and needs, with the aim of guaranteeing the highest possible health standards. Medical treatment of PWDUD should be guaranteed upon arrival and for the whole period of detention, in line with the principle of continuity of care.[90] In any event, every detained person should have access to drug treatment**

86. Prisoners told the CPT delegation that a nurse put them on the MORS procedure, and a doctor took them off. If the MORS procedure would end on a Saturday, prisoners would have to wait until Monday to be taken off, as doctors were not present at the prison during the weekend.
87. The prisoner was suspected to have ingested illegal substances and passed a body scan. The prison management told the CPT that he refused to pass it again, therefore he was placed on the MORS procedure.
88. See also, Council of Europe International Co-operation Group on Drugs and Addiction (Pompidou Group) Standards for treatment of people with drug use disorders in custodial settings, November 2022, and Guidance paper on developing strategies for raising standards on drug treatment in the criminal justice system, November 2022.
89. In a study published in January 2022, the Scottish Centre for Crime and Justice Research noted the need for a coordinated approach between different networks, for example between prison and health services.
90. See, also, National drug and alcohol treatment waiting times - 1 January 2025 to 31 March 2025.

**interventions that are at least equivalent to those in the wider community and should, in any event, correspond to the needs of detained persons. In particular, prisons should be staffed with a sufficient number of clinical psychologists, psychiatrists, and Drug Use Disorder (DUD) therapists and social workers trained in the treatment and psychosocial care of PWDUD. Custodial staff should also, in their initial and continuous training, be taught about the basics of current concepts regarding DUD and related treatment in order to understand and support these concepts.**

**Moreover, the functioning of rehabilitation centres should be envisaged, with serious consideration given to the creation of drug-free units or sectors in every prison. It is also essential that a daily regime offering prisoners meaningful activities for at least eight hours a day is applied (see also paragraph 63 above).**

113. The CPT's mandate is not limited to assessing the ill-treatment of persons deprived of their liberty which may have been inflicted by prison staff. The Committee is also concerned with examining the discharge of the duty of care that is owed by the prison authorities to prisoners in their charge, which includes the responsibility not only to keep them safe, but also to proactively protect their lives, as required under the positive obligation enshrined in Article 2 of the European Convention on Human Rights (ECHR). Prisoners who are at risk of suicide and the authorities knew, or ought to have known and have failed to take measures to protect them,[91] as well as seriously ill prisoners who die while being held in prison custody and who may have otherwise been saved also fall into this category. In addition, article 2 of the ECHR includes the obligation for authorities to conduct effective investigations in all cases where a death has occurred at the hands of the state.

114. Following a death in custody in Scotland, two procedures should take place: a "DIPLAR" (Death in Prison Learning Audit Review), to be concluded 20 weeks after a prisoner's death, to ensure that a lessons-learned process was carried out after the death of a detained person, as well as a Fatal Accident Inquiry (FAI), an investigation implicating the police, and then the Crown Office and Procurator Fiscal Service.[92]

Interlocutors with whom the CPT delegation met during the 2025 visit criticised the excessive lengths of time that the FAIs took to be opened and concluded, as was the case during the 2018 visit,[93] as well as the lack of family involvement in the process. According to the SPS, their Legal Services have been working on approximately 242 FAI cases from 1 January 2023 to 31 May 2025.[94]

115. The Committee notes that, in their response to the report on the 2018 visit, the Scottish Government stated that it would be providing £5 million in the Crown Office Budget for 2019-20 to continue to increase staffing in response to an increasingly complex caseload.

**The CPT reiterates its recommendation that the authorities review the operation of the overall FAI system to find solutions to speed up the process. It requests to be informed of the budget and of the Scottish Fatalities Investigation Unit (SFIU) for 2025-2026, as well as of the staffing situation of the Unit.**

91. See, for example, *Fernandes de Oliveira v. Portugal* [GC], application no. 78103/14, 31 January 2019, and *Keenan v. the United Kingdom*, 27229/95, 3 April 2001.
92. In 2016 the Inspectorate of Prosecution in Scotland published a thematic review on Fatal Accident Inquiries and in 2019 a follow-up review.
93. CPT/Inf (2019) 29, paragraph 118. See also the Nothing to see here? SCCJR statistical briefing, pp. 63-77, and Review, Recommend, Repeat, pp. 17-19,
94. On 17 January 2025, the FAI Determination into the deaths of Katie Allan and William Brown, which occurred in 2018 was published. It contains 25 recommendations in order to prevent other deaths in similar circumstances. The sheriff concluded, *inter alia* that both deaths might realistically have been avoided with reasonable precautions, and that there were systemic failures contributing to the deaths.

116. According to the Scottish authorities, in 2024 there were 64 deaths in male prison custody, which is a marked increase from 40 deaths in 2023[95] and a mortality rate of 79 deaths per 10 000.[96] In addition, 33 people died in prison in the first eight months of 2025.[97] 59 of the deaths in 2024 were confirmed by a medical certificate of cause of death or a postmortem, and the cause of death for these cases was suicide in 14 cases and "indetermined intent/overdose" in 14 more cases.[98]

At *Barlinnie Prison* 23 deaths occurred between 2023 and the first five months of 2025. According to the available medical certificates of cause of death, five of these deaths were by hanging, were "consistent with hanging", or involved "ligature compression of the neck". The cause of death for four more cases was unascertained or unknown.

At *Low Moss Prison*, according to the SPS, seven deaths took place in 2024 and five in the first five months of 2025.[99] The cause of death for seven of these cases were, at the time of the visit, unknown or unspecified in the prison's records, while three were registered as drug-related and one as suicide. For none of these deaths had a FAI been concluded at the time of the visit. In fact, the last concluded FAI at Low Moss Prison concerned a death that occurred on 5 October 2022. According to the prison's records provided to the CPT, FAIs had not been officially concluded for most deaths having occurred in the same establishment between 2020 and 2023.

At *Perth Prison*, nine deaths were registered from 2023 to the first five months of 2025. The prison management informed the CPT delegation that all DIPLAR reports had been completed but that the data on the incidents for which an FAI had been completed were not available.

117. By letter dated 25 September 2025, the Scottish authorities informed the CPT that in February 2025 a summit took place to build on the previous work and look at what further actions could be taken to prevent and respond to deaths in custody. It was added that the Alcohol & Drug Recovery Strategy, published in February 2025, and the SPS Mental Health Strategy, published September 2024, were both developed to improve interventions supporting recovery and are critical in reducing preventable deaths in custody. Governance and learning mechanisms associated with DIPLARs had been significantly strengthened. As of March 2025, revised guidance required that all DIPLAR reviews be independently chaired, regardless of the cause of death. The newly formed DIPLAR Action Review Group (DARG) was tasked with monitoring national actions and ensuring their timely implementation. In addition, SPS was developing a national framework and audit process to support dignified deaths in custody. In the area of suicide prevention, SPS was aligning its practices with the national suicide prevention strategy through the development of a revised pathway. A dedicated Suicide Prevention Theme Lead had been appointed to oversee this work, ensuring consistency and the integration of evidence-based interventions across the estate. A cross-directorate oversight group was being established and would consider not only the learning where someone has died, but also commission work on data and research to identify evidence-based approaches to preventing deaths.

The CPT notes this information. However, given the delegation's findings, it is concerned that the steps mentioned by the Scottish authorities have yet to translate into concrete actions.

118. Given the high number of deaths due to suicide in the prisons visited, the Committee would like to turn to this issue in more detail.

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95. For an analysis of deaths in prison between 2012 and 2013 by the Scottish Government, see Deaths in Prison Custody 2012-13 to 2022-23.
96. For an occupancy of 8,100 prisoners. The European median value in 2023 was 37 deaths per 10 000 prisoners, according to the Council of Europe Annual Penal Statistics – SPACE I 2024, Table 28, Prisons and Community Sanctions and Measures.
97. Death in custody | Scottish Prison Service.
98. For an analysis of the issue of deaths in prison in 2024 and their investigation, see also "Nothing to see here? Deaths in custody and their investigation in Scotland – 2024". See also Independent Review of the Response to Deaths in Prison Custody.
99. According to the prison's registers, there were seven deaths in 2024 and three in 2025, until the day of the visit. On 5 June 2025, during the CPT visit, one more death occurred.

A first tool at the disposal of the prison management in order to address the risk of suicide was the multi-disciplinary prevention of suicide and self-harm programme called "Talk to Me" (TTM), which was applied in all three male prisons visited by the CPT. [100]

The first aspect of this suicide prevention programme is to complete a Reception Risk Assessment form (RRA) for admissions and transfers back to a prison, by personnel who have completed training in the suicide prevention strategy. In the 2018 visit report, the CPT had already noted the importance of reception and first-night procedures, including medical screening, in preventing suicide.[101]

The CPT welcomes such screening by trained personnel, as it could help identify individuals at risk. However, it is concerned that, in practice, this assessment could end up as a box-ticking exercise. In particular, the delegation came across two cases where prisoners who completed suicide had each been assessed at Barlinnie Prison through this procedure on multiple occasions.[102] Their RRA forms mention, as a rule, that there were "no issues communicating with staff", were in "good mood", or had "no self-harm thoughts or suicidal thoughts at that time". These prisoners had additional existing mental health conditions, including a history of self-harm.[103]

If, during admission or at any other moment while in detention, a prisoner is considered to be at risk of self-harm or suicide, TTM is set in motion and regular observations by staff ensued. At the time of the visit, five prisoners were on TTM at *Low Moss Prison,*[104] 20 at *Barlinnie Prison* and nine at *Perth Prison*.

119. The delegation examined several cases of suicide in the prisons visited, which it considers are illustrative of its key concerns on suicide prevention, lack of individualised psychological care, as well as on the response to and documentation of suicide attempts.

The CPT would like to welcome the fact that TTM is functioning in all three prisons visited. It is also very positive that staff are trained on and alerted to suicide prevention. The Committee does not lose sight of the practical implications stemming from applying such a programme on a regular and consistent basis. Indeed, the CPT delegation observed how prison officers made their best efforts to comply with the requirements of the procedure, even in adverse staffing conditions. However, the TTM programme alone is not sufficient to prevent suicides from occurring in Scottish prisons.[105]

120. The CPT is of the view that sufficient follow-up and a comprehensive therapeutic strategy are vital in order to prevent suicides from occurring. In this regard, after the application of the TTM programme, referral to a trained psychologist and availability of therapy for every prisoner living with depression and/or having suicidal ideas should be standard procedure. This step presupposes a shift in the approach to suicide prevention, from one where the prison management merely makes sure that the prisoner does not commit suicide, to a comprehensive therapeutic approach, whereby the prisoner's needs in psychological and/or psychiatric care are addressed.

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100. TTM was part of an SPS strategy to prevent suicide in prisons from 2016 to 2021. According to the SPS, an independent review is being undertaken into the TTM strategy. In May 2025 the SPS opened a call for reviews of the strategy, with a deadline on 8 July 2025. A new version of Talk To Me is planned to be introduced in 2026.
101. CPT/Inf (2019) 29, Paragraph 117.
102. Prisoner G.G.., who died by suicide on 1 October 2024, was assessed four times under the RRA (on 13, 24 and 31 October 2023, and on 5 January 2024). While in Polmont prison, where he was transferred from Barlinnie for a short period of time, he had made a suicide attempt in August 2024. Prisoner H.H., who died by suicide on 23 March 2025, was assessed on 10 October 2024.
103. In particular, one of them had, in addition to a history of self-harm and trauma, a history of drug and alcohol use. He had had an incident of overdose three months before his suicide.
104. The CPT delegation was informed that Low Moss Prison had on average 20 to 30 TTM procedures initiated every month, and this number could go up to 40.
105. According to the case law of the ECHR on Article 2, for a positive obligation to arise regarding a prisoner with suicidal tendencies, it must be established that the authorities knew, or ought to have known at the time, of the existence of a real and immediate risk to the life of an identified individual. In this respect, the following factors are taken into account: i) whether the person had a history of mental health problems; ii) the gravity of the mental condition; iii) previous attempts to commit suicide or self-harm; iv) suicidal thoughts or threats; and v) signs of physical or mental distress (see application no. 78103/14, *Fernandez de Oliveira v. Portugal*, 31 January 2019, paragraph 115). The authorities then must take measures, within the scope of their powers which, judged reasonably, might have been expected to avoid that risk (see application no. 82284/17, *Jeanty v. Belgium*, paragraph 72).

**The CPT also takes note that the Scottish Government is undertaking a full overhaul of the TTM policy and guidance, informed by an independent review, due to conclude by the end of summer 2025, and it requests a copy of the outcome of the review, information on any revised measures and the timetable envisaged for the updated policy to be implemented (see also paragraphs 245 to 252 below).**

121. **The CPT recommends that a policy on suicide prevention should ensure, *inter alia* that all persons identified as presenting a risk of suicide benefit from mental health assessment and treatment, counselling and support, and appropriate monitoring and association with other prisoners.**

**The CPT also recommends that the Scottish authorities take care to ensure that the TTM procedure does not become merely a box-ticking exercise, and that each prisoner under this procedure is provided an in-depth assessment of their suicide risk, in particular in cases where there are existing mental health concerns.**

122. **Further, the CPT recommends that, while revising the TTM strategy, the Scottish authorities consider including provisions on proper psychological and/or psychiatric treatment, as well as the development of a comprehensive therapeutic strategy aimed at treating a prisoner with depression and/or suicidal ideas.**

## 6. Other issues

### a. prison staff

123. In general, staffing numbers in the prison establishments visited were adequate. At the time of the visit, the SPS directly employed around 4 900 staff. The average total of working days lost per detainee per year was 19.7 for the period between 30 April 2024 and 30 April 2025.

With a few exceptions, prisoners interviewed by the CPT delegation spoke positively of staff, and the delegation witnessed how members of staff were making efforts to establish positive staff-inmate relations. Maintaining adequate staffing numbers of properly trained front-line officers is essential for maintaining good order and overall prison safety.

124. At *Barlinnie Prison*, according to the prison management, there were approximately 624 staff, which was a sufficient number,[106] However, the CPT delegation observed that on a Sunday the number of staff only allowed for one Floor Manager to be present in each Hall.

At *Low Moss Prison*, the prison management was concerned about the shortage of staff, which were not increased in numbers when the establishment's operational capacity was extended. There was considerable strain on day-to-day operations, as well as on the capacity to respond to emergencies. The establishment had 357 employees,[107] 25 of whom were absent,[108] and the prison management was obliged to make the staff work on an overtime basis for the past year. Every day the management decided whether there need to be changes in the regime, depending on staff availability.

At Low Moss Prison, when prisoners had to be transferred to the hospital, a critical lack of staff was created. For example, at night there were only 10 prison officers on duty for the whole establishment, and in October or November 2024 there were five incidents where transfer was needed every day, making the prison difficult to manage. In a rapidly changing prison environment, the prison management made efforts to dynamically assess the situation every day, taking into account the staff presence, overcrowding and substance use problems.

106. According to the prison management, at the time of the 2025 visit, 40 members of staff were on sick leave.
107. Full Time Equivalent of 342.
108. 15 members of staff were on long term sick leave.

**The CPT recommends that the staffing situation be reviewed, and if necessary, addressed at Barlinnie and Low Moss Prisons, to ensure these are sufficient to assure that activities and exercise entitlements are not curtailed and that a dynamic security approach is maintained in both establishments.**

### b. contact with the outside world

125. As mentioned in the reports on the 2012 and 2018 visits,[109] according to Articles 63 and 64 of the 2011 Scottish Prison Rules, sentenced prisoners are entitled to visiting times of not less than 30 minutes per week or two hours in a 28-day period, and remand prisoners to at least 30 minutes on any weekday. The CPT had recommended to amend Article 63 of the Prison Rules, in order for prisoners to be entitled to the equivalent of at least one hour of visiting time per week. In its response to the 2018 visit, the Scottish Government replied that serious consideration was being given to how the recommendation could be implemented and that, in 2014, the Governors in Charge had been consulted in this regard but considered that not all prisons would be able to facilitate the increase for practical reasons. It had added that some prisons were able to provide enhanced visits, including parent and child visits, and that visit times ranged between 30 minutes and two hours a week.

During the 2025 visit, sentenced prisoners told the CPT delegation that they were entitled to 30 minutes of visiting time per week. The CPT continues to consider that all prisoners should be entitled to the equivalent of at least one hour of visiting time every week.

**Consequently, it reiterates its recommendation that Article 63 of the Prison Rules be amended accordingly.**

126. On a positive note, the CPT welcomes the fact that prisoners had the possibility to apply for special visits from their children. These visits take place in a more relaxed environment and are meant to provide an opportunity for parents to interact with their children in a way that facilitates bonding. The person in custody must, as a rule, be the parent, step-parent or kinship carer of a child under the age of 17, or have, or have had, the responsibility for the care and custody of the child.

In the establishments visited, prisoners had access to 200 minutes of phone time per month, which was, as a general rule, sufficient to cover their needs. If necessary, they could buy additional credit. As was the case during the 2018 visit, written correspondence did not pose a problem.[110]

### c. complaints procedures

127. The prison complaints procedure remained as described in the report on the 2012 visit.[111] Prisoners could either introduce a Prisoner Complaint Form 1 (PCF1), which would be examined by the Residential First Line Manager, or Prisoner Complaint Form 2 (PCF2), which concerned confidential matters and would be addressed to the prison director.

Almost all the prisoners interviewed by the delegation were aware of the existence of the complaint forms and procedures. The CPT did not directly receive complaints from prisoners on these procedures but takes note of recent reports published on the matter.[112]

In general, complaint forms were available in a visible place in the Halls in the establishments visited. However, in Hall C, at *Perth Prison*, the complaint forms were in the desk of the officers (level 1) or were not printed out (level 2).

**In order to facilitate access to complaints mechanisms, the CPT recommends that appropriate complaint forms be readily available in a visible place to all prisoners.**

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109. CPT/Inf (2014) 11, paragraph 82, and CPT/Inf (2019) 29, paragraph 128.
110. CPT/Inf (2019) 29, paragraph 128. https://rm.coe.int/1680982a3e
111. CPT/Inf (2014) 11, paragraph 83. https://rm.coe.int/doc/0900001680698719
112. See, Access to Justice for Prisoners: The Complaints System and a Guide to Rights Under the Scottish Prison Rules, Publications | Scottish Human Rights Commission.

# C. Women's prisons

## 1. Preliminary remarks – reforms and current context

### a. Reforms

128. In the reports of 2018 and 2019, the Committee was critical of the use of force, long-term segregation and mental healthcare provision in women's prisons.[113] Since then, the authorities have reviewed and reconceptualised the policy, strategy and ethos for women in custody, and invested in new infrastructure and operational models to embed a more tailored, trauma-informed approach.[114]

Scotland has undertaken significant investment to reform much of its women's prison estate. This includes the replacement of His Majesty's Prison and Young Offender Institution (henceforth HMPYOI) Cornton Vale (Cornton Vale) with a new prison facility, HMPYOI Stirling (Stirling), and the creation of two small Community Custody Units (CCUs), HMP Bella and HMP Lilias.

129. Cornton Vale, repeatedly criticised by the CPT in 2018 and 2019, closed in September 2022, while Stirling opened in June 2023 with a new design and staffing profile and a revised operational culture. In the Committee's view, this is a significant improvement.

130. Equally, in 2019 the CPT had recommended establishing more, smaller custodial units to support progression and reintegration. The two CCUs which opened in 2023 offer community-style living for progression prisoners in small groups of around 10 to 16 in a structured, therapeutic environment, with a clear emphasis on ethos and operational practice, providing a more humane environment, with trauma-informed practice and improved mental healthcare support. The CCUs are designed to provide an alternative to traditional prisons, grounded in a trauma-informed and gender specific approach. The CPT welcomes the development of these vanguard facilities.

131. Further, the CPT notes positively that, at the time of the June 2025 visit, there were some 350 women in prison, down from 430 at the time of the October 2019 visit. Nevertheless, the numbers have been rising since the post-Covid 19 pandemic low of 282 in 2022.

### b. Current practice observed

132. During this visit, the CPT observed a new tiered system operating for the Scottish women's prison estate. Three older, mixed-gender prisons – HMPYOIs of Grampian, Greenock and Polmont – each have women's units and still hold the majority of women prisoners in Scotland.

133. The next tier comprises the new women-only prison facility of Stirling, designed to hold 100 women. The prison has a dual function: it acts both as Scotland's only women prisoners' admission screening facility (holding all women prisoners on remand or sentenced, on a short-term basis until risk-assessed) and houses the most vulnerable women prisoners, with the most complex needs, on a longer-term basis.

134. Lastly, the two newly-created small CCUs, hold small numbers of women prisoners (10 to 16 in each), most of whom are approaching the end of their sentences. These CCUs have high numbers of staff and a focus on progression through community reintegration and work placements.

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113. CPT Visit Reports 2018 CPT/Inf (2018) 47 and 2019 CPT/Inf (2019) 29.

114. In 2021, the Scottish Prison Service (SPS) introduced its 'Strategy for Women in Custody' (2021-2025) which states that 'all aspects of the care of women in custody should be designed for women and take account of their likely experience of trauma and adversities'. The strategy incorporates, *inter alia* a focus on establishing conditions in prisons which maximise healing and minimise the damaging effects of past trauma by working with women in custody to prepare them for a positive future outside of prison. In 2022 and 2023, the CCUs and new HMPYOI Stirling came into operation (see next subparagraph for explanations of these terms).

135. Nevertheless, at the time of the Committee's visit, in total only one third of women prisoners were held in the newer facilities of Stirling and the CCUs. Two thirds remained in the older prisons.[115]

136. Two approaches thus coexist: a well-staffed, individualised, more therapeutic model in modern facilities, and an older model in legacy prisons such as Polmont.

137. **The Committee recommends that the Scottish authorities continue their investment in the women's prison estate to ensure that all women prisoners can benefit equally from the positive practices seen in Stirling and the CCUs.**

138. In June 2025, the delegation visited three women's prisons: Polmont, Stirling and Bella CCU.

139. Located near Falkirk in central Scotland, Polmont is Scotland's national facility for young male adults (between 18 and 21 years of age), but it also has a unit for short-term sentenced men and a women's facility. The women's population at Polmont includes a high proportion of remand prisoners and individuals with complex health and trauma-related needs.

140. Located close to Stirling town and situated in the foothills of the Highlands, HMPYOI Stirling, is Scotland's national facility for holding remand and convicted women, including young female adults (from 18 to 21 years old) and adult women. It opened in the summer of 2023 on the same site as the closed-down women's prison of Cornton Vale.

141. Bella CCU, situated near Dundee, is one of two similar CCUs opened in Scotland (the other, HMP Lilias, being in Glasgow) in 2022. This was the CPT's first visit to Scottish CCUs.

## 2. Ill-treatment

142. The Committee assesses the obligation to prohibit ill-treatment and positive duty of the authorities to keep prisoners safe from harm through measures taken to prohibit, protect and prevent staff abuse of prisoners, as well as the protection from, and prevention of, inter-prisoner violence.

143. During this visit, the delegation received no allegations of physical ill-treatment by staff in the women's prisons visited. On the contrary, the women interviewed generally spoke positively about the staff. The delegation observed positive staff-prisoner interactions, dynamic security practices and individualised attention, notably at *Bella CCU* and *Stirling;* this was less evident at *Polmont*.

144. The CPT did note, at *Stirling*, that a staff member had been dismissed for "inappropriate use of force" against a young adult held in Myrtle block in February 2024. The incident had been investigated promptly and the staff member dismissed.

145. Further, the delegation also received a couple of allegations of disrespectful language used by staff towards women prisoners at both Polmont and Stirling.

**The CPT recommends that prison staff be reminded that disrespectful language directed at prisoners is reprehensible and must be sanctioned. Management should demonstrate increased vigilance in this area by ensuring the regular presence of prison managers in the detention areas, the investigation of complaints made by prisoners, and improved prison staff training (see also recommendation contained in this report's section on *Ill-treatment*, in Men's Prisons, Part B).**

146. There was no recorded inter-prisoner violence at Bella CCU and very little at Stirling over the previous year and a half.[116]

115. Only a minority of women prisoners (150 of 350) could benefit from the newer model.
116. From January 2004 to May 2025, at Stirling there were five minor incidents, 14 incidents resulting in no injury, and no serious incidents; at Bella CCU, there were no incidents of violence recorded.

147. In stark contrast, at *Polmont*, there had been numerous incidents of inter-prisoner violence. Polmont had recorded 430 incidents over the 18 months prior to this CPT visit,[117] the highest number in the Scottish prison estate. However, this number had not been disaggregated per prisoner category and included the young male adult population that the prison also accommodated. Still, several of these involved inter-women violence and led to restraint (see *Means of restraints* section). Sufficient measures had not been put in place to disaggregate and analyse the data and address the inter-prisoner violence at Polmont to tackle and prevent such violence there.

148. **The CPT recommends that Polmont management reviews its violence prevention policy to establish measures to more adequately and accurately record, respond to, investigate, and prevent inter-prisoner violence. These should include the adoption of a comprehensive anti-bullying policy and systematic and regular risk-assessments regarding allocation and placement of prisoners, as well as training of staff to take proactive measures to identify any risk of inter-prisoner violence and report it to management.**

## 3. Use of force and means of physical restraint (soft cuffs and manual holds)

149. In 2019, the Committee recommended a shift of mind-set towards women's imprisonment requiring deep structural and conceptual changes and the development of smaller, more open and specialised units, with the provision of adequate care for women in a vulnerable situation (especially those with personality disorders). Concerns centred on the frequency of violent incidents and subsequent staff use of force in Cornton Vale's Ross House and Dumyat, often linked to forced relocations of women with acute mental health and behavioural challenges.[118]

150. The Committee underlined that these vulnerable women required highly specialised custodial care with a prevailing emphasis on care and treatment rather than on control and discipline. Many of these women were on a continual cycle of re-admittance to the former Cornton Vale Prison, as they could not cope in society upon release.

151. In the period since 2019, a new mandatory policy of C&R2 (the use of non-painful compliance and trauma-informed practices)[119] has been introduced, and was in operation at all the women's prisons visited and one men's prison (HMP Low Moss). This policy focuses on the use of de-escalation techniques first and foremost and, if necessary, the use of soft Velcro cuffs (see also section on *Restraint*, in Part B). This is another positive development.

152. Indeed, during this 2025 visit, there were no allegations received by the delegation at any of the establishments visited of excessive or inappropriate use of force.

153. At *Stirling*, the oversight, recording and use of control and restraint had improved compared to Cornton Vale in 2019. There was a clear emphasis on prioritisation of de-escalation techniques.

154. At *Bella CCU*, no force had been used or recorded over the previous year; any use of restraint or removal from association would necessitate a transfer to Stirling as the SRU single cell was not in operation.

155. However, the use of restraint remained relatively frequent at *Polmont* and *Stirling,* and was similar to the levels seen in 2018 and 2019 (some 200 incidents in 12 months).[120]

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117. From January 2024 to May 2025, there were 155 minor prisoner-on-prisoner incidents, 259 incidents resulting in no injury, and 16 serious incidents.
118. See the CPT's 2018 Visit Report and the CPT's 2019 Visit Report.
119. See above, Part B, Men's Prisons, paragraph 43, for more detail.
120. In Stirling, the use of force (not including soft cuffs), was applied 224 times from January to December 2024. In Cornton Vale (Stirling's predecessor prison), in 2019, the CPT notes, in paragraph 20 of its 2019 report, some 200 incidents in one year, see CPT/Inf (2019) 29, paragraph 20 and footnote 21..

156. At *Stirling*, Wintergreen (high-risk and high-needs) Unit and Heather (segregation) Unit now hold women with profiles similar to those in Ross House and Dumyat (that is, with the most complex mental-health and behavioural needs), however, fewer of them than seen in 2019. At Stirling, a small number of women accounted for a high number of incidents from May 2024 to May 2025.[121] In practice, despite the trauma-informed ethos (notably with an emphasis on de-escalation techniques and more specific interventions with a multi-disciplinary input), force was still used quite frequently on these few women with the most complex needs.[122]

157. One illustration can be seen with Ms A, whose case records show repeated incidents from July to December 2024 and in April 2025, including dirty protests,[123] injuries to staff, the use of soft cuffs and full personal protection equipment (PPE) (and shields) by staff, forced relocations, and the application of enforced restraint and the "surrender position." Ms A left Stirling a couple of weeks prior to the CPT visit, released into the community, but was due to return around the time of the CPT visit, reflecting a cycle of reoffending and short sentences linked to unmet mental-health needs.

158. Ms A's case was not unique. Two of the three prisoners held in the SRU at the time of the delegation's visit had had to be relocated to different cells on multiple occasions, with the use of restraints, and put in safer clothing and forcibly relocated to different cells following incidents, or self-harm, or violence in the cells.

159. At *Polmont,* over the same period, full PPE had been used by staff against prisoners on three occasions in control and restraint interventions, soft cuffs had been applied 16 times over the previous year and manual holds had been applied 34 times (including nine with the prisoners held prone on the floor).

160. The Committee considers that forced removals to safer cells, and the force used to get women into suicide-proof clothing are not the best or most appropriate responses to their state of mental health. Control and restraint and segregation can aggravate the symptoms of existing mental and behavioural disorders of these extremely vulnerable women, can cause re-traumatisation and lead to even more challenging behaviour.

161. Despite improvements to policy and infrastructure (in the case of Stirling), the Committee notes that, in reality, force and restraint were still used relatively frequently on a few women with the most complex needs, notably at Stirling.

> **The Committee recommends that the Scottish authorities take further measures to divert from prison the few women who are on a continuous cycle of frequent reoffending due to their mental illnesses, and transfer them to more specialised support settings where they can receive the appropriate treatment and support required (see section 4 below**).

## 4. Removal from association and segregation: Rule 95 (11), (12) & Rule 41

162. The 2019 CPT visit report highlighted the issue of the use of prolonged and frequent segregation of women prisoners. Segregation on security measures is set out in Prison Rule 95 (11) and (12). As described in section 3 of Part B, *Men's Prisons* of this report, this can take place either in the SRU of Stirling (the only SRU on the women's estate) or in the women's normal accommodation cells.

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121. There had been 258 over a period of one year, 178 of which involved the same three people, and 80 involving removals (May 2024 to May 2025).
122. At Stirling, full personal protection equipment (PPE) had been used by staff against prisoners on several occasions over 2024 and early 2025 in control and restraint interventions; from January to December 2024 force restraints including "floor holds" were used on 224 occasions, with the most intense months being May to June, when it was used on 33 occasions. Many of the restraints were used in Wintergreen, which held the women with the most complex needs, including mental health needs and personality disorders.
123. This is a practice whereby prisoners refuse to leave their cells to shower or use the lavatory for various reasons, and sometimes smear excrement on the walls as a sign of protest.

163. On this 2025 visit, with the exception of Bella CCU, the frequency of use of Rule 95 had decreased since 2019. The overall number of women prisoners held on Rule 95 in the women's prison estate at the time of the CPT visit was relatively low.[124]

164. Nonetheless, Rule 95 remained in fairly regular use on a few women with the most complex mental health and behavioural needs. Further, as Rule 95 could be subject to frequent extensions, albeit with the necessary approval, these orders could last for extremely long periods of time. Indeed, the few women concerned still spent many weeks, and occasionally months at a time, in isolation, often in the SRU, in conditions which still did not provide the level of specialised support that they required.

### a. The SRU

165. While there was an SRU in *Bella CCU*, it was not operational at the time of the visit, and records showed that it had never been used. Nevertheless, there had been approximately 10 women returned from Bella CCU to Stirling since 2022 for reasons of behaviour, or because of a need to be under greater observation, and placed on the TTM self-harm prevention programme, which was not possible at Bella.

166. At *Stirling*, the SRU was situated in Heather Block, and comprised four cells. At the time of the visit, three persons were being held there, with a fourth due to be transferred there shortly. The CPT was informed that Heather Unit is nearly always full. Each person held in the cells of the SRU required at least a three-staff member unlock procedure.

167. In 2019, the CPT recommended that the Scottish authorities establish formal step-down facilities, in the form of small, genuinely therapeutic units which could meaningfully address the lacunae of support to enable prisoners to leave the SRU and return to the mainstream prisoner population. To this end, an Enhanced Needs Unit (ENU) called the Sunflower Block Unit, attached to Wintergreen, had been established. The unit comprised three cells and was intended to hold persons just before transfer to the SRU, or just afterwards, or act as an overspill. Two of these cells were out of use at the time of the visit, and one was being used temporarily, while a cell in Heather SRU was being refurbished. The cells were similar in layout to those in Heather SRU. While in theory this was a step-down type facility, in practice it appeared to be used instead as an adjunct to the SRU and therefore was not fulfilling the function of a proper step-down unit as recommended by the CPT in 2019.

168. Most placements in Stirling's SRU are less than 14 days in duration, but there have been exceptions, with placements up to 30 days and some cases of multiple extensions.[125] At the time of the visit, two women and one female-to-male transgender prisoner were held under Rule 95(11), two of them on multiple extensions, for 61 days, and 83 days respectively, and one had been held for two days.

169. Material conditions are modern and adequate, with sufficient natural and artificial light, fixed furniture, and a sanitary annex with toilet, washbasin, shower and mirror. Heather had its own exercise yard and Sunflower shared a yard with Wintergreen Block.

170. The regime afforded to women in the SRU (and in the ENU) remained extremely limited. The women held there receive one hour of outdoor exercise alone, with no purposeful activities provided and no association with others allowed. Meals are taken alone in-cell. Most contact takes place through the door and is typically brief. Whenever further interaction (beyond contact at the door) is required, it is staff-intensive (three-person unlocks). Due to these constraints, the CPT found that women prisoners held there spent about 23 hours a day locked in these SRU cells, rarely moving outside of their cells.

171. These segregated prisoners had some contact with staff, as well as with mental health staff (see below), and were generally on 15-minute observations by staff. These contacts were, however, limited, as they were mostly done through the door hatch. The segregated prisoners communicated with each other by shouting through the walls of the cells.

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124. In Stirling, on 1 May 2024, four persons were being held on Rule 95 and on 1 May 2025, eight persons; In Polmont these figures were 25 and 28 (although this number included part of the men's prison estate).
125. The Prisons and Young Offenders Institutions (Scotland) Rules 2011: (11)(12) and (13).

172. Positively, time on the telephone had increased and in-cell telephony enabled these prisoners to have more contact with the outside world than had been allowed previously.

173. Oversight, recording and management plans for segregated persons had also improved since 2019, and they received more visits than similar units at Cornton Vale.

174. Overall, while the numbers of persons on such restrictive Rule 95s had generally decreased since 2019, the situation for a few segregated prisoners with the most complex needs had not significantly changed. There remained prolonged periods of time under extended Rule 95 segregation, lasting for many months, combined with the limitations of regime, no activities, and little personal interaction. The CPT considers that there remains an urgent need for more meaningful human contact for the prisoners held on Rule 95.

175. **The CPT calls on the Scottish authorities to put in place a psycho-social support system for all prisoners held for longer than two weeks in Stirling's SRU and provide them with greater opportunities for association and engagement in purposeful activities. The aim should be for all prisoners held under Rule 95 to be offered at least two hours of meaningful human contact every day, and preferably more. Equally, the possibility of supervised contact among selected SRU long-term prisoners should be considered (see also the recommendations made in this regard in Part B, Men's Prisons, section 3).**

176. More generally, the CPT reiterates that an SRU is an inappropriate environment for holding prisoners in vulnerable situation, especially those with mental disorders, for extremely long periods of time.

177. Previously, the CPT urged the Scottish authorities to seek alternative solutions to break the cycle of continued use of long-term segregation for certain vulnerable women prisoners with the most complex needs, but who do not qualify to for transfer to a hospital psychiatric for treatment.

178. Overall, the CPT considers that there have been some positive developments in this area, with reduced frequency of the use of extended Rule 95 in the SRU, the increased scrutiny given to the extensions and their reasoning by the Scottish authorities in the form of the PMAG oversight group (see Part B, section 3), and the establishment of the Sunflower Block's ENU, as a potential step-down facility at Stirling.

179. Equally, there has been progress with the creation of the new six-bed unit for women's secure psychiatric care at the State Hospital (see section on *Healthcare*). Nonetheless, more measures are required to create viable alternatives to long-term segregation in the SRU and to help facilitate women prisoners' transfer back to the prison's mainstream population, as well as enhanced measures to prepare for eventual release and reintegration into the community. This is a systemic problem that applies equally in the men's prison estate (see Part B section on Segregation).

180. **In light of this, the CPT reiterates that the Scottish authorities should improve and expand formal step-down facilities at Stirling, in the form of small, genuinely therapeutic units. These should provide a robust psycho-social support system for segregated prisoners and provide a meaningful alternative to prolonged segregation in SRUs, with the overall aim of helping segregated women prisoners transition back to the mainstream population. There is a need for a multi-disciplinary approach, with psychology taking a lead in the management of these units.**

### b. Use of Rule 95 in own cells

181. At the time of the visit, five women were segregated under Rule 95 in their cells in Stirling and two women in Polmont. This was a reduction of the use of Rule 95 since 2018 and 2019[126] and represents a positive development. However, several placements still lasted for long periods of time, with long lock-up times, and regimes were extremely limited, with minimal personal interaction.

**As such, the recommendations made in respect of the SRU (see above), remain equally valid for those serving Rule 95 orders in their own cells in Polmont and Stirling.**

182. Overall, the CPT takes note of the information shared by the Scottish Government[127] that it is assessing the use of Rule 95 outside SRUs and will review its mechanisms and application.

**The CPT requests an update of this in-cell Rule 95 review and a timescale for its conclusions and implementation.**

### c. Rule 41

183. At the time of the visit, very few women were held on Rule 41 (segregation for healthcare reasons):[128] none at *Polmont* or *Bella*, and only three women at *Stirling*.

184. Procedures at Stirling were generally appropriate and well-implemented, and timeframes were not excessive. Healthcare staff visited the women held on Rule 41 frequently and attempted engagement, although this was sometimes only done through the door hatch.[129] Occasionally, Rule 41 mental health reviews could not proceed due to "lack of staff in Wintergreen to open the cell door" (multiple-staff unlocks), which hindered meaningful contact, access to daily outdoor exercise and activities, and thus further isolated the person. Further, the psycho-social support for these women was limited, and would benefit from greater input from clinical psychologists.

185. **The CPT recommends that the Scottish authorities ensure a sufficient number of staff at Stirling to allow all women held on Rule 41 to receive their mental health reviews, and to get:**
- **at least two hours per day of regular meaningful human contact (not just through the doorway or hatch), and preferably more (as recommended in 2018);[130]**
- **their entitlement to at least one hour of outside exercise daily; and**
- **access to appropriate purposeful activities.**

**The Committee also recommends that the authorities increase the input of the clinical psychologists at Stirling to assist in designing more extensive psycho-social support and treatment programmes for women prisoners held on Rule 41.**

126. In 2019, on the day of the delegation's visit, 33 persons were being held on Rule 95 in their own cells, in Ross House, HMP Cornton Vale.
127. Information provided in the letter from the Scottish Government to the CPT, dated 25 September 2025.
128. Rule 41 in the "Prisons and Young Offenders Institutions (Scotland) Rules 2011" allows a prison governor to order that an individual in prison be accommodated in specified conditions. The decision is made following advice from a healthcare professional due to a health condition (risk to themselves or others).
The reasons for Rule 41 application are not restricted to, but most likely due to: Communicable disease, lower auto-immune system, mental health issues including personality disorder, reduced cognitive capacity, learning disability or other significant behaviours which put them at risk.
129 Further, social work services were in place in Stirling, with Prison-Based Social Work Team addressing prisoners' needs and assessing risk.
130. CPT's 2018 visit report, paragraph 48.

# 5. Conditions of detention and regime

## a. Polmont

186. Women prisoners are accommodated in Blair House, a separate building with three floors, and a capacity of 134 beds.[131] It holds sentenced and women on remand – with the first-floor remand section separated from the other floors. Most cells are single and sufficiently spacious,[132] and all have in-cell sanitary annexes (with a toilet, shower and wash basin), while a few larger cells have doubled occupancy with bunkbeds. At the time of the delegation's visit there were 118 women detained (88% of capacity).

187. Blair House, while newer than other Polmont units, is several decades old. Conditions are adequate but worn and require refurbishment; mould and humidity were visible in some of the cells. The layout is traditional: long corridors of cells with fixed central dining tables, fixed metal stools and a servery for each corridor. This was in stark contrast to the conditions provided at *Stirling* and *Bella CCU* (see below).

188. The exercise yard is accessed by stairs, impeding access for bed-bound or physically disabled women (of whom there were several); some physically less able women reported that they had never been outside. The yard is astroturfed for organised sport, but had tables and benches rather than sports equipment, as staff informed the CPT that "women preferred chatting to organised sport".

189. It was positive that women at Polmont could choose to eat communally, seated together around tables, rather than eating alone in their cells. Indeed, communal dining was observed at all three women's prison facilities visited. The CPT considers this a good practice.

190. **The CPT recommends that the Scottish authorities take measures to ensure that sufficient resources are allocated to Polmont to refurbish the living conditions on the women's block, the communal spaces and the exercise yard, and to ensure that the women have access to space for organised sport, readily accessible to all of them.**

191. The regime of activities available included education, some work (laundry and cleaning), life skills studies, and the gym (allowed three times per week), and one hour daily allowance for time outside in the yard. There was a generous amount of unlock time from cells for those women involved in activities or education in the mornings or afternoons.[133] One specific programme that was appreciated by the women was using therapy pets and notably the "paws for progress" initiative.[134]

192. However, the range and availability of purposeful activities and organised sport was limited and many women did not have regular, daily access to the work available (laundry, hairdressing, catering or cleaning) or to activities.[135] Education classes, life skills and other activities were oversubscribed and many of the women had waited many months to be allowed a weekly or bi-weekly class. There was no organised outside sport, partly due to the only yard having limited accessibility and being covered in fixed tables and benches.

193. Further, foreign national prisoners and those with a disability interviewed by the delegation also stated that they found it hard to participate in activities or work due to their limited command of the English language and other barriers.

131. The first floor holds those women held on remand, the second floor has women with short-term sentences and the top floor houses women on long-term sentences.
132. Measuring some 9 m2, not including the sanitary annexe.
133. Women involved in education and other activities, both in the morning and afternoon, were unlocked from their cells for approximately eight hours per day.
134. Through dog-assisted learning programmes provided in prisons, the initiative builds relationships between people and dogs to support learners to grow, learn, and progress in their personal development.
135. Media Centre/education, cleaning pass, arts and crafts, painting, industrial cleaning, servery work, life skills, and hair and beauty.

194. Overall, the result of the limited availability of activities meant that some women remained in their cells for more than 20 hours a day.[136] Moreover, women complained that the lack of access hindered their ability to progress in line with their sentence plans. This is inconsistent with estate-wide ethos of progression through work, vocational training and programmes.

195. The Committee takes note of the information provided subsequently by the Scottish authorities[137] that Polmont management is assessing their regime regarding the different demographics of individuals located there and has been engaging with the women within Blair Hall, which is informing the next steps.

196. **The CPT recommends that a full regime of education and purposeful activities be put in place to ensure that women can access education, work, activities and sport, in line with women's progression and sentence plans. Ideally, the aim should be to enable prisoners at least eight hours spent outside of their cells per day.**

197. **Further, it recommends that measures be taken to ensure that those women with specific needs or disabilities (including physical and linguistic) are given support by management and staff to be able to fully access work and activities.**

198. **The CPT also recommends that women should enjoy access to structured activities (including access to organised sport) tailored to their needs, and should not be offered only gender stereo-typed courses such as sewing, cleaning and cooking. Further, the facilities available to women should meet their needs and not be of a lower standard than those offered to men in prison. Any discriminatory approaches only serve to reinforce outmoded stereotypes of the social role of women.**

199. **Lastly, the CPT requests an update on the above-mentioned review regarding the provision of a regime of purposeful activities at Polmont and the next steps.**

### b. Stirling

200. The prison has a maximum capacity of 117 persons and was holding 73 women at the time of the visit. Stirling had eight accommodation units, Primrose (the Mother and Baby Unit), Bluebell (prisoners on progression), Iris (general sentenced persons), Myrtle (young adult offenders), Begonia (prisoners held on remand), Thistle (prisoners on initial assessment), Wintergreen and the Sunflower Unit and Heather (the SRU).

201. Stirling, built in 2022 and opened in June 2023, has replaced Cornton Vale, but remains on the same site and takes on the same profile of woman prisoner. The building of an entirely new prison with a new design and operation policy is welcomed by the Committee (see above).

202. The official underlying policy is one of trauma-informed care for the women prisoners. Each unit is relatively small (maximum 27), with specialised units for the young adults and women with high-dependency needs, and has high staffing numbers (see *Staffing*).

203. The living conditions at Stirling were excellent. The units were laid out in a semi-circle around a central garden and the central dining room and activity area. Each unit was painted in bright colours, had plenty of natural and artificial light and large, spacious cells, good bedding, ample shelving, desks and chairs and featured in-cell telephony. Each cell had an in-cell sanitary annexe with a shower, wash basin and toilet. The units each had their own garden and large terrace with outdoor seating. Each unit was designed to maximise access to light and was positioned to ensure that it had its own view of the nearby Wallace memorial. Common areas were brightly decorated and units had large central communal areas

136. Up to some 20 hours locked in their cells (that is, only unlocked for some three hours per day to exercise, eat and have evening recreation).
137. Response to the CPT Preliminary Observations from the Scottish Government, dated 25 September 2025.

with tables, chairs and sitting rooms with sofas. The emphasis was on the creation of a more home-like environment. The number of prisoners is kept deliberately low (around 100) to ensure a high staff-to-prisoner ratio and more tailored care.

204. The women prisoners ate in a large, central, communal dining room twice a day.[138] Certain units ate together and the delegation did not receive a single complaint about the prison food, which is rare. This is positive.

205. The regime of activities, sport and education available included education classes, some work (working in the kitchen, laundry, industrial cleaning and hairdressing) and a range of group activities, as well as access to the gym. A minimum of one hour was allowed for outside time in the yards. There was a generous amount of unlock time from cells for most of the women (although locked on the houseblocks). There was also "recreation time" held in the communal areas of the units in the evenings.

206. Many, but by no means all, of the women were involved in some activities or work during the day, or were in the communal areas of the units and out of their cells. A little more than half of the women (40 of 73) had regular, daily work. Equally, the work itself was not geared around vocational training or progression, but was oriented toward the operation of the prison (cleaning, catering or laundry). The CPT considers that this is a missed opportunity and is not in line with the ethos of helping women reintegrate into the community. Much more effort should be made to expand the type of work, availability and range.

207. Moreover, education attendance was extremely poor, with limited teacher presence and reliance on unsupervised online modules – creative provision was lacking.[139] This too was a missed opportunity, especially given the proportion of young adults in the establishment, many of whom had missed large parts of their formal education while in the community, or had had learning difficulties and could have benefitted from more attention in this smaller educational setting.

208. **The CPT recommends that the Scottish authorities undertake a review of education, work, activities and physical activities/sport at Stirling to ensure it is broadened in range, tailored to the women's needs and preferences, accessible and not gender stereotyped.**

### c. Bella CCU

209. Bella CCU (near Dundee) is the other of the two similar CCUs opened in Scotland (see above regarding Lilias CCU in Glasgow) in 2022. This was the CPT's first visit to Scottish CCUs.

210. The CCUs are administratively annexed to Stirling and are used as a progression facility for end-of-sentence women prisoners. There were two routes for admission: qualifying short-term prisoners, and progression prisoners from the long-term estate. Bella CCU has a capacity for 16 women and was holding only 10 at the time of the visit.

211. The CCU operational model aligns with "The Promise":[140] smaller, community-facing units supporting reintegration and a step-down phase prior to release, with placements arranged with local employers to build work, life and people-facing skills. The two CCU units are located in the centre of towns and placements are organised, with the women's participation, with local employers.

212. The layout resembles community housing; women share modern, small houses with individual bedrooms and generous communal spaces in urban locations to ease access to placements and visits. Women receive a weekly budget (approximately £25 sterling) and cook all meals for themselves.

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138. With the exception of those on Rule 95 segregation.
139. On the day of the visit, only one young adult was in education class. The delegation observed a lack of teacher in-person presence, and a reliance on online autonomous studies, which the students were expected to do alone and by which they were clearly bored. There was also a notable lack of art or creative work undertaken at the time of the CPT visit, and that which was on offer was, according to the women, repetitive, and therefore had low attendance rates. This was despite the theoretical presence of three teachers.
140. See Children in Custody, Part D, *Preliminary Remarks*.

213. The material conditions in Bella were excellent. Recently built, the spacious individual bedrooms were modern and bright. Rooms had carpets, a desk and chair, wardrobe, cupboards and shelving. They were painted in bright colours and could be decorated with pictures. There were bright, comfortable communal spaces, large kitchens, dining areas with wooden dining tables and chairs, and living rooms for each of the four houses. There was also a large, central activity room. This had windows opening on to a terrace, with tables outside and a garden attached. The gardens wove around the buildings creating an impression of a green space, despite the facility's central city location.

214. The only area lacking was the gym, which comprised a small, former office, with a couple of gym machines crammed inside. There was insufficient space for more than one or two women to exercise at any one time and there was no gym instructor.

**The CPT recommends that, as Bella CCU is a semi-closed environment, another, more appropriate and larger room be made available for the gym, including space for group sports.**

215. Overall, in all rooms, there was adequate space, natural and artificial light and ventilation, and the communal dining is both possible and encouraged. This reflects the underlying ethos of reintegration facilitation in practice.

216. Turning to regime, the women were never locked into their rooms, although at nighttime the main doors of the housing units were locked. There was generous unlock time of 12 hours per day.

217. The CPT spoke with all the women held at Bella CCU at the time of the visit. While the women prisoners were pleased to have progressed to Bella CCU, they were frustrated by the lack of structured and regular work, or community placements and activities on offer. The women underlined that the available activities[141] were repetitive and subject to regular cancellation. Further, these were, in the main, not geared around genuine progression needs, such as obtaining adequate IT skills and e-learning modules.

218. At the time of the visit only one of the 10 women held at Bella CCU had regular paid work.

**Given that the ethos of Bella CCU is to help prepare these women to reintegrate into the community, the CPT recommends that the Scottish authorities place a far greater emphasis on helping the women find regular work or community placements. In the meanwhile, it also recommends that more activities (geared around genuinely useful pre-release skills) and sports, including organised group sports (with an instructor) be offered.**

219. The delegation noted that the facility was not running at full capacity, indeed both CCUs (Bella and Lilias) had only around 10 women occupancy despite their 24 and 26 person capacities respectively. Indeed, Bella had never run at full capacity since its inception.

220. The CPT was informed by staff that the main reason for low occupancy at Bella CCU was the stringent transfer criteria from a long-term estate through the risk management route and the short-term transfer route, and few women succeeded in passing the selection procedure.

221. Overall, the CPT was impressed by this vanguard facility. It found that the investment into this step-down progression facility was really designed to support preparation for women prisoners and tailored toward their reintegration into the community. This represents a good practice model, especially if improvements are made to the offer of work placements, and if it is able to operate at its official capacity.

141. Women's group, arts and crafts sessions, community café; jewellery group, sessions with "Just Bee" (registered charity for combatting poverty), among others.

222. **The CPT recommends that the Scottish authorities review the current criteria for admission to ensure that this vanguard facility is fully and appropriately used. It invites them to consider opening more CCUs in line with their original plans, to ensure that as many women prisoners as possible are able to benefit from these facilities.**

# 6. Healthcare

## a. Healthcare in prisons visited: Stirling, Polmont & Bella

223. Regarding the overall state of healthcare services at *Stirling*[142] and *Bella CCU,*[143] the CPT was pleased to note that both prisons had a new healthcare centre and that the material conditions were good. The CPT welcomes the high standard of the healthcare service on offer at these prisons and the approach, which was clearly patient-centred. The healthcare services in *Polmont,*[144] shared with the rest of the prison (male adult and young adult populations), were generally adequate.

### i. healthcare staffing and healthcare provision

224. At *Bella CCU*, women had excellent access to healthcare services and could access community healthcare readily when needed. This included one trained nurse and one support health worker who visited the Bella Centre daily, including at weekends. There was also a service level agreement with one GP practice in Dundee (Newfield Medical Centre), where the women were able to select a regular GP to facilitate their continuity of care.

225. Mental health services were provided by the Mental Health Team. Referral to mental health services (through the GP practice or via self-referral forms) were immediately undertaken in the event of any declared mental health issues during the admission screening, or pre-transfer, or after a senior charge nurse triaged the request. There was a visiting psychiatrist at Bella CCU once a month. Access to dental services at Bella CCU was excellent and all the women interviewed by the CPT praised the service provided.[145] Other specialists visited Bella CCU several times per week (occupational therapist, psychologist,[146] a pharmacy team, substance use worker and substance use clinical team).

226. At *Stirling*, healthcare staffing levels were also good.[147] These included two GPs (2.25 Full Time Equivalent (FTE)), and a GP clinic was run every working day, 8.5 FTE mental health nurses and a mental health team leader, a lead substance use and recovery nurse, a full-time clinical psychologist and a full-time assistant psychologist, a full-time occupational therapist and a speech and language therapist.

227. Specialists regularly visited Stirling. One consultant psychiatrist visited per week (0.2 FTE) and a doctor specialised in psychiatry visited twice per week, a dentist visited every two weeks, and other specialists (gynaecologist, sexual health nurse, optician, mid-wife, hepatology nurse) visited when required.

142. NHS Forth Valley was the healthcare provider for HMP Stirling and two other nearby prisons.
143. In addition to Bella CCU, the Leadership Team (NHS Tayside) was responsible for the provision of healthcare services in HMP Perth, HMP Castle Huntly, one police custody cell and forensic examination room.
144. The NHS Forth Valley provided health care in Polmont Prison.
145. Of note, women prisoner patients about to finish their sentence and those still requiring dental treatment were motivated by the fact that those women released prior to completion of their dental work were encouraged to continue their treatment after liberty, free of charge.
146. Who conducted regular, one on one psychotherapy sessions with women prisoners.
147. All medical staff belonged to NHS Forth Valley and there had been no more reliance on agency staff services since August 2024. There were no medical vacancies at the time of the CPT visit. Staffing included: 2.25 FTE GP, 0.6 FTE Lead nurse (clinical manager), 1 FTE nurse Band 7 ANP, and a senior Band 6 nurse; 6 FTE nurse Band 5, 4.5 FTE nurse Band 3 (health care support workers/orderlies), and 0.5 FTE mother and baby nurse.

228. Referrals for mental health services were triaged by the mental health team, with a policy that any urgent referral was preferably to be seen on the same day and within 48 hours at the latest. There were individual and structured group programmes of 12 sessions with psychoeducational elements ("safety and stabilisation") and regular group sessions on mental health awareness.[148]

229. At *Polmont*, healthcare staffing numbers, although shared across three prison sites (HMPs Polmont, Glenochil and Stirling), were adequate[149] with few vacancies at the time of the CPT visit.

### ii. admission screening and access to healthcare

230. Initial medical screenings were conducted promptly at all three prisons by an ANP or GP, as well as a mental health nurse, on the day of, or day following admission. There was a standard medical admission system and forms were generally well-annotated.

231. At *Bella CCU*, women had swift access and there was little to no waiting time to see healthcare staff. All referrals to other specialists were organised via the local GP practice. Access to medical files from previous prison facilities[150] as well as community hospitals was smooth and based on relevant service level agreements. Newly-arrived women prisoners' medicine was checked in Kardex[151] before their transfer to Bella CCU. This allowed medicines to be reconciled, the Kardex to be rewritten and ensured a supply of medication promptly.

232. At *Stirling*, access to healthcare services was excellent.

233. Here, notably, the CPT welcomes the presence of speech and language therapists four times per week, and considers this fully in line with the trauma-informed ethos underpinning the facility, representing positive practice. Trauma can significantly impact speech and language development and function, affecting both the ability to speak and understand others. Speech and language therapists play a crucial role in addressing these issues, understanding how trauma affects communication, and developing tailored interventions. Moreover, Stirling provided basic training and refresher courses to all staff to improve their communication skills and facilitate better understanding of the women held there.[152]

234. At *Polmont*, access to healthcare was reasonable. There were waiting times of up to five days for self-referral to healthcare staff, but the situation had generally improved compared to previous years, according to prisoners and staff alike.

### iii. medical records & administration of medication

235. At all three prisons visited, medical records were comprehensive and well-kept. Indeed, at *Bella CCU*, the delegation observed some good practices, such as the healthcare staff arranging to have a medical consultation between the women's other commitments (such as other appointments, court hearings or visits).

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148. As well as a Cognitive Behavioural Therapeutic (CBT) programme in electronic form, supported by mental health staff to follow the programme, trauma issues and their impact were discussed individually with mental health staff (psychiatrist and/or psychologist).

149. There were two GPs, shared across three prisons (Polmont, Glenochil, Stirling); 1.8 FTE of Lead Nurse, and FTE Pharmacy Lead (shared across Polmont, Glenochil, Stirling), three Team Leaders (Mental health, Primary Care, Addictions), three ANPs (shared across Polmont, Glenochil, Stirling), two Band 6 – Primary care staff; six Mental Health staff and one Addiction staff and a Long-term Condition Nurse (Polmont, Glenochil, Stirling), eight Band 5 – Primary care staff; four Mental Health staff, seven Band 3 – Primary care staff, three Addictions staff and FTE 2.4 Pharmacy staff.

150. Via "Vision" - the electronic patient record software used by the NHS to manage prisoner health data.

151. "Kardex" refers to a Medication Administration Record (MAR), a legal document used to record medications prescribed and administered to prisoners.

152. The CPT was informed that all Stirling staff were trained initially and attended refresher courses in understanding of personality disorders, trauma and the impact of trauma, self-harm, neurodiversity and reflective practices.

236. Medication administration was adequate in all three prisons visited. However, at *Polmont*, the delegation learned of an incident, which had occurred a few days prior to the visit, whereby one of the women, Ms C, had been mistakenly given a significant dose of the wrong medication (100 mg of methadone as well as some other medication), which was prescribed for someone else. This led to her being taken to hospital and Naloxone being administered as an emergency response. When asked about the incident, the senior healthcare staff indicated that the blame was solely on Ms C for not noticing the error and informing staff. The CPT understands that mistakes can happen. What is important is to learn any and all lessons from such incidents in order to reduce their recurrence as far as possible.

**The CPT would like to be informed about any review of medication administration procedures at Polmont in light of this incident, to ensure that errors that can cause safety risks to women prisoners do not reoccur.**

### iv. recording and reporting injuries

237. Injuries were rare at *Bella CCU*, however, there had been a few sustained by several of the women at *Polmont* and *Stirling*, either as a result of self-harm or violent incidents (see *Restraint measures* section).

238. The recording of injuries in all three prisons' healthcare records was minimal to non-existent. The reason for this was the separation of mandates and reporting lines between the SPS, responsible for custody of the women prisoners, and the NHS, responsible for healthcare in prisons. These services ran parallel to each other but there was little overlap in the sharing of information between the NHS and the SPS with respect to injuries.

239. The NHS representatives, interviewed by the CPT at all three prisons, considered that the recording of injuries was the sole responsibility of the SPS. Therefore, there were few to no formal protocols or procedures for healthcare staff on recording of injuries and the few descriptions of injuries recorded in healthcare files at *Polmont* and *Stirling* were too superficial.

240. Moreover, there remained no central injury or trauma register at any of the three prisons. Equally, the descriptions of the injuries, if they were done, were recorded on incident registers and individual incident files by SPS custodial staff and lacked healthcare staff input.

241. The CPT recalls that it is the role of the prison healthcare service to record and report injuries. Prison healthcare services can significantly contribute to the prevention of ill-treatment of detained persons through the systematic and proper recording of injuries (including following the application of means of restraint) and, when appropriate, the provision of information to the relevant authorities.

242. **In particular, the CPT recommends that the Scottish authorities take the necessary steps to ensure that the record drawn up after the medical examination of prisoners – whether newly arrived or following a violent incident (including after use of force or physical restraint) in the prison – contains:**

- **an account of statements made by the persons which are relevant to the medical examination (including their description of their state of health and any allegations of ill-treatment),**
- **a full account of objective medical findings based on a thorough examination, and**
- **the healthcare professional's observations in light of i) and ii), indicating the consistency between any allegations made and the objective medical findings.**

**Further, the existing procedures should be reviewed in order to ensure that, whenever injuries are recorded by a healthcare professional which are consistent with allegations of ill-treatment made by a prisoner (or which, even in the absence of allegations, are indicative of ill-treatment), the report is immediately and systematically brought to the attention of the relevant investigative authority.**

**The healthcare professional should advise the prisoner concerned that the writing of such a report falls within the framework of a system for preventing ill-treatment. Further, that this report must automatically be forwarded to a clearly specified independent investigative authority, and that such forwarding is not a substitute for the lodging of a complaint in proper form.**

**The results of every examination, including the above-mentioned statements and the healthcare professional's opinions/observations, should be made available to the prisoner and their lawyer.**

243. **Further, a central injury or trauma register should be established at all Scottish prisons.**

### v. self-harm and suicide prevention programmes

244. Women prisoners often have elevated levels of mental healthcare needs, and rates of deliberate self-harm and suicide in prisons are considerably higher among women prisoners. In light of this, the CPT places a particular emphasis on the need for robust self-harm and suicide prevention programmes in women's prison facilities.

245. As described in Part B (Men's Prisons) above, "Talk to Me" (TTM) is the Scottish self-harm and suicide prevention initiative, launched in 2016 by the SPS, aimed at multi-disciplinary responsibility and person-centred care for at-risk individuals in custody, with regular daily observations and interventions by a multi-disciplinary team.

246. In the context of the women's prison estate, in 2018,[153] the CPT praised the TTM programme and prevention Strategy. Yet, the CPT now notes that this Strategy expired in January 2021 and has not been replaced. In 2025, an independent review was initiated into the Strategy as a part of a wider response to certain FAIs' recommendations made following the deaths of two young adults at Polmont. Further, as outlined above (section on *Healthcare*, Men's Prisons, Part B), a broader 2024-2034 Mental Health Strategy[154] was launched by SPS aiming to tackle trauma, aging, and complex mental health needs, emphasising partnership with NHS teams, families, and third-sector services. The CPT welcomes the ongoing review and reforms but notes delays in updating the expired TTM Strategy.

**The CPT recommends that the TTM Strategy be reviewed as soon as possible and would like to be updated with the status and timeframe for its implementation.**

247. From January 2024 to June 2025, the number of recorded self-harm incidents was 117 at Stirling, 59 at Polmont, and almost non-existent at Bella, and TTM was operational in only two of three women's prisons visited.

248. At *Bella,* the SRU was non-operational, so women requiring it were transferred to Stirling. Records show that there had been a couple of "non-serious self-harm attempts",[155] resulting in transfer to Stirling. Women interviewed feared being transferred back to Stirling and the CPT considers that this may act as a deterrent for the women at *Bella CCU* from sharing risk of self-harm indicators.

**The CPT recommends that the TTM programme be initiated at Bella CCU as soon as possible.**

153. See the CPT's 2018 Visit report.
154. Including, for example, the launching of a new emergency phoneline at all SPS prisons, available 24 hours a day, seven days a week for prisoners to contact third parties when in crisis.
155. Centre's own terminology.

249. No women were on TTM at *Polmont* at the time of the CPT visit, however, several women interviewed had recently been on TTM measures. Those few who had recently been on the programme criticised the limited regime afforded to them in the "safer cells" (often used for the increased observations on TTM) and the lack of purposeful activities or occupation, the lack of access to others, the sporadic and superficial interactions with staff (often via visual checks through the doorway), and the limited freedoms. Indeed, they considered that this regime actually served to increase the risk of self-harm and was the exact opposite to the support that they needed. Many tried to avoid the programme, if they could.

250. **The CPT recommends that the management of Polmont ensure that during the TTM programme, or its successor, efforts be made to provide more regular and meaningful contact by staff, and establish regular suitable activities, geared at better catering for these women's needs, in a time of crisis (see also the recommendations contained in Part B, Men's Prisons, Healthcare section).**

251. In contrast, at *Stirling*, the TTM programme appeared to be working well and was used frequently. There were regular observations and more meaningful contact with others was permitted, especially when it was undertaken in the women's own cells. At the time of the visit, 25 (of the 73) women were on TTM at Stirling. Most of the women could undertake the programme in their own cells and only a minority were placed in safer cells. TTM was generally appreciated by many of the women prisoners. Equally, it was seen as having a positive effect, according to management, who flagged that since Stirling's opening, serious self-harm rates and attempted suicides were relatively low (in comparison to the former Cornton Vale, which had the same (more vulnerable and at risk) profile of prisoner). This is a positive development.

252. **Overall, the Committee takes note that the Scottish Government is undertaking a full overhaul of the TTM policy and guidance, informed by an independent review, due to conclude by the end of summer 2025, and it requests a copy of the outcome of the review, information on any revised measures and the timetable envisaged for the updated policy to be implemented.**

### b. Transfer for external psychiatric treatment

253. The CPT remains of the view that a prison environment is an inappropriate environment for women suffering from severe mental disorders. In 2019, it welcomed the commitments in the Mental Health Strategy 2017-2027 and the securing of additional funds to provide increased mental health services and to develop SPS staff ability to support women with mental health issues.

254. The CPT also urged the development of a specialised psychiatric unit within Scotland to care for women prisoners with severe mental health needs, in order to close the gap concerning the lack of high-security psychiatric places for such women, and to ensure that access to mental health treatment is provided on the same basis as for male prisoners. The CPT stressed that until such a facility is established, the authorities should facilitate the relevant women prisoner patients' transfer either to a medium-secure hospital in Scotland, with added security where necessary, or the State Hospital at Carstairs (if the unused bed capacity could be reprovisioned).

255. The Scottish authorities replied[156] that a review into this was underway. The Forensic Mental Health Services Managed Care Network report (March 2020) fed into an independent review, the "Barron Review" (2021), which called for a women's high-secure service at the State Hospital, Carstairs[157] – until recently an all-male high-secure unit to ensure equity with mental healthcare provision between men and women, as well as addressing the long delays inherent in cross-border transfers from Scotland to England.

156. Scottish authorities' Response to the CPT, 2020, paragraphs 61-62; https://rm.coe.int/16809e4406.
157. The Forensic Mental Health Services Managed Care Network published its report 'Women's Service and Pathways across the Forensic Mental Health Estate' in March 2020, which included the needs of women who require high-secure mental health care and treatment. The report fed into a broader independent review into the delivery of all forensic mental health services across Scotland commissioned by Scottish Ministers, chaired by Derek Barron.

256. In April 2024, the Scottish Government began discussions with the Health Board chief executives to facilitate the plan for a high-secure provision for women at the State Hospital, Carstairs. This was implemented and the new unit for high-secure provision for women (with a capacity of four, to be expanded to six places) became operational there in July 2025.

257. Further, the CPT was informed by the Scottish authorities that the State Hospital is developing an outreach service to include Stirling (including psychology, psychiatry, occupational therapy, and prevention and management of violence, and aggression advice for with complex mental health issues). Lastly, the authorities underlined that a further review is underway and that they are reviewing ways to incorporate further supportive measures with community partners, healthcare and social work to support women prisoners with the most complex needs. The CPT welcomes these positive developments.

258. From January to June 2025, five women had been referred for transfer to a psychiatric facility, all from Stirling. At the time of the 2025 visit, no women prisoners were waiting for transfers for medium or low-secure psychiatric facilities. The waiting time for such transfers which had been undertaken was two weeks or less, which appeared to have reduced significantly since 2019. This is another positive step.

259. However, as of June 2025, there remained a significant delay for one woman waiting at Stirling for transfer to the high-secure psychiatric facility estate. This was mainly due to the wait for the opening of the new Carstairs Unit (see above).

**The Committee requests confirmation that this woman has now been transferred to a high-secure psychiatric facility.**

## 7. Mother and babies in prison

260. Scotland affords imprisoned mothers the right to remain with their newborn infant in prison together up to 18 months of age. There is one unit for imprisoned mother and babies (Primrose Block) at *Stirling*.

261. The Committee notes, however, that this unit has never been used since Stirling's opening in June 2023. Structural and procedural obstacles have rendered the exercise of the right to remain with one's infant child during detention essentially non-functional. In reality, women face complex and restrictive approval processes, requiring prior authorisation from social welfare and other external agencies. In addition, Scottish practice is to find a fellow prisoner who would help and keep the mother company, who also needs to be risk assessed and vetted by social services. This too was perceived by staff as a time-consuming exercise. Further, the delegation was informed that inter-agency collaboration lacked flexibility and responsiveness to individual cases. Consequently, to date, no detained woman had secured the necessary permissions.

262. The Committee is concerned that the right to remain with one's newborn infant is thus only theoretical, and the current administrative and operational framework renders the Mother and Baby Unit inaccessible to all potential beneficiaries, while leaving dedicated infrastructure unused.

263. **The Committee recommends that the Scottish authorities undertake a review of, and revise the approval process for mother and baby placement to:**

- **ensure that decisions are taken promptly and based on individual case assessments;**
- **facilitate constructive interactions with social services;**
- **formalise inter-agency collaboration via clear protocols and timelines; and**
- **ensure appeals or urgent review mechanisms are available.**

**Further, until the Mother and Baby Unit becomes functional, the authorities should allow for temporary use of the rooms for other accommodation purposes where necessary, to relieve overcrowding or substandard conditions elsewhere in the**

**prison. Such use should be flexible and reversible without delay once a mother-child placement is authorised. The authorities should also develop and disseminate internal guidance to prison staff and women prisoners explaining the rights, eligibility criteria, and application process for Mother and Baby Unit placement. The process should be transparent, timely, and rights-oriented.**

**Overall, the Committee recommends that infants should stay in prison with their mother only when this is in the best interests of the infant concerned and in accordance with national law.**

## 8. Transgender prisoners

264. The delegation met with several transgender prisoners during its visit to Scotland. It also notes that transgender policy in Scotland is changing. An illustration of the current approach can be seen in the treatment of one of the transgender women met at Polmont, Ms B. At the time of the visit, Ms B, a male-to-female transgender person, had been held on Rule 95 throughout the previous month.[158] Records also indicated that Ms B had been placed on Rule 95 for 62 days a few months prior to the visit. Ms B had a tailored Rule 95 regime that had a degree of flexibility; she could remain in a designated part of the communal area (closest to staff), attend certain activities and take exercise along with certain designated other prisoners, but generally without contact with most other prisoners.

265. While she had been involved in a couple of minor incidents, the CPT was concerned that the extended periods of time that she had been placed on a Rule 95 may reflect the change in Scottish security and operational policies concerning male-to-female transgender persons (pre-gender affirming surgery) in a women's unit, and be for preventive security and safety reasons. In line with the new policy, Ms B was due to be transferred to the male estate, against her expressed wishes and after having already spent a considerable amount of time in the women's prison estate.

266. **The CPT recommends that the Scottish authorities review this policy and take measures to ensure that, when a transgender prisoner has been properly assessed as presenting no security risk to others, they can be placed in a unit of the gender with which they self-identify.**[159]

## 9. Other issues

### a. Prison staff

267. In 2018 and 2019,[160] the CPT highlighted lack of staffing and insufficient trauma-informed and gender specific training in the women's prisons visited.

At the time of the 2025 visit, custodial staffing levels at all three facilities were adequate, with very few vacancies unfilled. At all three prisons, many (but by no means all) staff were trained in Talk to Me policies, providing trauma-informed care, among others, with regular refresher courses, tracked by management.

268. Overall, staff were clearly dedicated to the women's well-being, and the positive staff-prisoner interactions were praised by many of the women interviewed, most notably at *Bella CCU* and to some extent at *Stirling*.

269. Nevertheless, at *Polmont,* several women complained that many staff were distant and interactions were limited.

158. From 31 May 2025 until 30 June 2025 (ongoing at the time of the delegation's visit, and likely to be extended, according to the management).
159. See the CPT's *Standards on Transgender Persons in Prisons*, Extract from the 33rd General Report CPT/Inf (2024).
160. See the CPT's Visit Reports 2018 and 2019 Visit reports.

270. The Committee considers that the existence of positive relations between staff and prisoners, based on the notions of dynamic security and care, is important, and this will depend in large measure on staff possessing the appropriate interpersonal communication skills. Equally, better interpersonal communication also sits squarely within the ethos of trauma-informed care for women prisoners, underpinning the Scottish Government's new strategy (see above).

**In light of this, the CPT recommends that the management of Polmont encourage staff to engage in better interpersonal communication with the women prisoners held there.**

271. At Stirling, staff reported having repeatedly requested training on management of prisoners with special or complex needs (particularly SRU staff), without ever having received it. Staff's own concerns included perceived understaffing, workload and limited management response. Not all custodial staff working with young adults (many of whom had complex needs) had access to specialised training. Assaults on staff occurred frequently, and staff reported that there was no clear debrief/supervision protocol after violent incidents.

These incidents indicate a need to address both the training and psychological support needs of staff tasked with managing vulnerable prisoner populations. The absence of systematic, specialised and mental health-related training in SRUs, insufficient preparation for managing young adult prisoners, and the lack of post-incident support mechanisms create systemic risks both for staff and those in custody alike. The Committee considers that increased structural reform in both training and staff welfare systems is clearly necessary to safeguard the mental health and well-being of staff.

272. **The CPT recommends that the Scottish authorities, together with the management of Stirling, undertake an in-depth review and assessment of their staff's concerns, along with measures to address these, to better understand and ensure staff well-being at Stirling.**

273. **The CPT also recommends that the Scottish authorities**

- **introduce a mandatory, structured training programme for <u>all</u> prison staff working with prisoners in high-risk or vulnerable categories, including those in SRUs, women with mental health needs, and young persons. This training should cover: recognition of and initial response to mental health crises, communication techniques for de-escalation, trauma-informed care and the psychological impact of isolation, young adult development and behavioural presentation, and further development of gender-specific vulnerabilities and needs.**

**Further, the CPT recommends that the Scottish authorities establish specific training tracks for SRU staff, recognising the intense psychological demands of this environment and the heightened vulnerability of those placed in segregation. No staff member should be assigned to work in an SRU without prior training in suicide prevention and self-harm management.**

**More specifically, the Scottish authorities should ensure that all staff working in units for young adults receive initial and regular refresher training on management of the developmental, psychological, and social challenges specific to young adults in custody. The staff assigned to the safer cells in the young person's unit should be given the same standards of training and supervision as required in the adult SRU (Heather and Sunflower). Following this, the Scottish authorities should implement an evaluation and reporting mechanism to monitor staff training uptake, impact on practice, and identification of unmet needs. This should include regular feedback from staff, and annual reviews to identify gaps.**

**After an incident, the Scottish authorities should establish a clear and consistent post-incident debriefing and psychological support protocol for all staff involved in violent or critical incidents, including those without physical injury. This should include rapid-access debriefing by trained professionals; optional, confidential psychological follow-up; clear internal policies to reduce stigma around seeking psychological support and encourage early engagement.**

**Ongoing, the Scottish authorities should ensure that prison staff have access to ongoing clinical supervision or reflective practice sessions, particularly those staff working in SRUs, mental health-related roles, or young adult custody. These mechanisms should form part of a broader institutional strategy for staff mental well-being.**

**Finally, the CPT recommends that the Scottish authorities develop partnerships more broadly between prisons and local mental health services, including NHS psychiatric units, to provide in-prison seminars by mental health professionals, opportunities for shadowing in external clinical settings, and case-based learning.**

### b. Contact with the outside world

274. At all three prisons visited, prisoners could have regular contact with the outside world. All offered in-cell telephony, facilitating regular communication with families and third parties. Regular virtual (online) visits were also possible. However, both the management and women prisoners (at all three prisons) informed the CPT that, in practice, many of the women did not receive any visits from their partners or families.

**In light of this, the CPT invites the Scottish authorities to consider reviewing the causes of this trend and addressing this by establishing some more enabling measures to help women receive more visits, even if remotely over video or online, to enable their bonds with their families and links with their communities to continue while they remain in custody and ultimately to help with eventual release and reintegration.**

### c. Discipline

275. Overall, disciplinary procedures were well-managed at all three prisons visited. From an examination of the disciplinary records at each prison, the CPT found that procedures were fair, the disciplinary process was swift (conducted within a couple of days) and sanctions were generally proportionate and often suspended.[161] An appeal process was possible, and was understood and used by the women prisoners involved.

### d. Complaints and procedures

276. At all three prisons visited, women could, and did, use the complaints procedures. At *Stirling* and *Polmont,* complaints were addressed swiftly and responded to adequately. At *Bella CCU*, there had been very few complaints made by prisoners (11 complaints had been registered since the 2022 opening). However, the CPT found that those that had been made were promptly addressed and that the response had been adequate. Indeed, the management had started a weekly "Monday morning coffee" session, which itself provided an opportunity for the women to voice any concerns to the staff.

161. At Bella CCU, most discipline charges over the previous year (from mid-2024 to mid-2025) had resulted in a caution. At Polmont, sanctions were applied proportionately to any breach of discipline, with the forfeiture of withdrawing money for a certain number of days and withdrawal of recreation (evening unlock time from 18:00 to 20:00) being the two most common sanctions observed from an examination of the 2025 disciplinary records.

277. Nevertheless, according to some women interviewed at *Bella CCU*, the perceived risk of transfer back to another prison was a strong deterrent factor to making any complaints or appeals.

**The Committee recommends that the management of Bella CCU should undertake increased awareness-raising measures among the women at Bella CCU to address this, as well as to address and counter any of the women's perceptions of potential reprisals for complaining.**

# D. Children's secure accommodation

## 1. Preliminary remarks

### Context & reforms

278. In its 2018 and 2019 reports,[162] the CPT recommended that the Scottish authorities revise the way in which they were holding children in Young Offenders' Institutions (YOIs) and take concrete measures to turn the juvenile sections into truly juvenile-centred units, composed of small well-staffed units, with staff with youth-centric training, offering psychological, post-trauma and social/welfare support. Juveniles should be unlocked for the majority of the day and provided with a range of purposeful activities. Since then, Scotland has implemented significant changes to its policy, legislation and practice on the detention of children.

279. In February 2020, the Scottish Government committed to implement the recommendations of an Independent Care Review in a policy known as 'The Promise',[163] prioritising an end to the imprisonment of children and placement instead in age-appropriate, therapeutic, trauma-informed environments.

280. In June 2024, the Scottish Parliament passed the Children (Care and Justice) (Scotland) Act (the Children Act),[164] legally prohibiting the incarceration of children under the age of 18 in prisons and YOIs, and directing that sentenced or remanded children be held only in "secure accommodation" or a "place of safety," with local authorities responsible for care and welfare.[165]

281. Secure accommodation is effected in a locked, residential care setting designed to provide intensive trauma-informed support, care, and education to children aged 10 to 17 years old, who may be a significant risk to themselves or others in the community. A secure placement can only be authorised following two pathways: either via the criminal justice system by a decision through the Children's Hearing system or court, or under compulsory supervision decided by the social services.[166]

282. As of 30 August 2024, all children previously held in YOIs had been transferred to secure care. Four children's centres were designated "secure accommodation" with a combined capacity of 67 sentenced places, operated by independent charities under service-level agreements and overseen by the Care Inspectorate.[167] These centres received some additional financial support towards the costs of secure children's beds/capacity from the Scottish Government and local authorities.

283. Overall, the CPT welcomes the change in legislation, and the move to end imprisonment of children and use smaller, therapeutic, trauma-informed units, which it considers a step forward.

284. Nonetheless, concerns remain about legislation, safeguards, resources, unequal standards across centres, restraint frequency and child-protection risks.

Consistent standards, equal progression opportunities and similar resources should be offered at all four secure centres in Scotland. In reality, the CPT found that this was not the case and found variation driven by resourcing: some centres offered a safer, better environment and less risky environment than others.

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162. See CPT Visit reports of 2018 and 2019, in which the CPT examined the situation of children and young adults in HMPYOI Grampian and Cornton Vale.
163. One of its aims was to transform the care system so that children grow up feeling loved, safe and respected.
164. The provisions of the new Children Act expand upon the Secure Accommodation (Scotland) Regulations 2013, which continue to provide the legal framework governing the use of secure accommodation for children in Scotland.
165. To be determined by the local authority in question; under Sections 23 and 24.
166. Or as an emergency placement for a "looked after" child for up to 72 hours before attending a Hearing or court.
167. The four children's centres are (i) the Good Shepherd Centre Secure Unit (12 person capacity); (ii) Kibble Education and Care Centre (capacity of 19); (iii) Rossie Secure Accommodation Services (capacity of 18 capacity); and (iv) St Mary's Kenmure Secure Accommodation Service (capacity of 13, reduced from its official full capacity of 24).

While the Government has invested some money into helping prepare for the Children Act,[168] this amount has been insufficient to fully prepare these centres, and for those with fewer resources at their disposal, such as St Mary's, more investment is needed (see below).

**The CPT recommends that the Scottish authorities undertake a review of the resources and funding available for all Scottish secure accommodation centres to ensure that these provide equal opportunities and protective safeguards for all children deprived of their liberty.**

285. The Committee has noted the strict rule of the transfer of children in secure accommodation, on the day of their 18th birthday, to an adult and/or YOI. The CPT considers that this approach runs counter to the above therapeutic and child-centric ethos. Indeed, the European Rules for young offenders state that young adult offenders may, where appropriate, be regarded as children and dealt with accordingly. This practice can be beneficial to the young persons involved, but requires careful management.

**The CPT recommends that a case-by-case assessment be carried out in order to decide whether it is appropriate for a particular young adult offender to be transferred to an adult institution after reaching 18 years of age, taking into consideration, *inter alia* the remaining term of their sentence, their maturity and their influence on others.**

### Establishments visited

286. The delegation visited two of the four children's centres, namely St Mary's Kenmure (St Mary's) and Rossie Secure Accommodation Services (Rossie House). This was the CPT's first visit to these children's establishments.

287. *Rossie House,* an independent charity, based near Montrose, has operated since 1857. It provides care and education for children aged 10 to 17 years old (and occasionally some 18-year-olds). These services include providing secure care in three house blocks (with a capacity of 22 secure beds, and an occupancy of 21 children at the time of the CPT visit), and residential placements in four houses (with a capacity of 13 and occupancy of 11 at the time of the visit).

288. *St Mary's,* also an independent charity, based in Bishopbriggs, Glasgow, has operated since 1843, and in its current form since 2000. St Mary's provides care services, education and healthcare for children aged 12 to 17 years old, who are accommodated in five house blocks (only three were operational at the time of CPT visit). It had an official capacity of 30 secure beds but this had been reduced to 13 following a deeply critical October 2024 Care Inspectorate Report and Improvement Notice. It had an occupancy of 12 children at the time of the CPT visit (11 boys and one girl). All the children had been placed there through the youth justice pathway, other than one child who was there on a cross-border social welfare placement.

289. Despite being independent charities, the Centres are bound by several national frameworks and standards.[169] They are subject to external regulation including by the Care Inspectorate (on the provision of care, treatment, use of means of restraint, among others) and Education Scotland.

## 2. Ill-treatment and child protection

290. The CPT delegation received no allegations from the children of physical ill-treatment by staff at either *St Mary's* or *Rossie House*. In general, interactions between staff and the children were positive, particularly at *Rossie House*.

168 Approximately 500,000 pounds.

169. These centres are each governed by their own voluntary Board of Governors and led by a senior executive team. It is regulated by multiple oversight bodies, including the Care Inspectorate, Education Scotland, the Scottish Social Services Council.

291. Nevertheless, the CPT is aware of recent staff misconduct cases towards children at both *St Mary's* and *Rossie House,*[170] and notably within the past year and a half at *St Mary's*. Here, the CPT examined the records of five incidents of staff misconduct or gross misconduct from October 2023 until the date of the CPT visit in June 2025.

292. These incidents involved injuries sustained by the children during restraint by physical holds, which internal investigations deemed excessive or disproportionate (for example, prone restraint with pressure by multiple staff members, a staff member throwing chairs while attempting restraint), and one case of alleged sexual abuse. These all involved different staff members and different children, over a period of 19 months.[171]

293. Internal investigations had been undertaken promptly (within matter of weeks). Staff were suspended during the fact-finding and investigation period, and underwent disciplinary procedures. One of these incidents was also sent to the police (sexual abuse allegation). In four of the five cases, there were findings of inappropriate use of force or gross misconduct and staff were dismissed.[172]

294. This has been part of an increased vigilance strategy by *St Mary's* after the Care Inspectorate found failings in child protection and restraint oversight measures in February and May 2024, rating it as poor and high-risk and placing it under an urgent improvement procedure, with an urgent action plan and recommending the halving of its capacity. New management took over in July 2024 and acknowledged that they were on a steep improvement journey. Oversight measures and records analysed by the CPT indicate that reform was underway. In its follow-up report of March 2025,[173] the Care Inspectorate acknowledged some improvements, and rated St Mary's as "adequate" but still requiring improvements.

295. *Rossie House*, by way of comparison, scored highly in Care Inspectorate reports on its safeguarding and child protection procedures.[174] Nevertheless, there had also been several child protection cases over the previous two years. For instance, there was a case of alleged sexual assault in December 2022 during a search of a child, where the staff member was suspended during the internal investigation fact-finding period and the case was referred to the police and social services.[175] The internal investigation resulted in the dismissal of the staff member. Other recent cases included an allegation of assault during a restraints procedure "safe hold" and two other safeguards incidents in 2023, all of which were promptly investigated, with referrals made to the police and or social services

296. The CPT notes that oversight measures are being strengthened at *St Mary's* and, at both centres, incidents are investigated swiftly, cases are appropriately referred to the police, and disciplinary action is taken. Nevertheless, these cases indicate a need for constant supervision by the management and external bodies.

> **The CPT recommends that the management of both centres ensure regular training of staff on the prohibition of ill-treatment and proportionate use of restraints** (see *Means of restraints* section (below) for recommendations).

170. Rossie House has been part of the "Redress Scotland Scheme" since December 2021, acknowledging past abuse by agreeing to contribute various amounts in compensation to survivors of abuse in care. This forms part of the national endeavour to address the harms of historical child abuse. The Scheme provides financial and non-financial redress. (see: Scotland's Redress Scheme: combined annual report 2025 )
171. In some cases staff had applied pressure to children's necks and backs while restraining them prone (sometimes lying face down) on the floor, sometimes with multiple staff members on one child (an approved physical restraint technique). In another recent case, a staff member had thrown chairs at a child, multiple times, while trying to chase and corner them, in order to restrain the child.
172. The outcome of the fifth case was still pending at the time of the CPT visit.
173. On 18 December 2024 and 13 March 2025, during follow-up inspections, the Care Inspectorate reviewed the six requirements made within the improvement notice and found that they had been met sufficiently.
174. Five or six out of six in most areas assessed by the Care Inspectorate.
175. The police charged the staff member involved with four counts of assault.

# 3. Use of force and means of restraint

## a. Statutory framework for use of restraint on children in Scotland

297. Scotland's Route Map to keeping "The Promise" commits to aiming to no longer restrain children and to protect them from violence. However, current legislation and regulatory safeguards governing the use of restraints on children is siloed, and depends on the location and setting of the use of restraint.[176]

298. In Scottish secure accommodation, by law, restrictive practices – including restraint – are last resort measures and must be justifiable, reasonable and proportionate, based on a defensible belief of imminent harm, serious absconding risk, or significant damage with serious danger.[177]

299. The Care Inspectorate oversees restraint in children's secure accommodation, referring to the relevant applicable legislation,[178] which states that restraint is permitted only as a last resort, when it is the sole practicable means to secure welfare and safety in exceptional circumstances. All incidents of restraint must be recorded and the Care Inspectorate duly notified.[179] Nevertheless, section 4(1)(c) of the applicable legislation is only interpreted as applying to the secure care aspect of the secure accommodation, and not to the onsite compulsory education setting, in which the secure children must attend classes from 09:00 until 15:30.[180]

There appears to be no explicit legal protection, mandated notification or external scrutiny of restraint/seclusion used within the education component, when such incidents are not recorded for the Inspectorate. This appears to be a protection gap and creates a risk area within the secure accommodation centres. The CPT shares stakeholders' concern about this protection gap.[181]

300. Further, the Scottish Children's Commissioner, among others, has criticised the piecemeal regulations offering only "patchwork" protection, and the lack of a coherent and holistic framework to ensure effective protection and oversight of restraint measures used in all settings where children may be deprived of their liberty.[182] These stakeholders underline that a holistic framework regulating all use of restraint on children would provide more consistent and better protection. The CPT can only agree.

301. In particular, the Committee notes that there may be opportunities to streamline and codify the regulation, for instance, in the Restraint and Seclusion in Schools (Scotland) Bill.[183]

**The Committee invites the Scottish authorities to extend the Bill to cover the entirety of secure centres including onsite education settings, with joint oversight by the Care Inspectorate and Education Scotland.**

**More broadly, the Committee invites the Scottish authorities to consider streamlining legislation and regulations to offer equal protections and safeguards for all children who might be subject to restraint in all settings that deprive children of their liberty.**

176. See the Open letter dated 14 February 2025 addressed to the Scottish Minister, and Cabinet secretaries, by the Children and Young People's Commissioner Scotland, the Scottish Human Rights Commissioner, the Chief Executive of The Promise Scotland and the Head of Scotland of the Equality and Human Rights Commission, which criticised the current "patchwork" protections on the use of restraint on children and calls for a holistic statutory framework to regulate all use of restraint on children in all settings, including secure centres, secure schools and in mental healthcare settings.
177. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.
178. Ibid.
179. See the Care Inspectorate's "Restrictive Practice 2024", a statistical bulletin, published July 2025.
180. There appears to be no requirement during these classes to "…ensure that no service user is subject to restraint, unless it is the only practicable means of securing the welfare and safety of that or any other service user and there are exceptional circumstances".
181. See the Open Letter dated 14 February 2025 addressed to the Scottish Minister, and Cabinet Secretaries, by the Children and Young People's Commissioner Scotland, among others.
182. Ibid.
183. Under review as of mid-2025.

### b. Use of authorised physical restraints and seclusion at St Mary's and Rossie House

302. The children held at *St Mary's* and *Rossie House* had a range of complex healthcare and behavioural specific needs. At both centres, there were inter-juvenile violent incidents.

303. Both centres had specific policies on the use of restraints (physical holds and seclusion). Care staff and educators were trained in de-escalation techniques, as well as the legitimate use of means of restraint. At both centres, over two years, manual restraint use had generally decreased,[184] but restrictive practices remained regular, and secure accommodation services still report (to the Care Inspectorate) the highest rate of physical restraint and seclusion among children's institutions.[185]

#### i. St Mary's

304. Oversight and procedures had been strengthened under the new management since mid-2024, and efforts were now underway to record all incidents of physical restraint. St Mary's disaggregated and analysed the data for their Board of Directors and the Care Inspectorate. Nevertheless, the Committee had several misgivings about the use and oversight of restraint here.

305. At the time of the visit, an examination of the records showed that the frequency of use of physical restraint had decreased from June 2024 to June 2025, but still remained frequent (some 419 applications in 11 months in 2024). Two staff members had been dismissed for inappropriate restraint in the six months prior to the visit.

Equally, records indicated that restraints were used disproportionately on the few girls held at St Mary's over 2024. Over a four-month period (April to July 2024), there had been a total of 152 incidents of restraint used on the 16 children held there at that time. Of those 152 incidents, 127 applied to the only two girls in the Centre. Out of the 152 incidents, the children involved had been recorded as being injured eight times (and staff 12 times).[186]

306. Records show that "Team Restraint/Prone Restraint" was permitted and in use. This was defined by the centre as "the most restrictive measure, with the child being restrained face-down". It could involve several staff members holding down one child. Despite its severity, in December 2024, for instance, out of the 10 incidents of restraint recorded, nearly half (four) involved Team Restraint.

307. Incidents were not recorded fully. In particular, the duration of restraint intervention was not indicated, providing a lack of transparency on how long the restraint actually lasted. This represents poor practice and is in contrast to the detailed timing recorded at Rossie House (see below).

308. Further, injuries after incidents of restraint were not systematically recorded in individual medical files. While there was evidence of some debriefing and lessons learnt procedures in place for the staff and children involved, this was not undertaken systematically.

309. This very high frequency of use of restraint on girls, as well as the continued use of Team Restraint has been recognised as problematic by management, who were reviewing Team Restraint, and had increased staff training and the levels of incident monitoring (see below for the CPT's recommendations in this regard).

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184. Incident Records analysed by the CPT showed a small steady decrease, month on month for the period of 2024 to 2025.

185. Care Inspectorate statistical Bulletin and other sources for 2024. According to the Care Inspectorate, the four secure accommodation services continue to report the highest rate of physical restraints of all children's institutions at 21.9 incidents of physical restraint per place, despite a decreased in rates of physical restraint from the previous year (2023). Equally, secure accommodation services continue to report the highest number of incidents of seclusion and the highest rate of seclusion per place, at 5.5 incidents per place. Nonetheless, the reported number of incidents and rate of seclusion had decreased since 2023.

186. St Mary's Director's Report to the Board 18 December 2024.

310. Seclusion was also used at St Mary's, whereby a child could be secluded for a number of days alone in their room and were given a "separation plan". They were allowed out to attend school, receive family visits and for some supervised isolated common room time. This seclusion measure could last for up to one week. There was no policy on healthcare staff visiting the secluded child regularly.

311. In practice, there remained fairly regular resort to seclusion. Records indicate that in 2024, seclusion was used over 150 times on an average occupancy of 16 children. In January 2025 alone, it was used 15 times. At the time of the visit, the CPT interviewed children who had been recently been subject to a separation plan and secluded for one week for fighting. They spent the majority of their time either locked in their room or on the house block (see below recommendations in this regard).

### *i. Rossie House*

312. Oversight and procedures were robust at Rossie House. All incidents were recorded and data disaggregated for their Board of Directors and the Care Inspectorate. It also had several procedures in place, such as "Behaviour Watch", involving multi-disciplinary teams to monitor the children's behavioural patterns. All frontline staff are CALM[187] trained and accredited to de-escalate or use restraint as a last resort, and the data of use of CALM techniques is analysed monthly. There is a programme of debriefing support. At the time of the visit, the Committee found that around half of all incidents were addressed using CALM techniques, rather than with physical restraint (holds).[188]

313. Nevertheless, the records showed that there remained a considerable number of restraints used (460 incidents for an occupancy of 21 children, over a four-month period (January to April 2025)). Around half of these incidents involved physical restraints applied by staff to children, or use of seclusion. Many of these had been with physical holds, ranging from a basic single-limb hold to a four-limb hold, by one or several staff (exceptionally up to 10 staff members) restraining a child from between two and 60 minutes.[189] Further, on occasion, the police had been called to address a situation and applied mechanical restraints (handcuffs) to several of the children involved.

314. Further, the CPT delegation received a few allegations from children met during the visit of excessive restraint practices, some of which had resulted in injuries. One of the children had fresh injuries, allegedly from carpet burns and bruises following the use of physical holds applied by staff members. These physical holds involved the children being held by several (up to four) members of staff on the floor (sometimes face down). The carpet burns were on their knees and the fronts of their legs. Several of these cases could also be found in the incidents registers, in police referral records and in the complaints register.

315. Where children (and staff) were injured, Behavioural Watch files and incident forms had body charts annexed to the reports. Positively, after serious incidents, debriefing and lessons learnt procedures are undertaken by Rossie staff and these were well-documented. Nevertheless, the CPT was not convinced that every child was seen by healthcare staff after each restraint incident.

316. In addition to physical restraint, seclusion was also in use at Rossie House. As at St Mary's, secluded children were locked inside their rooms, or on the unit, without association rights, for between 30 and 90 minutes, and then held on a separation plan for up to a week. In practice, while not regular, seclusion was still used relatively often (for instance, a fifth of all incidents resulted in seclusion being applied in March 2025).[190] Healthcare staff did not visit the secluded children regularly.

317. Overall, interviews with the children and analysis of the records indicated that physical holds were applied to children relatively regularly over the last year, notably at *St Mary's* and, albeit to a lesser extent, at *Rossie House*. This was the case despite CALM training for staff and CALM uses being recorded.

187. Campaign Against Living Miserably (CALM) practices to prevent the risk of self-harm and suicide.
188. In January 2025, there were 98 incidents in the secure centre and the CALM de-escalation approach was used in 45 cases; in February there were around 80 cases with some 40 CALM de-escalations, with around the same number for March; in April there were around 70 incidents, with CALM used some 35 times.
189. Records examined at both centres from 2024 to mid-2025.
190. Of the 83 incidents in March 2025, 18 had resulted in the use of single separation (seclusion).

At both centres, children underlined that physical restraints (holds) were often used, and restraint was a fairly typical staff response to inter-juvenile fighting or bad behaviour. While it generally did not hurt them, they said that sometimes they did feel pain during the restraint measure, especially while pinned on the floor. Records at both centres show that various children (and some staff) had sustained injuries during restraint measures.

318. Generally, the CPT was not convinced that, in practice, the use of restraint was systematically used as an exceptional measure and one of last resort, but rather that it seems still be used frequently as a response to poor behaviour. Moreover, given that these could, and occasionally did, lead to injuries for the children involved, the CPT considers that these physical holds geared around non-pain compliance did not always result in no pain being experienced by the children restrained.

319. Lastly, at both centres, it was clear that there were occasions when children had been held face-down, while pinned prone on the floor by staff, for varying periods of time. The CPT considers this a dangerous practice, which is all the more concerning given that it was exerted by adults on children.

320. **The CPT recommends that the Scottish authorities undertake a detailed, holistic and independent review of the proportionality and duration of physical holds at the four secure accommodation centres, to ensure that restraint is used strictly as a last resort, the measure cannot be averted by less intrusive measures, for the minimum duration necessary, and in a manner proportionate to the risk presented, with the aim of non-physical interventions, where at all possible.**

**The CPT also recommends that the Scottish authorities ensure that restraining children in physical holds, prone (face-down) on the floor is prohibited immediately in practice, by operational protocol and in law.**

321. **In the meanwhile, in particular at St Mary's, the CPT recommends that the Scottish authorities take the following measures and safeguards to ensure that :**

- **de-escalation protocols are followed and incidents involving CALM techniques are systematically recorded; recording procedures are improved so that all incidents are recorded;**
- **all durations of restraint and seclusion are systematically recorded (including start and end times and dates);**
- **the restraint measure should only be used upon order of a specialised professional and carried out by qualified and well-trained staff;**
- **all injuries after incidents of restraint are systemically recorded in medical files, including with body charts annexed to the reports; and**
- **debriefing and lessons learnt procedures are undertaken for the staff and children involved.**

322. **Further, the CPT recommends that the Scottish authorities investigate and address the reasons for the disproportionately high use of restraint on girls at St Mary's.**

323. **The Committee also requests to be sent a copy of the external review into use of restraints commissioned by St Mary's.**

324. **The Committee also requests information on whether the children, their parents and/or guardians of the children involved in restraint are systematically informed when children are injured after a violent incident or use of a restraint measure.**

325. **Whenever children are subject to such a seclusion measure, they should be provided with socio-educational support and appropriate human contact. A member**

**of the healthcare staff should visit the child immediately after placement and thereafter on a regular basis, at least once per day, and provide them with prompt medical assistance and treatment. Finally, in the CPT's view, seclusion as a disciplinary measure should only be imposed for very short periods and under no circumstances for longer than three days.**

## 4. Conditions and regime

326. Living conditions at the two secure accommodation centres varied widely: *Rossie House* offers a high-quality, well-resourced environment, while *St Mary's* falls short, with outdated facilities and limited capacity. This unevenness underscores the need for consistent standards across all four centres.

### a. Rossie House

327. Rossie House provides excellent living conditions. The centre separates children placed by social services from those in secure accommodation, with distinct educational blocks for each. On the secure side, 21 rooms are spread across four house blocks – Annan, Beauly, Carron, and Deveron – each housing four to six children, and two small secure cottages. The setting benefits from 150 acres of grounds and woodland, offering a sense of space and calm.

328. Each house block has its own common living room, kitchen and dining room and an additional common room space. Individual rooms measured some 15 $m^2$, with a modern sanitary annex including a toilet, shower and washbasin. Rooms are equipped with a desk, floor cushion, and pinboard for decoration. Large but opaque windows provide adequate natural light while preserving privacy, and every room has a call bell for safety. The spaces were brightly decorated and offered a secure but non-carceral environment.

329. Other facilities included a welcome room for families, family rooms, as well as a secure, purpose-built education facility, a gym, an indoor swimming pool, a boxing ring, and a secure outdoor space (with a gym, climbing wall and all-weather pitch). There was also space for outdoor activities (gardens, polytunnels and a sensory area, a music room along with recording studio annex and a dance studio) and other activity rooms.

A new body scanner had been installed to ensure that searches after every exit and re-entry to the centre were not necessary as a routine measure, along with new non-intrusive 'radar' technology to monitor children's movements within bedrooms / "signs of life" technology.

330. Rossie House provided a good onsite education facility, and a broad range of purposeful and vocational activities.[191] Hairdressing/barbering, horticulture courses, dance and music lessons, and a child-led barista coffee shop initiative all provided children with vocational training opportunities. These helped the children progress according to their individualised care plans, which were tailored to each child.

331. Lastly, there was evidence of good staff-child interactions, and staff actively engaged with the children, supporting a culture of trust and respect. Many of the children had lived in other care facilities and rated Rossie highly.

### b. St Mary's

332. By contrast, *St Mary's* provided poorer material conditions. The centre has a capacity of 24 secure beds for children (albeit halved to 13 (see above)). It operates as a campus-style facility, in a 25 year-old building designed in a horseshoe formation, comprising five house blocks of six individual bedrooms each. At the time of the visit, two of the house blocks were non-operational.

333. Each individual room had a bed, desk, and pin board for decoration. Rooms were sufficiently

191. Education Scotland also inspects the learning provision on-site, and has rated this as good. There were however several vacancies at the time of the CPT visit, including teachers for certain activities.

spacious (11 $m^2$) but were dark, with thick, opaque windows that did not let in sufficient natural light or ventilation. Graffiti and marks were ingrained into the bedroom walls. There was a small living/dining area, office and TV room. In general, the spaces were dark, oppressive and carceral.

334. Other than the central courtyard, including a sports pitch, there was little greenery and no children were seen outside at any point during the delegation's two-day visit.

There was a small, rather dated, education facility, an indoor gym and an old, but large indoor pool. Save for these, there were very few areas or facilities dedicated to vocational or purposeful activities for the children. Lastly, the children interviewed unanimously complained about the poor quality of the food provided.

335. The design and layout of the building did not reflect Scotland's new ethos underpinning the youth justice reforms.

336. There was very little on offer regarding a regime of purposeful activities, other than compulsory education, which took place from 09:00 until 15:30. If a child refused to attend education, they generally remained locked in their rooms.

337. After school, children were encouraged to book a slot at the swimming pool and/ or the gym. Any movement outside of the locked house block required the child to be accompanied by at least one staff member. This limitation of freedom of movement for the children also contributed to the carceral and restrictive environment.

338. In stark contrast to Rossie House, there was little evidence of tailored vocational or other structured or purposeful activities on offer daily. The children interviewed by the delegation complained of being bored, especially on the weekends.

Equally, in contrast to Rossie House, during the visit, the CPT got the distinct impression that there was very limited interaction between most of the custodial care staff and the children.

339. The CPT has previously recommended[192] that the Scottish authorities create truly juvenile-centred units, composed of a small well-staffed unit, with regular attendance by personal officers and staff with specific youth-centric training, and should offer psychological, post-trauma and social/welfare support. Juveniles should be unlocked for the majority of the day and provided with a range of purposeful activities throughout the day, and staff should promote a sense of community within the unit. At St Mary's, it was clear that there was a long way yet to go to fully achieve this.

340. **The CPT recommends that the Scottish authorities invest the necessary resources into St Mary's in order for it to comply with the new policy of more tailored and individualised care for children in secure accommodation centres, and in light of the positive obligation of the duty of care that goes with the licensing of independent charities as secure accommodation providers for children deprived of their liberty by the Scottish courts or the social welfare system.**

341. **In particular, greater investment should go into:**
- **modernising St Mary's Kenmure estate to make it fit for purpose for holding children in secure accommodation;**
- **providing equal opportunities, care, support and reintegration possibilities for every child who is detained in Scotland, regardless of the secure care centre in which they are held;**
- **providing a full range of purposeful and vocational activities and organised sport, offered to the children on a regular basis and tailored toward the children's individual needs; and**
- **allowing the children outside their units for ideally the majority of the day to attend these activities.**

192. See the CPT's 2019 Visit report.

342. **The CPT also recommends that the management of Rossie House and St Mary's, undertake more work on a personalised basis for those children who refuse to attend activities or education.**

## 5. Healthcare

343. Healthcare provision in the two secure centres visited was adequate, but there were uneven standards between the centres. *Rossie House* demonstrates a well-resourced and integrated model of care, while *St Mary's* – despite good progress in mental health provision – offers less healthcare provision, particularly in access to specialist psychological services.

### a. Rossie House

344. Healthcare provision and staffing levels at St Mary's were generally adequate. The healthcare centre was adequately equipped and storage procedures were good. One FTE nurse and a 0.7 FTE assistant nurse were present on weekdays.[193] There were also regular visits from specialists. The Forensic Child and Adolescent Mental Health Services (FCAMS) catered for mental health services and clinical services for complex trauma. These included a forensic psychologist**,** three assistant psychologists, a special intervention manager (cognitive behavioural therapist), a child and adolescent psychiatrist, an occupational therapist and a speech and language therapist.[194] A sexual health worker visited the facility once a month. A dentist visited every two weeks.[195]

345. Newly admitted children were usually seen by a nurse within 24 hours and were assessed in a second round by a GP at the local healthcare centre, generally within one week (with an occasional delay of two weeks, seen in the medical files).[196]

346. The recording of injuries, either observed upon admission or following an incident, was inadequate. After a review of the records by the delegation, it was clear that recent instances of injury had not been recorded properly. The descriptions of the injuries remained superficial, too brief and often incomplete. In addition, there were no observations made as regards consistency between a child's statement and the injuries observed.

347. The CPT considers that healthcare services in secure facilities can significantly contribute to the prevention of ill-treatment of detained persons through the systematic and proper recording of injuries and, when appropriate, the provision of information to the relevant authorities.

**The CPT recommends that the Scottish authorities take the necessary steps to ensure that the records drawn up after the medical examination of detained children – whether newly arrived or following a violent incident in the prison – contain the same information as that referred to in its recommendation made in Part D (Women prisons), *Healthcare* and the *recording of injuries* above, section 6(d)).**

**Further, the results of every examination, including the above-mentioned statements and the healthcare professional's opinions/observations, should be made available to the child and their parent or legal guardian and to their lawyer.**

348. Mental healthcare provision at St Mary's was good. There was no evidence of polypharmacy and no child was on a benzodiazepine prescription at the time of the visit. Generally, the main psychotropic medication prescribed was Attention Deficit Hyperactivity Disorder (ADHD) medication, and two of the

193. A nurse was present three days a week (35 hours weekly) and another nurse was present the other two weekdays (25 hours weekly), from 08:15 until 15:45 (Monday to Friday). On weekends and nights, the community primary care services were used, along with an on-call GP coverage if needed.
194. Vacancies for a lead psychologist and family therapist had not been filled, despite attempts to do so.
195. Every newly-arrived child was offered a dental check-up and based on the results, all other need-based services were offered, including orthodontics.
196. For example one boy entered on 8 May 2024 but was not assessed by the GP until 30 May 2024.

children were on this at the time of our visit. Moreover, mental healthcare services were provided individually by a multi-disciplinary team including a psychiatrist, psychologists, Cognitive Behavioural Therapist, occupational therapist and speech and language therapist.

349. The CPT noted that residents who demonstrated symptoms of impulsivity or inattentiveness were appropriately referred to CAMHS for further assessment of possible ADHD. In cases where a diagnosis was confirmed, evidence-based pharmacological treatment was initiated in a timely manner. Medication administration was closely monitored using individual treatment charts and accurately recorded in the Controlled Drugs register in line with regulatory standards. Indeed, the Committee considers that this systematic and multidisciplinary approach to ADHD management reflects good practice.

350. Nonetheless, the majority of the children held in St Mary's secure accommodation had complex psychological needs stemming from abuse, neglect, trauma, or adverse childhood experiences. The centre informed the delegation that they urgently required the services of a clinical psychologist.

**The CPT can only agree and recommends that the Scottish authorities assist St Mary's in funding and engaging the services of a part-time clinical psychologist as soon as possible.**

### b. Rossie House

351. Healthcare provision and staffing levels at Rossie House were good. The healthcare centre was well-equipped and storage procedures were also good.

352. The centre employed one FTE nurse[197] and two FTE health workers, who were present on weekdays,[198] as well as a full-time clinical psychologist. Other specialists visited regularly, including a forensic psychologist (bi-weekly), and a CAMHS nurse upon need. A dentist visited every two weeks and an optician visited monthly. The Committee underlines that the presence of a FTE clinical psychologist onsite represents a positive practice.

353. The centre had agreements with three local NHS GP practices, and all the children were registered in one of the practices upon admission. Consultations with the GP practices were conducted in-person or by phone. In-person consultations took place either at the centre or in the community GP practice. Outside of GPs' working hours, there was access (by phone or in person) to King's Cross Hospital, Dundee. The centre had access to a direct line to Ninewells Hospital, for any other medical needs. All staff present on weekends and nights were trained to provide first aid.

354. The Committee wishes to highlight the following service agreements and initiatives as good practice:

- the 24/7 Accident & Emergency Connect Service, with the medical team at Ninewells Hospital, available to discuss a medical concern to ensure a prompt decision for the child concerned; and
- the "Out of Hours Hub" at King's Cross Hospital for use outside of GP surgery working hours – evenings, weekends and public holidays; used when advice or action may be required (in cases of deteriorating health, need for urgent supply of medication for a newly arrived child, sudden deterioration in the mental state, etc.).

355. Newly admitted children are initially seen by a nurse from 24 to 72 hours after arrival and were assessed with a comprehensive and detailed admission assessment template.

197. Two registered nurses on a rota basis (one FTE); one worked on three days, the other on two days; they (along with the health workers) were onsite from 8.00 to 17:00.
198. A nurse was present three days a week (35 hours weekly) and another nurse was present the other two weekdays (25 hours weekly), from 08:15 until 15:45 (Monday to Friday). On weekends and nights, the community primary care services were used, along with an on-call GP coverage if needed.

**The Committee recommends that all newly admitted children be assessed by a medical doctor or fully qualified nurse reporting to a medical doctor, as soon as possible after their admission and within 24 hours.**

356. The recording of injuries, either observed upon admission or following an incident inside the establishment, was undertaken in the "Behaviour Watch" recording system. After a review of the records by the delegation, it was clear that the descriptions were good and observations were made on the consistency between children's statements and the injuries observed. Nevertheless, the Committee considers that injuries should also be recorded in the children's medical files and in a central trauma register.

**It recommends that Rossie House start systematically recording injuries on the children's medical files and in a central trauma register.**

357. Mental healthcare services and provision at Rossie House were good. The CPT noted that children in need of mental health support were appropriately referred to CAMHS for further assessment. Overall, children with complex healthcare and behavioural needs were receiving appropriate assessment and ongoing care and support by specialised mental healthcare services either within the centre or in the community.

358. Tuning to the prevention of substance use, Rossie House had purchased a new body scanner, to reduce the need for invasive body searches. This, however, only detected objects *on* a person's body and not inside it. Instead, urine tests were conducted on suspicion (and not routinely).

## *6.* Other issues

### a. Rossie House

359. *Rossie House* accommodates children via the youth justice pathway, cross-border children (from England) under section 25 of the Mental Health Act, and "residential" children via the Scottish social services pathway. Secure and residential populations are kept separate and attend different on-site schools, while cross-border social-services children are held in the secure, non-residential, setting.

360. *St Mary's* primarily houses youth-justice children but also holds cross-border social-services children, fully integrated with the others. These children were completely integrated into the regime; living in the same houseblocks, attending the same education classes and extra-curricular activities and mixing freely in the common rooms.

361. At the time of the visit, *St Mary's* held an orphaned, English thirteen-year-old girl (the only girl) sent by English social services due to a lack of provision. To avoid isolating her, she was held with sentenced and remanded boys aged between 15 and 17 years old. She had officially complained about being held with young offender adolescent boys and "not feeling safe, due to past bad experiences" and had requested transfer to the empty houseblock. The request had been denied.

362. The CPT recalls that children detained under criminal legislation should, in principle, not be held with children deprived of their liberty on other grounds. Allocations across age groups should reflect developmental needs.

**The CPT recommends that these principles be adhered to at St Mary's, except where the result would be the isolation of a child, and in this case, a transfer to another children's centre should be arranged.**

### b. Staffing

363. *Rossie House* had an experienced, well-trained multidisciplinary staff and did not use agency staff. *St Mary's* had been criticised by the Care Inspectorate for understaffing and reliance on inexperienced agency workers.

364. At the time of the visit, the staffing complement was 173 at Rossie House (for an occupancy of 32 children across the secure and residential sites) and 120 (for an occupancy of 10 children) at St Mary's, and St Mary's had reduced its use of agency staff and was seeking to fill vacancies with qualified, experienced full-time staff. Nonethless, this was work in progress and several vacancies remained unfilled, despite the management's efforts.

**The CPT recommends that the Scottish authorities support St Mary's to find adequate numbers of qualified staff to help fulfil its obligation to accommodate children in a safe setting.**

### c. Complaints

365. At *Rossie House*, internal and external complaint routes were both accessible and used, including by parents and independent third parties. Complaints were taken seriously, investigated swiftly and thoroughly, and appropriate action was taken, including police referral or mediation. Children knew complaints would be taken seriously – this is an example of good practice.[199]

366. At *St Mary's*, although internal and external routes exist and children were aware of some options, many expressed limited trust in the internal system; there were very few written complaints (some three to five) made annually.

367. The Committee considers that effective complaints procedures are basic safeguards against ill-treatment in all places of detention, including detention centres for children. Confidential internal and external complaints procedures should be established and these should be simple, effective and child-friendly, particularly regarding the language used. Children deprived of their liberty and their guardians should be informed about the confidential nature of the procedure upon arrival, and regular awareness-raising efforts should be undertaken to remind children of the purpose of the procedures.

**The CPT encourages the Scottish authorities to remain vigilant and ensure that children held at all secure accommodation centres are well aware of all avenues of complaint.**

## E. Juvenile psychiatric establishment: Sky House

### Overall context and remarks

368. Skye House, the adolescent psychiatric unit on the grounds of Stobhill Hospital, Glasgow, comprises three eight-bed wards, named Harris, Lewis and Mull. With a capacity of 24, it treats young people aged 12 to 18 years old who require specialist inpatient assessment and treatment beyond the Tier 3 CAMHS (that is, children with severe depression, complex trauma, and/or psychotic disorders).[200]

369. At the time of the visit, Skye House had an occupancy of 16 children, the majority of whom were being treated for anorexia nervosa, including with a programme of forced feeding.

199. There had been 12 complaints made by children held at Rossie House over the year 2024, and five in 2025 until May.

200. Skye House is one of three regional units in Scotland, with Dudhope in Dundee and the Melville Unit in Edinburgh.

370. Officially, Mull is a closed ward, while Harris and Lewis are open. Nevertheless, at the time of the visit, a locked-door policy was in place at the facility entrance, at the entrance to the unit, and at the entrance to Mull Ward. Children who left without permission were considered to be "absconding" and were brought back by police or local authorities, with such incidents recorded in the incident registers. Indeed, there had been 46 such absconding incidents recorded for June 2024 to June 2025, and 166 recorded for 2020 to 2024. Thus, the CPT considers that these children can be considered deprived of their liberty. Indeed, some children spend lengthy placements, for several months and occasionally for over a year, at Skye House.[201]

371. In February 2025, a BBC One Scotland documentary, entitled "Kids on the Psychiatric Ward" drew attention to Skye House, featuring interviews with 28 former patients aged 12 to 18 years old (admitted between 2017 to 2024, mainly pursuant to the Mental Health Act) alleging an abusive environment, including excessive restraint and emotional abuse of the children by staff.

372. In response, NHS Greater Glasgow & Clyde launched two internal inquiries and commissioned an independent review. The Scottish Government also ordered extra inspections of all adolescent psychiatric units by Healthcare Improvement Scotland and the Mental Welfare Commission. The CPT was informed that one of the internal investigations has been concluded (but had not been made public at the time of the visit), while the other, and the external inquiry ordered by the Scottish Government, had not started at the time of the visit in June 2025. The delegation paid a brief, targeted visit to Skye House to review recent complaints, incident data and healthcare files, and to interview a number of the children. The delegation found a number of issues which raised concerns, such as how nurses and agency staff interact with the children (including allegations of staff physical and verbal abuse towards the children (alleged dragging children by the neck or hair, and use of humiliating and insulting language)). Other issues relate to the frequency of the use of means of restraint, including the use of safe holds (518 uses[202]) and seclusion,[203] incidents of medication errors and children being given incorrect medication;[204] and the overall high number of incidents (some 1150 incidents over the past 12 months on an average of 16 children).[205]

However, pending the outcomes of national internal and external inquiries, the Committee considers it judicious to refrain from a detailed analysis at this time.

373. **The Committee would, however, like to receive a copy of the conclusions of the internal and external investigations and inquiries into Skye House, and inspection reports into the use of restraints and treatment at Skye House.**

201. *Legal measures applied to children in Skye House*: a child can be subject to a short-term detention certificate (STDC) or a Compulsory Treatment Order (CTO) if they have a mental disorder and meet specific criteria. STDC allows for detention in a hospital for up to 28 days and is used when a child is thought to have a mental disorder, lacks the ability to make decisions about their treatment, and needs to be in a hospital for assessment and treatment. Under certain circumstances, the STDC can be extended by a few days to allow for an application for a CTO to be made. An STDC is granted by a medical practitioner after they assess the child and determine that the criteria are met, with the consent of a Mental Health Officer. CTO is a long-term measure that allows for compulsory treatment of a child with a mental disorder and can last for six months initially, with potential ongoing extensions for further periods. An application for a CTO is made by a Mental Health Officer to the Mental Health Tribunal for Scotland. While the CTO allows for compulsory treatment, there are guidelines about when and how treatment can be given without consent.
202. Over a period of one year (June 2024 to June 2025). Datix incidents records show these were mainly for reasons of self-harm (281), challenging behaviour (129) and violence of aggression (61).
203. Datix records show 45 uses of seclusion over June 2024 to June 2025.
204. Datix incidents for Skye House show 18 incidents of medication errors were noted for the 17-month period from 1 January 2024 to 7 June 2025.
205. There had been 1158 incidents recorded for one year (June 2024 to June 2025). Their types ranged from clinical and behavioural concerns to environmental and procedural issues. The predominant issue was self-harm, amounting to 784 incidents or 65.6 %. Violence and aggression (136 incidents), and challenging behaviour (132 incidents) collectively represented 22% of incidents. Their types ranged from clinical and behavioural concerns to environmental and procedural issues, which highlighted significant behavioural management challenges. Further Datix records at Skye House show 953 incidents for 2022, 856 for 2023, and 898 for 2024.

**Equally, it encourages the Scottish authorities to remain vigilant around interactions between nurses (notably agency workers) and the children, and use of restraint at Skye House, and urges the relevant national independent inspection bodies (Healthcare Improvement Scotland and the Mental Welfare Commission) to continue to pay increased attention and visits to this institution.**

# APPENDIX I – List of the Authorities met during the visit

**National authorities**

**Ministry of Justice and Home Affairs**

- Angela Constance MSP, Cabinet Secretary for Justice and Home Affairs
- Neil Rennick (DG Education and Justice)
- Penelope Cooper (Deputy Director, Police Division)
- Gavin Gray (Deputy Director, Improving Mental Health Services)
- Liz Murdoch (Directorate for Children and Families)
- Elli Kontorravdis (Head of Human Rights Implementation & International Policy)
- Alex Devoy (Team Leader, International Human Rights)
- David Doris (Team Leader, Prisons Policy)
- Liz Murdoch (Team Leader, Youth Justice)

**National Health Services (NHS)**

- Gail Woodcock, Chef Executive of Falkirk Health & Social Care Partnership

**Scottish Prison Services (SPS)**

- Linda Pollock, Deputy Chief Executive

**Police Scotland**

- Jane Connors, Deputy Chief Constable
- Wendy Middleton, Assistant Chief Constable

**His Majesty's (HM) Inspectorate of Prisons for Scotland**

- Craig Naylor, Chief Inspector

**HM Chief Inspector of Constabulary in Scotland**

- Laura Paton, Chief Inspector
- Phil Chapman, Director of Operations

**Police Investigations and Review Commissioner**

- Kevin Mitchell, Executive Director

**Independent Custody Visiting Scotland (ICVS)**

- Scott Ross, Head of Change and Operational Scrutiny
- Kirsty Scott, ICVS National Manager

**Other bodies**

**National Preventive Mechanism**

- Sam Gluckstein, Head of UK NPM

# APPENDIX II – Establishments visited

The delegation visited the following places of detention:

**Law enforcement establishments**

- Dunfermline Police Station
- Govan Police Station (Glasgow)
- Levenmouth Police Station
- London Road Police Station (Glasgow)
- St Leonards Police Station (Edinburgh)

**Prisons**

**Male Prisons**

- Barlinnie Prison
- Low Moss Prison
- Perth Prison

**Women's Prisons**

- Bella Community Custody Unit
- HMP&YOI Polmont
- HMP&YOI Stirling

**Secure accommodation centres for children**

- St Mary's Kenmure
- Rossie Young Person's Trust

**Psychiatric establishments for children**

- Skye House, Stobhill Hospital, Adolescent Psychiatric Unit

# "NO ONE SHALL BE SUBJECTED TO TORTURE OR TO INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT"

*Article 3 of the European Convention on Human Rights*

Established in 1989 by the Council of Europe Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, the CPT's aim is to strengthen the protection of persons deprived of their liberty through the organisation of regular visits to places of detention.

The Committee is an independent, non-judicial preventive mechanism, complementing the work of the European Court of Human Rights. It monitors the treatment of persons deprived of their liberty by visiting places such as prisons, juvenile detention centres, police stations, immigration detention facilities, psychiatric hospitals and social care homes. CPT delegations have unrestricted access to places of detention, and the right to interview, in private, persons deprived of their liberty. They may access all the information necessary to carry out their work, including any administrative and medical documents.

The CPT plays an essential role in promoting decency in detention, through the development of minimum standards and good practice for states parties, as well as through coordination with other international bodies. The implementation of its recommendations has a significant impact on the development of human rights in Council of Europe member states and influences the policies, legislation and practices of national authorities regarding detention.

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The Council of Europe is the continent's leading human rights organisation. It comprises 46 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.

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