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

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Response

of the Scottish Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Scotland

from 3 to 12 June 2025

The Government of Scotland has requested the publication of this response. The CPT's report on the 2025 visit to Scotland is set out in document CPT/Inf (2026) 19.

Strasbourg, 2 July 2026

Scottish Government
Riaghaltas na h-Alba
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Response to the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment Report and Recommendations after Visit to Scotland in June 2025

This response sets out the relevant legislative frameworks, policy, investment and practice across Scotland on the matters raised by the CPT. It has been compiled by the Scottish Government with contributions from associated agencies including Police Scotland, the Scottish Prison Service, the NHS, Children's secure accommodation and Psychiatric accommodation providers.

April 2026

Table of Contents

1. Acronyms

ADHD – Attention Deficit Hyperactivity Disorder

AHP – Allied Health Professional

BWV – Body-Worn Video

CAMHS – Child and Adolescent Mental Health Services

CCU – Community Custody Unit

CCTV – Closed-Circuit Television

CEDAW – Convention on the Elimination of All Forms of Discrimination Against Women

CIP – Clinical Investigation Plan

CJSD – Criminal Justice Services Division

COPFS – Crown Office and Procurator Fiscal Service

CPI – Crisis Prevention Intervention Training

CPT – European Committee for the Prevention of Torture

C&R – Control and Restraint

CSRA – Cell Sharing Risk Assessment

DIPLAR – Death in Prison Learning Audit and Review

DPIA – Data Protection Impact Assessment

DUD – Drug Use Disorder

EAP – Employee Assistance Programme

ECHR – European Convention on Human Rights

ENU – Enhanced Needs Unit

FAI – Fatal Accident Inquiry

FCAMS – Forensic Child and Adolescent Mental Health Services

FME – Forensic Medical Examiner

FMS – Forensic Medical Services

FTE – Full-Time Equivalent

GIRFEC – Getting It Right for Every Child

GP – General Practitioner

HCP – Health Care Professional

HDC – Home Detention Curfew

HIS – Health Improvement Scotland

HMICS – His Majesty's Inspectorate of Constabulary in Scotland

HMIPS – His Majesty's Inspectorate of Prisons in Scotland

HSCP – Health and Social Care Partnership

IMT – Incident Management Team

IMU – Intelligence Management Unit

LGBT – Lesbian, Gay, Bisexual and Transgender

LOR – Letter of Rights

LSS – Law Society of Scotland

MAT – Medication Assisted Treatment

MECOPP – Minority Ethnic Carers of People Project

MOUD – Medication for Opioid Use Disorder

MORS – Management of Offenders at Risk Due to Substance Use

NCS – National Custody System

NELC – National Executive Leads Collaborative

NHS – National Health Service

NPrCN – National Prison Care Network

NSS – NHS National Services Scotland

OLR – Order for Lifelong Restriction

OST – Officer Safety Training

PCF1 / PCF2 – Prisoner Complaint Form 1 / Prisoner Complaint Form 2

PEF – Pupil Equity Funding

phs – Prison Healthcare Services

PHS – Public Health Scotland

PIRC – Police Investigations and Review Commissioner

PMAG – Prisoner Monitoring and Assurance Group

PR2 – Scottish Prison Service electronic records system

PWDUD – People with Drug Use Disorders

RALF – Reflection and Action Learning Forum

RRA – Reception Risk Assessment

RSH – Risk of Harm

RSU / SRU – Reintegration and Separation Unit / Separation and Reintegration Unit

SACRO – Safeguarding Communities, Reducing Offending

SCTS – Scottish Courts and Tribunals Service

SFIU – Scottish Fatalities Investigation Unit

SG – Scottish Government

SHiC OSB – Scottish Health in Custody Oversight Board

SLG – Strategic Leadership Group

SLWG – Short Life Working Group

SOP – Standard Operating Procedure

SPA – Scottish Police Authority

SPS – Scottish Prison Service

SRH – Sexual and Reproductive Health

SSCS – Social Security and Child Support

STEM – Science, Technology, Engineering and Mathematics

TCI – Therapeutic Crisis Intervention

TITOA – Time in the Open Air

TNA – Training Needs Analysis

TOM – Target Operating Model

TTM – Talk to Me

UNCRC – United Nations Convention on the Rights of the Child

VRR – Violence and Restraint Reduction

WHO – World Health Organisation

YOI – Young Offenders Institution

A. Introduction

The evidence provided in this response describes the activity the Scottish Government is undertaking to respond to the recommendations and findings contained in the report following an ad-hoc visit to Scotland between the 4 to 13 June 2025 by a delegation of the Council of Europe's Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT).

The CPT has a mandate to undertake unannounced ad hoc inspections of places of detention. The purpose of this visit was to examine the treatment of persons held in various establishments and to assess the progress made since the CPT's previous visits in 2018 and 2019. The delegation visited 14 establishments throughout the visit, this included law enforcement establishments, male and women's prisons, secure accommodation centres for children, and psychiatric establishments. The delegation also met with the Cabinet Secretary for Justice and Home Affairs, duty bearers and service providers where the delegation provided high level preliminary observations at the end of the visit. The Scottish Government has written twice to the CPT in July and September 2025, to respond to one immediate request for evidence, and to respond to informal preliminary findings. The response contained within this report to the Committee forms the final and formal response to the CPT report which contains the full suite of recommendations and findings by the CPT. This exercise concludes the process of scrutiny, monitoring and reporting for this visit.

Scottish Ministers welcomed this visit and support the role of the CPT in carrying out its mandate. The delegation recognised and welcomed the level of support provided by both Government and service providers in providing unfettered access to all and any institutions of their choice, enabling the delegation to carry out its work.

The CPT has provided a factual account of their inspection, and their recommendations and findings are based on established international good practice. This response to those recommendations and findings states existing policy and practice by the Scottish Government and agencies, it spans a wide range of topics, and a coordinated cross-government and cross-agency approach was taken to collate a response, including from the Scottish Prisons Service and the healthcare establishments which were inspected.

Whilst progress is being made in the realisation of the human rights covered by the CPT, there is still work to be done. The Scottish Government recognises the challenge and is committed to tackling this head on with transparency and accountability. Central to this commitment to human rights leadership is listening and learning from global practice, and responding constructively to scrutiny – whether from UN bodies, Scotland's vibrant civil society, the UK's National Human Rights Institutions, or Members of the Scottish Parliament. Realising rights for everyone in Scotland is a shared endeavour and the below content reflects the work of the Scottish Government and agencies, including Police Scotland, the Scottish Prison

Service, the NHS, Children's secure accommodation and psychiatric accommodation providers, in the matters identified by the CPT.

B. Law enforcement agencies

2. Preliminary Remarks

Context

Para 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.

Recommendation(s)

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.

Response

1. The Criminal Justice (Scotland) Act 2016 requires that it needs to be proportionate to bring someone into police custody and if someone is brought into police custody, their time within custody needs to be regularly reviewed. The legislation is supported by Lord Advocate's Guidelines in relation to liberation from police custody which sets out when it is proportionate to keep someone in police custody and when it is proportionate to use other alternatives. Police Scotland continue to take a robust approach to ensuring that people are not kept in police custody for longer than is necessary.

2. In addition to this, there has been an enhanced focus on the use of alternatives to arresting an individual in the first place, including the use of direct measures which has seen a significant increase and the use of the Police Voluntary Interview Pathway Scheme, both of which preclude the need from an individual having to be arrested and brought into police custody.

3. For those people arrested and brought into police custody, independent Custody Sergeants and Inspectors make decisions in respect of whether it is proportionate to keep someone in police custody. They are independent to the officers who arrest individuals and conduct the investigations. This independence is crucial, and ensures proportionate, risk-based decision making. Further to this, there is a reactive audit regime in place to review decisions and ensure individual learning where appropriate to Custody Sergeants and Inspectors.

4. Data shows year to date, a 4.4% reduction in the number of people arrested and brought into police custody and a 4% reduction in proportion of people who are arrested being held for court. This year on year continued decrease is evidence of our continued efforts to ensure a proportionate approach by Police and will hopefully provide reassurance of our continued efforts in this regard, which also needs to be balanced against ensuring public safety and the interest of justice.

5. The administration of the criminal courts including the days when courts operate is an independent operational matter for Scottish Courts and Tribunals Service(SCTS). Any decision to extend the operation of criminal courts to weekends would be a matter for SCTS and the judiciary. The infrastructure that supports the operation of the criminal courts such as judicial time, SCTS staff time, legal representation time is based on a long-standing model of courts operating Monday to Friday. While exceptions can be made where required, the routine operation of weekend courts would require significant planning and additional cost to be considered.

3. Ill-treatment

Context

Para 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.

Recommendation(s)

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

Response

6. Police Scotland advise that handcuffing is taught to all officers within the Officer Safety Training (OST) Program run by Corporate Services Division. The comprehensive handcuffing chapter in the training course is attached below and outlines the following:
   - ECHR Implications for application of handcuffs.
   - Rigid handcuff injury potential.
   - Application Checks.
   - Principles for non-compliant handcuffing – including reassessment of the handcuffs once safe given the potential for them to go on tightly during the active restraint phase.
   - Handcuffing is also covered during each OST recertification which is annual for all officers and staff.

7. In practice, when someone highlights that the handcuffs are tight, they will be checked by officers.

8. In addition, the wider training delivered to officers across the organization and beyond those performing a custody officer / staff role, is extensive in relation to professionalism and acting within the law. This includes a robust training course on use of force, focusing on proportionality and de-escalation in addition to a range of training, awareness raising and material on culture, values, and misconduct.

9. There remains a robust and well-established internal complaints and misconduct process, which is overseen by a dedicated professional standards department. Additional safeguards exist in the form of the Police Investigations Review Commissioner and the Crown Office and Procurator Fiscal Service, who receive and assess all criminal allegations against police officers.

Context

Para 23-24. 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. 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.

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.

Recommendation(s)

Para 23. 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.

Response:

10. Police Scotland are unable to provide an update on this without additional information about the identity of the person. The Professional Standards Department are unable to use this limited information to identify the individual / complaint on their systems. There are approximately 60 custody records for the relevant time period and relevant custody centre, and there is nothing obvious to link an individual to "A.A".

11. Further specific information would be required to assist in identifying this person and allowing for an update to be provided.

Para 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.

Response

12. Police Scotland advise every training course provided by CJSD Divisional Training Department is delivered according to ECHR obligations and Police Scotland's Code of Ethics are constantly referred to and highlighted throughout.

13. A specific module of the Custody Officer Induction course covers the Criminal Justice (Scotland) Act 2016 and how it complies fully with ECHR article rights. Another module of the induction course covers adverse incidents and recording mechanisms. This includes the topic of injuries to prisoners and staff, accident reporting and referrals to and the role of the Police Investigations and Review Commissioner (PIRC).

14. On all CJSD Training courses, trainers make it clear that care and welfare of those detained in police custody is the highest priority and ensure all staff are fully aware of their primary obligations (as per guidance illustrated in the Care and Welfare of Persons in Police Custody Standard Operating Procedure. This is also refreshed through annually run custody update training which has recently been re-established after a pause which ran beyond the coronavirus pandemic.

15. In addition, the wider training delivered to officers across the organisation and beyond those performing a custody officer / staff role, is extensive in relation to professionalism and acting within the law. This includes a robust training course on use of force, focusing on proportionality and de-escalation in addition to a range of training, awareness raising and material on culture, values, and misconduct.

16. There remains a robust and well-established internal complaints and misconduct process, which is overseen by a dedicated professional standards department. Additional safeguards exist in the form of the Police Investigations Review Commissioner and the Crown Office and Procurator Fiscal Service, who receive and assess all criminal allegations against police officers.

17. Police Scotland has a robust structure of governance and audit, supported by complaint handling and conduct policies and procedures in place. Staff receive regular and appropriate messaging of these policies and procedures.

Context

The CPT 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.

Recommendation(s)

Para 25. 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.

Response

18. Police Scotland advise they began the rollout of Body Worn Video (BWV) in March 2025 with officers in D Division (Tayside including Dundee), and it expects that the first tranche of 10,500 officers to be equipped by spring 2026. The remainder of officers are expected to be equipped over the course of 2026/27. Following the rollout to officers in Glasgow, as of 24 March, only two regional divisions in the west of Scotland were still to receive the new equipment.

19. Police Scotland consider that BWV will bring significant benefits for police officers/staff and for those coming into contact with the service, enhancing public confidence by promoting transparency and accountability as well as providing clear evidence of incidents.

20. Within Police custody, the following approved force wide audit standards have been implemented:
    - First level checks – minimum of 2 checks each per month completed by first line supervisors (Sgts and PCSO team leaders in CJSD)
    - Second level checks – minimum of 12 checks per month for the division which ensure that first level are being done and recorded appropriately.
    - Compliance is reported monthly and monitored via the BWV Project Team which is reported up to Force Executive Level.

21. Any learning identified in the first level check is addressed by the first level auditor as the Line Manager and the ‘take immediate action box’ ticked. If this ‘immediate action box’ is ticked this indicates to the second level auditor that learning has been identified and should have been actioned. During second level audits if this box is not ticked but there is identified learning, then the second level auditor will contact the first level auditor to arrange this.

22. Lastly, Police Scotland’s annual workforce survey has shown an appreciation for the advancements in technology and support systems within Police Scotland.

Officers and staff have emphasised the positive impact of new technologies such as BWV, which have improved efficiency and officer safety.

23. The approach to rollout BMV is a matter for Police Scotland, with oversight from the Scottish Police Authority. However, the Scottish Government engages regularly with both bodies, and no significant issues have been identified. Police Scotland has been clear that an incremental rollout to divisions was the preferred means to ensure that any emerging issues could be picked up quickly and dealt with on a scale in line with the industry standard approach.

4. Safeguards against ill-treatment

Context

Para 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

Context

Para 27. 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.

Recommendation

The 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.

Response

24. The developmental change is on Police Scotland's approved prioritised NCS Change Catalogue list. It was scheduled to be included in the next update for NCS, which is likely to be in the first quarter of the new year (2026) as much of the associated work has now been completed. However, due to a number of significant legislative changes which are scheduled to come into effect as part of the implementation of further parts of the Children (Care and Justice) (Scotland) Act 2024[1], which require changes to NCS, the change relating to the mandatory field for recording the time of notification to a lawyer and third party may now be delayed.

b) access to a lawyer

Context

Para 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. Detained persons also have the right to consult with a solicitor at any time.

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.

Recommendation(s)

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.

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.

Response

[1] Children (Care and Justice) (Scotland) Act 2024

25. Police Scotland advise that the NCS Change Request applies for solicitor and detainee notification in the same manner as a detainee's reasonably named person. This will be auditable in terms of which officer has passed the notification and when. Once the NCS change is complete (as described in para 26 above) this will be captured on custody records.

26. The Care and Welfare of Persons in Police Custody SOP[2] articulates accurate recording of cell movements for the purposes of facilitating solicitor consultations. At present there is an expectation that officers deployed in custody will notify a detainee when contact is made with their solicitor and/or reasonably named person. The Custody Officers Induction training course is clear that effective lines of communication need to be maintained with detainees in order to reassure them that their welfare and care is being suitably considered and acted on with a view to building a positive rapport at all times, as it is recognised that this can directly impact on an individual's welfare. Guidance highlights that all movement of individuals between cells must be recorded.

27. The Scottish Government notes the Law Society of Scotland (LSS) is responsible for the regulation of solicitors in Scotland and that role includes ensuring that they adhere to the high professional standards expected of solicitors in relation to representing vulnerable persons. The LSS already provides detailed guidance to solicitors representing detained persons, which includes a duty to request that the custody officer will convey information to the detained person ahead of their arrival. Ministers and officials do regularly liaise with the Law Society though, and will bring to their attention the recommendations set out in the report.

Context

Para 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. In 2025, the relevant legislation remained unchanged.

Recommendation

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

Response

[2] care-and-welfare-of-persons-in-police-custody-sop-v19-00-police-scotland-publication-scheme-sop.docx

28. Police Scotland note that there are rare occasions where this power to delay notification to the individual's solicitor may be used in so far as it is necessary in the interests of:
    - the investigation or the prevention of crime, or
    - the apprehension of offenders.

29. This power is, in practice, rarely used and a review of currently available data from NCS confirms that since NCS records began (January 2017), 3336 records were delayed. This is both for notification to solicitor and/or an individual's reasonably named person. This is from a total of 599,758 records which remain, which therefore represents 0.56% of all custody records.

30. Whilst this power is rarely used, it is the view of Police Scotland that it is a provision that needs to remain for exceptional cases such as on-going threat to life investigations where notification of an arrest may significantly impede the investigation. Given this, at the time of writing the Scottish Government does not have plans to change the legislation.

c) access to a doctor and recording of injuries

Context

Para 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.

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

Recommendation(s)

The CPT reiterates its previous recommendation 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.

Response

31. Responsibility for the provision of healthcare in custody centres transferred from Police Scotland to NHS Scotland in 2014. Governance and oversight of healthcare to police custody centres is retained by individual NHS boards and Health and Social Care Partnerships (HSCP) across Scotland.

32. NHS boards and HSCPs are guided by the National Guidance on the Delivery of Police Custody Healthcare and Forensic Medical Services (2015), which outlines the expected healthcare services and support during the criminal justice process. While service models vary across regions, all NHS boards should aim to provide safe, accessible, and comprehensive care.

33. Qualified healthcare professionals (HCPs) must be available to deliver:
    - general healthcare: assessments,
    - treatment,
    - medication management,
    - care planning,
    - referrals, and follow-up;
    - custody healthcare,
    - fitness assessments for detention, transfer, or release; and
    - forensic healthcare: examinations,
    - drug/alcohol assessments under the Road Traffic Act, and
    - preparation of reports or court attendance.

34. In addition, the internal Police Scotland Care and Welfare of Persons in Police Custody SOP provides clear and robust guidance to maintain high standards of care and welfare.

Context

Para 32/33. 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.

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. 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.

Recommendation(s)

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.

Response

35. The Scottish Government funds the National Police Care Network within NHS National Services Scotland (NSS) to support improvement in custody healthcare. Its aim is to support a 'Once for Scotland 'approach to the planning, design and delivery of an integrated, holistic, person-centred care for those in the criminal justice system. In 2024-25, the National Police Care Network worked with healthcare professionals, managers, Police Scotland and SG policy officials to co-produce a Target Operating Model (TOM) for Healthcare and Forensic Medical Services for People in Police Custody. The TOM provides a framework for consistent healthcare delivery and is now being implemented. The TOM will ensure NHS Boards and Police Scotland have robust processes in place for the identification of individuals in police custody who may require health and wellbeing support from NHS or Third Sector services, including pathways and referral processes into a range of health and wellbeing services.

36. The TOM includes a range of actions in relation to access to services including medicine management, specifically including that medicines, in particular OST, should be continued in police custody where safe and appropriate to do so, and that processes are in place to manage drug and alcohol withdrawal.

37. The national Medication Assisted Treatment (MAT) Standards, particularly Standards 1, 3 and 4, require same-day access to treatment, proactive

identification of individuals at high risk of drug harm and delivery of evidence-based harm-reduction interventions. The standards are in the process of being implemented, with some areas applying the standards successfully within police custody settings, such as the NHS Highland MAT-aligned custody pilot.

38. In addition, in response to a petition to the Scottish Parliament, the Scottish Government reviewed practice across all health boards and has ensured that, where appropriate, every area of Scotland now holds a controlled drugs licence, meeting legal obligations for the storage and supply of controlled drugs. The Scottish Government has also committed to annual follow-up survey with health boards to monitor ongoing compliance.

39. The National Collaborative, Charter of Rights for People Affected by Substance Use[3] was published in December 2024 and sets out some of the key rights for people affected by substance use. The Charter aims to help people to know their rights and to know what support they can therefore expect to receive. It has been created by people affected by substance use, including family members and carers, service providers and national organisations.

40. The Right to Life is protected by Article 2 of the Human Rights Act. It is already part of our law in Scotland. The Charter strengthens this by setting out what is expected of Duty Bearers and informing those with lived experience of substance use, of their rights:

- Duty Bearers should take steps to increase the life expectancy of people who use substances, including providing a range of evidence-based and trauma informed support services.

- Duty Bearers involved in the care of people affected by substances should take steps to reduce risk of premature death, including identifying and responding to the risks of overdose. Focus should be given to people who may have left residential, justice and inpatient settings, as well as those who have stopped attending treatment services and people who have just experienced a near-fatal overdose.

- All service providers should have clear information governance structures in place to facilitate the timely sharing of information about people at high-risk so that partner organisations can follow-up.

- Duty Bearers should carry out investigations when services might have been involved in a death or failed to act. There should be effective and timely drug

[3] Charter of Rights for People Affected by Substance Use 2024 - Health and Social Care Alliance Scotland

and alcohol death review processes, involving family members where appropriate.

- All guidance and standards need to be applied in line with the Right to Life.

Context

Para 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.

Para 36. 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.

Recommendation(s)

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.

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.

Response

41. Police Scotland advise that if someone requests to see a healthcare professional (HCP), officers will ask why to ensure the appropriate care plan is implemented whilst awaiting access to the HCP. It will be for a HCP to then triage, not Police, and determine the next steps which include consultation, examination and recording of this. When a person in custody requests to be seen by a HCP, the custody staff make inquiries into the request by consulting with an appropriate HCP and this consultation is documented.

42. Guidance on health assessments and the recording of injuries, alongside instructions on recording complaints against police were sent to all custody staff in February 2025. Although it was directed primarily at recording of complaints against the police (CAPs) it carried specific instructions in relation to health assessment and the recording of injuries.

43. Furthermore, a module within the Custody Officer Induction course covers adverse incidents and recording mechanisms. The Care and Welfare of Persons in Custody SOP details the processes to be followed. Policies are in place that ensure complaints against the Police are recorded accurately and in timely fashion.

44. While there is not currently a special form or trauma register used to document injuries in these circumstances, the NCS and NHS systems carry out these functions. Incidents, accidents and injuries are each recorded on a case-by-case basis, there are existing arrangements in place for recording injuries, accidents, and adverse incidents via these existing systems.

45. For further context, the National Police Care Network has a role to improve capability and capacity in the forensic medical workforce in Scotland. The TOM for police custody healthcare and forensic medical services includes an action to ensure that injuries are documented using standard documentation. This is in the process of being implemented.

46. It is for Police Scotland, with their operational independence, to ensure that officers operating in a custody environment have the appropriate training and the regime of joint inspections by His Majesty's Inspectorate of Constabulary in Scotland (HMICS) and Health Improvement Scotland (HIS) considers staffing levels and training amongst a range of issues. It should be noted that implementation of such recommendations is a mandatory requirement for Police Scotland.

47. Similarly, it is also for Police Scotland to consider updates to their Standard Operating Procedure, and this recommendation has been brought to their attention.

d) information on rights

Context

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

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.

Recommendation(s)

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.

Response

48. In the circumstances described, either the escorting officers or custody officers would take time to read the Letter of Rights (LOR) to the individual in custody to ensure they understood this.

49. The Scottish Government's Strategic Police Priorities makes clear that Police Scotland activities should be transparent, person-centred and trauma informed. Ensuring the rights of the individual are understood is clearly part of this process.

5. Conditions of detention

Context

Para 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.

Recommendation(s)

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.

Response

50. Police Scotland's Custody 2030 project is aimed at enhancing our custody provision, including the estate, for the benefit of arrested people and our staff, while creating safe spaces which prevent/reduce serious injury and deaths in custody.

51. The use of natural light is a central principle to our estates transformation and development plan and has been highlighted as a need to factor into any new

build custody centres. We would therefore provide assurances that there are no intentions to develop new centres which would not feature the use of natural light at the early design stage and to go further we do not envisage a scenario where this takes place.

Para 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, at St. Leonard's Police Station all on-screen toilet areas were covered by a black square on the CCTV monitor screens.

Recommendation(s)

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

Response

52. The UK Home Office Police Custody Suites guidance document lays out the specifications and standards for police custody centres. The guidance is not legally binding but instead is accepted as best practice. In addition, CJSD has completed the following Data Protection Impact Assessment which lays out the basis for cell and passageway audio recording over and above the Home Office guidelines which are well established for CCTV recording.

53. The legal framework for this therefore comes from a variety of regulations including the General Data Protection Regulations[4], Health and Safety Regulations, the Human Rights Act[5] and the obligations on Policing to ensure those in our custody who are vulnerable are safe. A Data Protection Impact Assessment was completed, as required in law, which ensures the approach to having CCTV in custody centres is proportionate, justified, necessary and legal.

Para 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 or because the shower facilities were not fully operational.

[4] Data Protection Act 2018

[5] Human Rights Act 1998

The delegation also noted that, as had been the case during the 2012 and 2018 visits, 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, or due to low staffing levels.

Para 41. 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.

Recommendation(s)

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.

Response

54. Police Scotland note that the current policy regarding washing is written into the Care and Welfare of Persons in Police Custody Standard Operating Procedure[6] and advises that “where an arrested person is to be detained in custody for more than a full day, they should be offered facilities to wash and/or shave at least once per day. Any reasonable requests to wash and/or shave more often than this are to be met where possible.” Facilities are also to be made available for a person to wash and shave, if they wish, prior to appearing in court.” In addition, the Care and Welfare SOP states that, “Persons who require showering should, where appropriate, be offered the opportunity to do so. If necessary, female persons should be transferred between custody centres to ensure adequate washing/showering facilities are available.”

55. Custody staff have been reminded to ensure that the National Custody System (NCS) is updated whenever a person is offered and uses or declines the use of washing/showering facilities. Monitoring and audit of compliance with regard to affording washing opportunities and accurate NCS recording is currently also the subject of an enhanced audit and compliance regime which is now in place for the Division.

[6] Standard Operating Procedures C - Police Scotland

56. With regard to exercise facilities, the legacy Force Custody Centres inherited by Police Scotland, with the notable exception of Kittybrewster, did not benefit from exercise facilities and this remains an ongoing challenge. On that occasion and in 2022, the Scottish Police Authority responded that, due to the fact that there were not many persons held for longer than 24 hours, and that the numbers were expected to decrease, the recommendation could not be implemented for older custody facilities.

57. Current custody estate layout and staffing profile preclude these exercise facilities being offered as standard practice. As and when new custody centres are being planned, exercise yards / provisions will be considered, but this will need to balanced against available space, location, and cost benefit / best value.

C. Prison establishments for men

6. Preliminary remarks

Context

Para 9. While the Committee has 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.

Recommendation(s)

The CPT trusts that increased attention will now be put into addressing these long-standing recommendations

Response

58. The Scottish Government remains aware of the Scottish Prison estate being predominately operated close to or over its design capacity since August 2023. While the rising and increasingly complex population is a multifaceted challenge that is not unique to Scotland, the Scottish Government has taken a range of measures to reduce pressure and ensure the prisons in Scotland remain safe and continue delivering rehabilitative work.

59. This includes Home Detention Curfew (HDC) criteria amendments, optimisation of the existing estate with additional capital funding put in place, increased investment in community justice services, changes to the automatic early-release point for certain short-term prisoners and an emergency early-release (EER) scheme to provide immediate relief. Further action to increase the availability of alternatives to custody and a long-term change in Scotland's approach is needed to address the underlying causes of overcrowding and to ensure that work can take place to achieve Committee's recommendations.

60. The Scottish Prison Service advise we are currently developing the Operational Regime and Roster Review which will be developed locally in each establishment to ensure maximum staffing levels during hours of activity. The aim is to improve

the safety, security and consistency of regimes and provide access to activity and a more fulfilling regime in a safe manner.

61. **see also response to Para 46, page 31**

a) Overcrowding

Para 42 At the time of the 2025 CPT visit, there were 15 prisons in Scotland, including one operated by the private sector. Plans to replace older prisons, such as Barlinnie, Greenock and Inverness, already mentioned in the CPT report on the 2018 visit, 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.

Para 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).

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.

Para 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.
In November 2024, an Early Release Bill allowed eligible short-term prisoners 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.

Consequently, to address the root causes of overcrowding, a more coherent strategy, covering both admission to and release from prison is required.

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 m2 per person in single cells and 4 m2 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).

Recommendation(s)

The 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.

Response

62. While each prison establishment has a specified design capacity, the ability to accommodate prisoners is not solely based upon the physical space available. Operational capacity assessment is based on a range of factors including the complexity of an individual's needs, the risk to the individual and others in care, and the availability of accommodation, staff and services.

63. The Scottish Government, the Scottish Prison Service and partners across the justice system closely monitor remand arrivals, sentenced arrivals and case conclusion levels to understand the impact on the system and support decision making.

64. The Scottish Government routinely produces and publishes projections of the level of demand for prison accommodation[7] to support high level decision making, planning and policy development. The recommendation to take account of standards of living in projections is noted.

Recommendation(s)

Para 47.

The CPT once again calls upon the Scottish authorities to pursue their efforts to reduce the prison population.

[7] Scottish prison population statistics and projections - gov.scot

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.

Response

65. A rising and increasingly complex prison population is a multifaceted challenge. The Scottish Government, in collaboration with delivery partners, has taken significant action to strengthen the justice system and address the rising prison population in a sustainable way which protects the wellbeing of prisoners and staff, and facilitates effective delivery of health, social care, rehabilitation and other vital support services.

66. The Prisoners (Early Release) (Scotland) Act 2025[8], now in force, provides for eligible short-term prisoners (STPs) to be released from prison after serving 40% of their custodial sentence, instead of 50%. This change resulted in 312 initial releases between 18 February to 20 March, and our internal modelling indicates a sustained approximate 5% reduction in the STP population. We estimate that the prison population would be between 260 and 390 prisoners higher had this measure not been implemented.

67. The Scottish Prison Service has further optimised capacity in the existing estate to create 400 additional spaces compared with 2024. Investment has been agreed to support construction of two new prisons. HMP Highland, due for completion in late 2026, will provide 107 additional places, while HMP Glasgow, expected in 2028, will add 357 designed places.

68. Evidence shows that community sentences are more effective in reducing reoffending than short-term prison sentences. This is why the Scottish Government is investing additional £10 million in community justice services, bringing the total funding to £169 million in 2026/27. This investment will support continued strengthening and expansion of alternatives to remand and custody,

[8] Prisoners (Early Release) (Scotland) Act 2025

including expansion of Home Detention Curfew, enhanced utilisation of electronic monitoring, and increased use of supervised bail.

69. On 18 March 2026, the Scottish Parliament approved legislation to change the automatic release point for some STPs from 40% to 30% of their custodial sentence. This change will come into force on 12 May 2026. It is estimated to bring about a sustained reduction to STP population of between 239 and 312 individuals.

70. In June 2025, the Scottish Government published a paper which explores long-term changes that have taken place which have altered the size and composition of the prison population[9] – with changes both before and following the COVID-19 pandemic. This report summarises long-term changes in, and influences on, the prison population to identify how the accumulation of incremental changes over many years affects the current position.

71. There is a long-term trend of rising average custody length for most crime types. The average length of custodial sentence for all crimes in 2023-24 was 393 days, which is 2% longer than in 2022-23 (386 days)[10]. This varies across different crime groups. This is likely driven by a complex range of interacting factors including a shift in the mix of the seriousness of court cases and a reduction in the use of shorter custodial sentences. Despite the reduction in the use of shorter custodial sentences, the volume of sentences under a year remains high (in 2014-15, 82% of custodial sentences were less than a year, falling to 73% in 2023-24).

72. The Sentencing and Penal Policy Commission was established in February 2025 to consider how imprisonment and community-based interventions are used in Scotland and ensure that it has a sustainable prison population. The Commission published its final report on 6 February 2026 with a number of significant recommendations, including on use of short-term sentences and alternatives to custody, which are being considered in detail[11].

73. Aligned to recommendations in the Sentencing and Penal Policy Commission, we intend to undertake work to explore ways to expand the use of early and community-based interventions and review the current use of community interventions. This includes Diversion from Prosecution, Community Payback Orders, Drug Testing and Treatment Orders and structured deferred sentences, to assess whether they can be used to better address the underlying causes of offending behaviour.

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[9] Occasional paper: Long-term drivers of and changes in the prison population - gov.scot

[10] Criminal Proceedings in Scotland: 2023-2024 - gov.scot

[11] Scottish Sentencing and Penal Policy Commission report: Justice That Works - gov.scot

74. We are also undertaking work to explore the use of bail and remand, as recommended by the Commission in recognition of the persistently high remand levels which contribute to Scotland's unsustainable prison population.

75. As noted above, the expected completion date for HMP Glasgow is 2028. HMP Glasgow's design is built on lessons learned from previous builds and other jurisdictions. The design utilises a formation of smaller household units. This structure supports safety and provides flexibility to contract or expand in line with operational and regime requirements. The 5 residential houseblocks will have 20 cells within each of the 3 spurs. Each spur will have 18 single cells of 9.44 m² and 2 double cells of 13.60 m². The proposed Design Capacity for HMP Glasgow is 1344. HMP Highland will have a design capacity of 200 prisoner places which includes 12 cells designed to accommodate two people. As noted above, HMP Highland construction is expected to complete in late autumn 2026.

76. A timeline for the closure of HMP Barlinnie and HMP Inverness will be established closer to the opening dates of HMP Glasgow and Highland to allow an accurate assessment and planning for the population that resides within them at that time.

7. Ill-treatment

Context

Para 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.

Para 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.

Para 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, 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. 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.

Recommendation(s)

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.

Response

77. A robust process is in place to record and review any use of force. Any use of force should be supervised by a trained Supervising Officer who is the primary person responsible for ensuring the health and wellbeing of all staff involved within the incident and of people in our care being restrained. In all cases where

force has been used, a Use of Force form will be completed. All staff involved will submit a written report as part of the Use of Force reporting, at the conclusion of the intervention.

78. The Scottish Prison Service (SPS) advised C&R2 pilots began in April 2023 at HMPYOI Polmont and the Community Custody Units, followed by: HMP/YOI Stirling (June 2023) HMP Low Moss (April 2024). Each pilot site was supported by a Violence and Restraint Reduction (VRR) Manager. This is a new role focused on coaching, mentoring, and violence reduction.

79. An independent evaluation by Dr Briege Nugent was carried out that involved quantitative data and interviews and SPS carried out their own internal evaluation by the SPS College. The evaluation findings were that overall use of force reports increased due to the compliant use of soft cuffs for relocations. However, the severity of incidents reduced, the use of pain-inducing techniques was reduced, the number of restraints on the floor decreased and the number of Control and Restraint related injuries also decreased.

80. The Scottish Prison Service's new approach to control and restraint will now be rolled out to the remainder of the estate and comprehensive training will be provided to all uniform staff, working on the frontline, so they are fully supported and knowledgeable in its application. This will be implemented in a controlled manner from 2026

81. Due to resource constraints and operational pressures due to sustained high prison population, the implementation of C&R2 has been delayed until later 2026 and will have a phased implementation timeline.

Para 52. 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.

Recommendation(s)

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.

Response

82. The Scottish Prison Service advised they installed Body Worn Camera (BWVCs) systems in 3 establishments as part of a pilot, with the aim of using them to support staff and prisoners, and to help enhance the safe and secure running of prisons across the estate.

83. This pilot has been independently evaluated, and SPS have now concluded a procurement exercise which will provide BWVCs to all Establishments this year. Funding for the purchase and deployment of BWVCs for all establishments has now been approved and a procurement exercise has concluded. A supplier has been identified, and SPS are in pre-contract discussions with the supplier. SPS will take delivery of equipment in Q4, with a roll-out programme commencing April 2026. The target is to complete the installation programme by the end of 2026 and contract purchasing of BWVCs has been approved at this stage.

84. In line with the SPS CCTV Code of Practice, any recordings will only be retained for 14 days unless retained for investigations, proceedings, complaints, or other defined purposes. The Head of Operations authorises any retention beyond 14 days. The BWVC policy allows that footage can be used to support operational debriefs if required.

Context

Para 53. In all prisons visited, prisoners complained to the CPT of verbal abuse by some custodial officers.

Recommendation(s)

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.

Response

85. The Scottish Prison Service are committed to the highest standards of professionalism, ensuring the safety and care of everyone who works with them, lives in their care, or visits their establishments. All employees are expected to act in line with SPS values and the Civil Service Code. Where behaviour falls short of these expectations, appropriate steps will be taken to address the matter.

Para 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).

Recommendation(s)

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.

Response

86. The Scottish Prison Service have a robust process in place to record and review any use of force. Any use of force should be supervised by a trained Supervising Officer who is the primary person responsible for ensuring the health and wellbeing of all staff involved within the incident and of people in our care being restrained.

87. In all cases where force has been used, a Use of Force form will be completed. All staff involved will submit a written report as part of the Use of Force reporting, at the conclusion of the intervention. It is the Supervising Officers' responsibility to ensure forms are completed to an acceptable standard, and that decisions made throughout are captured.

88. The Head of Operations is accountable for reviewing all Use of Force forms completed within the establishment, and for ensuring that video recording footage is securely stored by the Supervising Officer. Their role is to ensure the accuracy of information provided, and that a sound rationale for the use of force has been recorded. The Head of Operations should ensure that they remain aware of trends in the use of force within their establishment. The establishment Intelligence Management Unit (IMU) collate information for analysis to better understand the local trends.

8. Conditions of Detention

a) material conditions

Context

Para 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, overcrowding adversely impacted the material conditions. Single cells, measuring between 6 and 8.5 m2 (including the partitioned toilet), were being used to accommodate two prisoners. In most Halls, the majority of prisoners had less than 4 m2 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 m2 of living space for a single-occupancy cell (not including the sanitary annexe) and 4 m2 of living space per prisoner in a multiple-occupancy cell (not including the fully partitioned sanitary annexe).

Recommendation(s)

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 m2 to hold no more than one prisoner, and a cell of 12 m2 no more than two prisoners.

The CPT is particularly concerned by the situation of those prisoners at Barlinnie Prison who had less than 3 m2 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 m2 of living space per prisoner in single-occupancy cells and 4 m2 in multi-occupancy cells (not counting the area taken up by any in-cell toilet facility) is duly respected.

Response

89. The prison estate has predominately been operating close to or over its design capacity since August 2023. The issue of a rising and increasingly complex population continues to pose a challenge despite the Scottish Government taking significant action to help alleviate the existing pressures and ensure continued access to purposeful activity and rehabilitation.

90. With the prison population remaining high, SPS is required to temporarily adjust the provision of services across its estate and is unable to ensure that it can meet the CPT's minimum standard of 6 m2 of living space per prisoner in single-occupancy cells and 4 m2 in multi-occupancy cells (not counting the area taken up by any in-cell toilet facility). Significant steps are being taken to provide immediate relief where appropriate and to ensure that prisons continue to be safe and effective.

91. The following cell sizes were established for HMP Barlinnie from an 'All Sites Single Cell Survey' that was conducted by SPS in 2019:

- A Hall 8.0m²
- B Hall 7.6m²
- C Hall 7.5m²
- D Hall 7.2m²
- E Hall 7.0m²
- Letham Hall 9.0m²

92. These sizes are minus toilet/sanitary areas. Therefore, although the majority of cells within HMP Barlinnie are below the 4m² CPT's minimum standard for multi-occupancy, they do not result in individual's having less than 3 m2 of personal space.

93. As indicated above, construction of HMP Glasgow is underway with expected construction completion in 2028. The design of this new establishment utilises a formation of smaller household units, providing flexibility to contract or expand in line with operational and regime requirements. The 5 residential houseblocks will have 20 cells within each of the 3 spurs. Each spur will have 18 single cells of 9.44 m² and 2 double cells of 13.60 m².

Para 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.

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. Taking into account the increasing age of prisoners and the weather prevalent in Scotland, these deficiencies should be remedied.

Recommendation(s)

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.

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.

Response

94. The Scottish Prison Service will explore this further and options for improvement will need to reflect the existing budgetary pressures and resourcing constraints. Additionally, all individuals participating in exercise periods are provided with outdoor clothing for adverse weather conditions.

95. HMP Highland will have shelters within the football pitch area. The exercise areas are located between the wings in the houseblock and will have grass and paved areas; there is no shelter within the exercise areas in the current plan.

96. HMP Glasgow, due to complete in 2028, is undergoing a review of design options for external furniture and the recommendation will be considered as part of the design plan to identify the possibility of a solution that does not compromise security.

Para 58. 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 m2, without the partitioned toilet, and accommodated two prisoners. This is below the minimum CPT standard.

Recommendation(s)

The CPT recommends that the single-occupancy cells measuring some 7 m2, 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.

Response

97. Due to the pressures associated with the rising and increasingly complex prison population, the Scottish Prison Service have introduced temporary measures to optimise the capacity of the existing prison estate. This includes doubling up of some single cells. While a range of significant action is being taken to reduce the prison population pressures to sustainable levels, these temporary measures will be kept under review.

98. Each establishment have their own way of managing and allocating laundry to ensure that they are capable of meeting provision requirements. Some establishments provide an admission 'pack' with basic kit either at reception, in the hall or in cells. Others will allocate kit as required and as available.

Para 59. At Perth Prison, the premises were generally in an acceptable state of repair and cleanliness.
However, in Hall C there were double cells measuring 7 m2, 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 m2 without the partitioned toilet and were too small for two persons.

Recommendation(s)

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).

Response

99. See response to **Para 58 page 42**

b) Regime

Context

Para 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.

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.

Para 61. 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.

Recommendation(s)

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.

Response

100. The Scottish Prison Service are in the process of implementing a Regime and Roster Review at every SPS establishment. This review is being developed locally and a central SPS Assurance Group will review these proposals before considering further recommendations.

101. The reason and purpose for this Regime and Roster Review at this time is to implement changes to lead to a more consistent and reliable regime with more purposeful activity and enhanced regimes. It is SPS' intention that any changes made affords no compromise in time out of cell, purposeful activity or access to visits and family contact.

Para 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.

Recommendation(s)

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.

Response

102. As indicated above in the response to **para 60 and 61** recommendations **(pg. 43)**, the Scottish Prison Service are in the process of implementing a Regime and Roster Review at every SPS establishment. It is SPS' intention that any changes made affords no compromise in time out of cell, purposeful activity or access to visits and family contact.

9. Segregation of prisoners

a) Introduction

Context

Para 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 Segregation Units (SRUs)) or a "yo-yo" situation (repeatedly moved between the SRU to the mainstream and then back to the SRU)...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.

Recommendation(s)

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.

Response

103. In 2024, HM Inspectorate of Prisons for Scotland (HMIPS) commissioned the Scottish Government (SG) and SPS to provide updates against a segregation action plan based on recommendations from their thematic review published in 2023. A joint working group with SPS, SG and NHS has been established to consider the recommendations from HMIPS. SG and SPS have now concluded an initial stage of the review.

104. SG are considering specific elements of the proposals which will support those working and living in SRUs and will seek to support the key principles of trauma informed responses to disruptive and unwell prisoners.

105. In parallel, SPS have established an internal short life working group to take forward the specific elements of the recommendations which sit within the SPS remit. This group will review the overall case management approach taken to the application of rule 95 and rule 41 of the Prison Rules (both of which concern segregation of prisoners) specifically as well as the assurance mechanisms that support the living and working environments for prisoners and staff. The drive is to ensure the level of care delivered is proportionate, necessary and safe for all. The review remains ongoing and insights will be shared once complete.

Para 67. The CPT notes that the Prisoner Monitoring and Assurance Group (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.

Recommendation(s)

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.

Response

106. As referred to above in response to **Para 66, pg. 45**, this review remains ongoing and will be shared once complete. SPS are currently unable to advise when this is likely to be made available.

b) separation and reintegration units for male prisoners

Context

Para 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.*
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.

Recommendation(s)

Para 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.

Response

107. The Scottish Prison Service do not comment on individual people in their care, including within public reporting. Doing so may risk inadvertent identification and would be inconsistent with SPS, statutory obligations under data protection legislation. In order to provide accurate and informed feedback, SPS would require further detail relating to the circumstances described. SPS is not able to undertake any enquiry of this nature without the individual's consent and/or sufficient information to allow an appropriate and proportionate examination of the matter.

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

108. Please refer to our response to **para 74-78, pages 49-51** below which outlines the wider approach to rehabilitation and reintegration in such situations.

Recommendation(s)

Para 72. (cont.) 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.

Response

109. The Scottish Prison Service note that the CPT highlighted concerns specifically regarding access to Time in the Open Air (TITOA) for those who are being managed under Rule 95 conditions.

110. A communication was disseminated to all Governors in Charge (July 2025) reminding them that offering TITOA for at least 1 hour per day for all in their care is a legal requirement. Additionally, although SPS do not have a mechanism for recording either attendance, or those who have been offered, TITOA, establishments have been reminded that those who are being managed under Rule 95 conditions should have their 'Daily Narrative' on PR2 (SPS' electronic records system) updated to state whether they attended or were offered TITOA.

111. Additionally, regular contact with residential staff maximises the use of existing relationships and emphasises the principle that the removal from association is not an end in itself. Instead, it is part of a wider process which surrounds the individual's response to identified needs and to threats against safety and good order.

112. Whilst different individuals will require to be removed from association for different timescales, the temporary status must continually be emphasised. An individualised management plan should always be made with a view to reintegrating the individual into mainstream circulation at the earliest possible opportunity. Ultimately, the removal from association should be for the shortest period as possible using an individualised approach.

Recommendation(s)

Para 72. (cont.) The CPT wants to be provided with more information on whether SG has plan to establish an intermediate care setting within Scottish prisons for persons with serious mental health disorders

Response

113. See Response to **paras 74-78 on pages 49-50**

Context

Para 73. 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.

Para 74. 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.

Recommendations

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

Para 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.

Para 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.

Response to paras 74-78

114. The Scottish Government accepts that prolonged segregation of people with mental illness requires robust multidisciplinary oversight and structured transition planning. While there is currently no national policy plan for developing intermediate spaces, those with serious mental health disorders who cannot be managed safely within prisons are assessed and, where appropriate, transferred to the forensic inpatient secure estate.

115. While individuals remain in prison, they are governed by the Prison and Young Offenders Institutions (Scotland) Rules 2011[12]. These arrangements aim to mitigate harm and support reintegration but do not replace statutory processes for hospital transfer under mental health legislation, which remain the correct legal route where clinical criteria are met. The Scottish Government is clear that segregation must not be used as a substitute for appropriate clinical care.

116. However, in response to the mental-health-related recommendations in the HMIPS Thematic Review of Segregation, the Scottish Government established a dedicated Short Life Segregation Working Group in early 2025. The group included senior representation from SPS and NHS at both executive and operational levels and was chaired by a Professional Advisor with expertise in forensic mental health.

117. The group began with two aims:

- to consider alternative forms of care for people in prison with serious mental health issues for whom neither the mainstream prison environment nor long-term segregation is appropriate; and

[12] The Prisons and Young Offenders Institutions (Scotland) Rules 2011

- to identify ways to reduce the negative impact that segregation can have on mental health and to improve the experience of segregation for those with mental health needs.

118. The group found issues in practically defining those suggested by the HMIPS to require alternative forms of care in a way that would be operationally meaningful. Constraints related to population pressures and available physical spaces also limited what could be proposed that would constitute a genuinely different care model. As a result, the group agreed to focus its efforts on reducing the mental health related harms associated with segregation and improving support for individuals in SRUs. This approach aligns with current operational realities while still benefiting those who might otherwise have been identified for alternative provision.

119. The group has now developed a series of proposed workstreams, which have been submitted to Ministers for approval. Once agreed, these proposals will be shared with HMIPS. Scottish Government will take forward elements of the proposals specifically aimed at improving the experience of those living and working in Separation and Reintegration Units (SRUs), with a particular focus on embedding trauma-informed approaches to supporting disruptive and unwell individuals.

120. In parallel, the Scottish Prison Service have convened an internal short-life working group to progress the specific elements of recommendations that sit within the SPS remit. This includes reviewing the overall case-management approach to the application of Rule 95 and Rule 41, as well as the assurance mechanisms that support the living and working environments for prisoners and staff. The intention is to ensure that all care provided within SRUs remains proportionate, necessary and safe.

121. This work remains ongoing, and therefore the report cannot be shared until the review process is complete. We are currently unable to provide a timescale for when this will be available.

122. It is important to note that individuals held in segregation continue to have daily meaningful contact with SPS officers, first line managers, duty governors, NHS staff and through family visits. Overall, work is ongoing to strengthen safeguards, ensure segregation is used appropriately, and improve the care and experience of people in SRUs, particularly those with mental health needs, while maintaining clear and robust clinical escalation pathways where hospital transfer is required.

c) Use of Rule 95 in own cells

Context

Para 79. In all prisons visited, Rule 95 was also applied in individual cells at the Halls.

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.

Para 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.

Recommendation(s)

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.

Response

123. The Scottish Prison Service issued guidance[13] on 09 July 2025 reaffirming the requirements of Rule 87, Exercise and Time in the Open Air, which ensures that all individuals in segregation are offered at least one hour of time in the open air each day, at a reasonable time.

124. People managed under Rule 95 have personalised management plans agreed by prison staff, First Line Managers (FLMs) and Unit Managers which set out their individual regime.

[13] Your Rights Under the Scottish Prison Rules

10. Healthcare services

a) introduction

Context

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

Para 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.

Recommendation(s)

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.

Response

125. Since the publication of the 2022 Health Needs Assessments of the Scottish prison population, the Scottish Government have been working collaboratively with key partners, including the Scottish Prison Service (SPS) and NHS, to drive forward national improvements in prison healthcare as part of a strategic approach led and overseen by:

- A Strategic Leadership Group (SLG) which brings together Directors from across the Scottish Government policy areas of Justice, Mental Health, Population Health and Social Care, alongside the CEO of the Scottish Prison Service, and NHS executive-level representatives, with the aim of resolving the challenges in prison healthcare identified in several reports, including the Scottish Government commissioned prison health and social care needs assessments.
- A Cross-Portfolio Ministerial Group (CPMG) on Prison Health and Social Care to provide leadership from across the relevant portfolios of health and social care, and justice, to oversee the strategic direction of the SLG and ensures an integrated approach to prisoner health and social care.

126. Guided by key themes from the 2022 Health Needs of the Prison Populations, and with strategic direction from the SLG, a national Target Operating Model (TOM) for prison healthcare[14] was developed in consultation with key partners, prison healthcare professionals and individuals living in prison. The TOM was adopted in 2023.

127. As well as providing a nationally consistent approach to prison healthcare services in Scotland, the TOM aims to ensure that those living in prison receive accessible, trauma-informed and evidence-based mental-health care. This is supported by clear referral routes, comprehensive assessment, stepped or matched treatment, crisis support and smooth pathways into specialist and community services and includes mental health and addiction services. According to the most current six-monthly report (April – October 2025) 71% of the TOM has already been implemented by prison healthcare teams across the prison estate.

128. To monitor the implementation of the TOM services, self-assessed updates from the relevant health boards are collated into a dashboard and shared with Scottish Health in Custody Oversight Board (SHiC OSB) which meets quarterly. This ensures any issue of concern can be escalated to NHS Board Chief Executives and the SLG. Self-assessment reporting is also regularly shared with the CPMG, as well as national prison healthcare Peer Support Forums and the NELC as mechanisms for taking forward any associated improvement initiatives.

129. To provide a further objective assessment of the full range of healthcare measures including TOM services, the Scottish Government has ensured that Health Improvement Scotland (HIS), who inspect prisons every 3 years as part of His Majesty's Inspectorate of Prisons in Scotland (HMIPS) inspection programme, include all TOM elements within their inspection process. Once a prison has been inspected, this results in an action plan being produced within 3 months to respond to specific recommendations made. HIS will then consider whether the action plan provides sufficient reassurance to wait until the next planned inspection or whether earlier follow up is required.

130. In addition to the TOM, the SLG has worked with partners, including the SPS and NHS, to ensure:

- All Health Boards nominated an executive-level lead for prison healthcare who collectively first met as a group in October 2023 resulting in the National Executive Leads Collaborative (NELC) for prison healthcare being formed. This NELC provides a network to consider national consistency, the outputs of

[14] Prison Healthcare Target Operating Model (TOM) | Turas | Learn

national reviews and reports, share good practice, and seek solutions for ongoing national issues.

- The development and implementation of an improved healthcare referral process across the prison estate.
- The development of a revised Memorandum of Understanding between SPS and NHS which is currently in the final stages of being signed off.
- A revised Information Sharing Agreement between SPS and NHS partners is developed to ensure the safe smooth-flow of information between them.
- Joint SPS/NHS training has been developed to improve understanding and appropriate application of Rule 41. Post evaluation feedback from the training sessions has indicated increased staff confidence.
- The National Prison Care Network (NPrCN) provide national support to prison healthcare teams, which has resulted in:
    - Supporting uni-disciplinary peer support forums for GPs; Primary Care Nurses; Mental Health, Addictions and Learning Disability Nurses; Allied Health Professionals (AHPs); Sexual Health; Clinical Psychology.
    - Establishing a short-life working group to share best practice on the first 24 hours of admission into prison; and,
    - Providing a range of learning webinars in response to identified learning needs (which have been accessed over 1000 times since being made available).
    - Joint SPS/NHS training has been developed to improve understanding and appropriate application of Rule 41. Post evaluation feedback from the training sessions has indicated increased staff confidence.
    - GP pre-registration is in place prior to liberation to help improve the throughcare process.
    - Those living in prison are not de-prioritised if they fail to attend an NHS health appointments in the community for appointment.

131. SG are also investing in ongoing work to improve prison healthcare data on outcomes and conditions as another vital component in understanding, improving, and responding to, the healthcare needs of the prison population.

132. SG have also been working with partners since 2021 to develop and deliver a multi-year clinical IT system implementation project for prison healthcare that will enable better information sharing, reduce clinical risk, and improve healthcare for prisoners as they enter, remain and leave prison custody. As of January 2026, the successful upgrades to prison health IT have resulted in prisons now having parity with community practice systems, with planning ongoing for a potential switch to the improved VisionPlus clinical IT system in 2026.

133. While matters of recruitment and retention issues are the responsibility of individual NHS boards, a Prison Nursing Transforming Roles Knowledge and Skills Framework[15] has been developed in recognition of the complex and specialist nature of prison nursing and aims to strengthen leadership, professional identity and quality of care across Scotland. The framework supports:

- Clear definition of the specialist skills, knowledge and behaviours required in prison nursing
- Structured career pathways and progression opportunities
- Recruitment and succession planning to ensure a sustainable workforce

b) healthcare in general

Context

Para 85. In all three 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 Management of Offender at Risk Due to Any Substance (MORS) procedure (see paragraph 105 below).

Para 86. 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.

Para 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.

Recommendation(s)

In light of the prisoner population numbers, their often complex healthcare needs and, in particular, the extensive mental health issues existent among the prisoner

[15] Prison Nursing Transforming Roles Knowledge and Skills Framework | Turas | Learn

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.

Response

134. The Scottish Government funds nine NHS health boards to provide healthcare services to their prison populations. While it is for these NHS boards to determine their own health service delivery and workforce models, the Scottish Government has developed a Target Operating Model (TOM) for prison healthcare that recommends they make better use of skill mix, using a multi-disciplinary team approach, to ensure workforce models reflect the needs of each prison population. It also recommends that boards use population-level data to inform staffing requirements and provide the right level of continuous training and development to support their prison healthcare staff.

135. Currently mid-way through the implementation and monitoring phase, the Scottish Government has noted a reduction in prison healthcare vacancies across key professions, since the implementation of the TOM. The Scottish Government monitors the implementation of the TOM at six-monthly intervals to ensure progress.

Recommendation(s) Para 92 (cont.)

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.

Response

136. The Scottish Prison Service confirms that for all establishments:
- a healthcare professional is available on call;
- there are no in-patient infirmaries;
- access to emergency care is equal to that in community; and
- presence of a staff member with first-aid certification

137. The Scottish Government do not routinely monitor prison healthcare waiting times however we know that waiting times for prison healthcare services are regularly reviewed and managed by NHS prison healthcare management teams. Through our ongoing Public Health Scotland (PHS) prison data surveillance, we are working with PHS to develop a prison healthcare information dashboard and will consider prison healthcare waiting times for GP, Psychiatry, Dental and other services in the context of this work.

138. Our national standard for psychological therapies states that 90% of people should start psychological treatment or intervention with 18 weeks of referral. All of the information we have received shows psychiatry waiting times are meeting this target which shows parity with the community standard as per the CPT standard for healthcare in prisons.

139. See also **Para 96 page 59 Response 141**

c) screening on admission

Context

Para 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.

Para 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, E.E., 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.

ii) 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.

iii) 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.

iv) 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.

Para 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.

Recommendation(s)

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.

Response

140. The Scottish Prison Service confirmed that an NHS healthcare professional undertakes an initial assessment of all individuals entering custody within the first 24 hours. There is currently no requirement for this to be carried out by a doctor

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

(in the same manner that not all GP registrations are seen by a GP in the community). Beyond this initial assessment, patients are listed for further clinical assessment as indicated by their healthcare needs to GP/Advanced Nurse Practitioner, Patient Care Technician, Mental Health Team, Substance Use clinics, for example.

141. The National Prison Care Network has established an Admissions Short Life Working Group (SLWG) to review and refine the prison admissions process. This review aims to ensure alignment with the admissions criteria outlined in the Prison Healthcare TOM, with particular attention to clinical risk, mental health and continuity of care.

142. NHS prison healthcare teams currently have access to previous prison GP healthcare records and, some health board areas also have access to their local medical records portal which provides access to all hospital records and results from that area. Prison healthcare teams can also access any active medications prescribed by the patient's GP via the electronic ECS system.

143. In addition, they can also contact community GPs to request specific pieces of information where clinically relevant. As part of the current clinical IT reprovisioning work, being funded by the Scottish Government, there are plans to create a linked portal to allow prison healthcare teams access to records for all Board areas.

d) Psychological and Psychiatric Care

Context

Para 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.

Para 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 Target Operating Model (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.

Para 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, the waiting times in order to see a psychiatrist and a psychologist in the establishments visited are too long.

Recommendation(s)

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.

Response

144. In 2022, the Scottish Government published a Prisoner Mental Health Needs Assessment, part of a suite of four papers assessing the health and social care needs of prisoners. (see also our **response 143 pg. 59**)

145. These four documents and recommendations from independent monitors including HMIPS, Mental Welfare Commission and the NPM have guided improvement work that has been taken forward over the last four years which has included establishment of Ministerial oversight mechanisms for prison healthcare and the nomination of national executive leads for prison healthcare for each NHS board. The Prison Healthcare workforce has been discussed at both of these forums.

146. Whilst the Scottish Government sets the strategic policy direction for the NHS in Scotland, operational matters - including prison healthcare staffing - are in the first instance the responsibility of the relevant NHS board. We expect NHS boards to plan and provide safe, effective and high-quality care, in line with their statutory service provision and workforce planning responsibilities.

147. The Scottish Government and COSLA jointly published the Mental Health and Wellbeing Strategy Delivery Plan and Workforce Action Plan – Update on Progress and Next Steps in June 2025[16]. This publication lays out the successes and challenges emerging from taking forward the current Plans and outlines our approach to refreshing them in 2026.

Recommendation(s)

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.

Response

148. The Scottish Government does not routinely monitor the number of prison psychology posts or vacancies within prison healthcare as this is the responsibility of the relevant NHS health boards.

149. The model of prison healthcare service delivery is also the responsibility of NHS health boards and is not prescribed by the Scottish Government. In some establishments, there will be a dedicated psychologist, while in others, services are provided by community-based psychologists or a mix of the two. As a result, the number of psychologists and vacancies does not reflect the ability of NHS boards to deliver psychological services.

150. The available types of therapies varies between establishments dependent on what best fits the population. We cannot provide data on the numbers of people attending therapeutic support as we do not routinely collect this information.

Recommendation(s)

The CPT 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.

Response

[16] Mental health and wellbeing strategy - delivery plan and workforce action plan: progress update and next steps - gov.scot

151. The Scottish Prison Service published the Mental Health Strategy[17] on 05 September 2024. The Strategy was developed through extensive partnership working with a range of stakeholders, ensuring the safety of those under our care remains paramount and at the heart of this Strategy.

152. A permanent Mental Health Strategy Lead was recruited in January 2025. Phase 2 will be to draft a single joint Implementation Plan encompassing both Mental Health and Alcohol and Drugs strategies, in consultation with key partners. This is scheduled for completion in the first quarter of 2026-27.

153. A Training Needs Analysis (TNA) has been commissioned by the SPS College to develop an effective learning and development strategy that identifies training needs related to mental health and substance use and the outcome of this work will be used to inform and shape areas of work across the Directorate.

154. Change Mental Health Scotland[18] have been commissioned to deliver Scotland's Mental Health First Aid (SMHFA) across all establishments. SMHFA is a two day course designed to help people recognise and respond to mental health challenges in others.

e) Substance Use

Context

Para 102. Following the 2018 visit, the Scottish Government undertook initiatives in order to assess the needs in relation to substance use in Scottish prisons, and to create a strategy on substance use recovery policy. 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.

Para 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. 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.

[17] Mental Health Strategy for 2024-2034 launched | Scottish Prison Service

[18] Change Mental Health - mental health in Scotland

Recommendation(s)

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.

Response

155. The Scottish Government has taken steps to ensure an objective assessment of TOM services being delivered across the prison estate. The full range of TOM healthcare measures are to be included in the inspection process carried out by Health Improvement Scotland (HIS), who inspect prisons every 3 years as part of His Majesty's Inspectorate of Prisons in Scotland (HMIPS).

156. Once a prison has been inspected, this results in an action plan being produced within 3 months to respond to specific recommendations made. HIS then consider whether the action plan provides sufficient reassurance to wait until the next planned inspection or whether earlier follow up is required. HMIPS publish all completed inspection reports[19].

157. NHS Boards with responsibility for prison healthcare currently self-assess against the services layer of the TOM. This is designed to support quality improvement, service development and shared best practice. There is no ask of the relevant NHS Health Boards to provide supporting evidence to either demonstrate progress or provide assurances, therefore it is the Scottish Government's view that these assessments would be of limited value to the Committee, and these reports will not have been prepared with such an audience in mind.

158. The implementation of TOM services is monitored through the Scottish Health in Custody Oversight Board (SHiC OSB) which meets quarterly. This ensures any issue of concern can be escalated to NHS Board Chief Executives and the SLG. Self-assessment reporting is also regularly shared with the CPMG, as well as national prison healthcare Peer Support Forums and the NELC as mechanisms for taking forward any associated improvement initiatives.

159. Upon admission into custody, all individuals have an initial assessment carried out by a qualified NHS healthcare professional, within the first 24-hours. In addition to this initial assessment, patients are listed for further clinical assessment as indicated by their healthcare needs, this includes referral to substance use clinics.

[19] Publications | HMIPS

160. To ensure the consistent delivery of safe, accessible, high-quality drug treatment across Scotland, including within the prison estate, the Scottish Government has implemented evidence-based standards. Published in 2021, the Medication Assisted Treatment (MAT) standards[20] are also embedded in our Target Operating Model for prison healthcare to ensures their implementation and monitoring via the established 6-monthly TOM self-assessment and HMIPS/HIS 3-yearly inspection process.

161. Safe staffing levels and workforce models to ensure these, and other healthcare standards are met across the prison estate, are the responsibility of NHS Health Boards.

Para 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 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.

Recommendation(s)

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

Response

162. The Scottish Prison Service gather data on incidents of drug taking and drug finds in the form of incident reports. Drug taking incidents are recorded when an individual has been confirmed to be under the influence of a substance. Drug finds are recorded when a substance is recovered from an area, item or individual via the incident reporting process. SPS are aware of the limitations in the data recording process and are keen to work with colleagues to improve this in the future.

163. Local Information Management Units (IMUs) collate this information for analysis to better understand the local trends. The Public Protection Unit analyse this data to understand the national trends and support local establishments.

[20] Medication Assisted Treatment (MAT) standards: access, choice, support - gov.scot

164. SPS also gather data on the use of the Management of an Offender at Risk due to any Substances (MORS) policy when an individual is suspected to be under the influence of an unknown substance.

165. SPS work with a wide range of external partners to respond to concerns experienced across the prison estate as a result of an increase in illicit drug use. They do this via a multi-agency approach with key partners across Scottish Ambulance Service (SAS), Public Health Scotland (PHS), Police Scotland, the University of Dundee and representatives from across SPS Directorates.

Para 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 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.

Recommendation(s)

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

Response

166. The Scottish Prison Service commissioned an independent Research and Evaluation Service to support the Short Life Working Group (SLWG) and SPS Policy staff with the review process taking into account the new clinical guidance developed by the National Prison Care Network (NPrCN).

167. The Researchers will thereafter provide a written report to the SLWG who will then agree and develop the products and guidance required to support the new MORS Policy pathway. The review of MORS will align with wider national policy reviews across key priority areas. The review is ongoing we will provide the report once it has completed, there is currently no timescale for this.

Para 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.

Recommendation(s)

Para 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. A coordinated approach between the NHS and the SPS is essential in this respect.

Response

168. On 3rd November 2025, Public Health Scotland (PHS) MAT Standards Implementation Support Team (MIST) issued the Medication Assisted Treatment (MAT) Standards Guidance[21] and Prison Benchmarking indicators/templates for implementing MAT Standards across Scottish Prisons. This was sent to all NHS Prison Healthcare Teams, Alcohol & Drug Partnerships and other key partners involved in this work.

169. Whilst NHS teams will lead on the reporting of several key Standards, SPS have a responsibility to contribute from a local prison perspective to other standards which may entail identifying internal SOP's, processes or supporting data.

Recommendation(s) Para 112 (cont.)

In particular, drug addiction consultations and treatment should follow an initial

[21] Medication Assisted Treatment (MAT) standards: access, choice, support - gov.scot

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.

Response

170. The Scottish Government has implemented evidence-based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland. Published in 2021, the Medication Assisted Treatment (MAT) standards are also embedded in our Target Operating Model for prison healthcare.

171. As part of our commitment to embed Medication Assisted Treatment (MAT) standards across prisons, SPS will work with NHS Partners and the national MIST team to ensure healthcare choice and standards align with community-based treatment services wherever possible. The national roll out of MAT Standards within prison settings aligns with SPS's new Alcohol & Drug Recovery Strategy[22] and wider health and wellbeing work happening across establishments.

Recommendation(s) Para 112 (cont.)

In any event, every detained person should have access to drug treatment 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.

Response

172. The Scottish Prison Service developed the Alcohol & Drug Recovery Strategy which was published in 2024 and runs until 2034. This provides a framework for improving outcomes for those living in prison through the prevention and reduction of alcohol and drug related harm to inspire positive change. It reinforces our commitment to putting a human rights-based, public health

[22] Alcohol and Drug Recovery Strategy.pdf

approach at the centre of service design, delivery, and improvement to reduce harms and deaths linked to alcohol and drug use.

173. A Training Needs Analysis (TNA) will be undertaken to develop an effective learning and development strategy that identifies training needs related to mental health and substance use and the outcome of this work will be used to inform and shape areas of work across the SPS Policy Directorate.

174. In relation to the number of specialist clinicians, the model of prison healthcare service delivery is the responsibility of NHS health boards and is not prescribed by the Scottish Government. It is the responsibility of NHS health boards to ensure prison healthcare teams match the needs of their population.

175. The National Prison Care Network plays a central role in strengthening the quality and consistency of prison healthcare by supporting clinical leadership, providing continuous professional development and coordinating national peer forums for key disciplines, including addictions, mental health, psychology, and primary care.

176. Its work underpins the implementation of the Target Operating Model for prison healthcare that includes dedicated priorities for workforce, education and training, mental-health and addictions services, ensuring that prison healthcare teams have the structures, support and specialist knowledge required to respond effectively to the complex needs of people with drug-use disorders

177. In 2022, the Scottish Government published a Prisoner Substance Use Needs Assessment, part of a suite of four papers assessing the health and social care needs of prisoners. These four documents and recommendations from independent monitors including HMIPS, Mental Welfare Commission and the NPM have guided improvement work that has taken forward over the last four years which has included establishment of Ministerial oversight mechanisms for prison healthcare and the nomination of national executive leads for prison healthcare for each NHS board. The Prison Healthcare workforce has been discussed at both of these forums.

Recommendation(s) Para 112 (cont.)

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).

Response

178. The Scottish Government strategies are based on a whole person approach to health and wellbeing focussing on restoring health, promoting resilience and preventing diseases across the whole prison population.

179. The Scottish Prison Service has been operating over its design capacity since August 2023. The rising prison population is the most critical operational and strategic challenge. The increased complexity of those cared for, and the increased numbers, make it difficult for establishments to provide the quality rehabilitative work which supports individuals in care, reduces their risk of reoffending and contributes to safer Scottish communities.

180. The SPS have made several changes to prison accommodation to address the challenges highlighted by the increasing pressures. These decisions and subsequent changes are informed by a weekly operational risk status review and assessment process. SPS are also continuing to work alongside Scottish Government on further options in relation to reducing population numbers. From an estate optimisation point of view, SPS currently need to use all available/appropriate space for the significantly high population level.

f) deaths in prison

Context

Para 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.

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, 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.

Para 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.

Recommendation(s)

The CPT reiterates its recommendation that the authorities review the operation of the overall Fatal Accident Inquiry (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.

Response

181. The Cabinet Secretary for Justice and Home Affairs announced an independent review to consider the Fatal Accident Inquiry (FAI) system in Parliament on 23 January 2025. Retired Sheriff Principal Ian Abercrombie KC was appointed as the Chair of the review on 15 May 2025, and an advisory group was established to support him.

182. The Review considered the efficiency, effectiveness and trauma-informed nature of Fatal Accident Inquiry system as it relates to deaths in custody. The Review also identified barriers that families faced in engaging with the process and the timescales involved. The terms of reference were adjusted in July 2025 to include deaths in Police custody as well as deaths in prison custody.

183. The Review gathered information by way of a call for evidence, held meetings, considered published research and previous reviews, and made recommendations for change. The call for evidence ran from 1 August 2025 to 13 September 2025. Sheriff Principal Abercrombie issued his report[23] in January 2026, which listed 34 recommendations for improvement to the system.

184. The Scottish Government commissioned the FAI Review as we accept that the system needs reform. We entirely accept the broad thrust of Sheriff Principal Abercrombie's report and will be working to take forward his recommendations. The Cabinet Secretary for Justice and Home Affairs has committed to convening a multi-agency group to take forward work on the recommendations, subject to the outcome of the Scottish parliamentary elections in May 2026. The recommendations are wide ranging and ambitious, and require collaboration with the key bodies who will be responsible for their implementation.

185. The Scottish Fatalities Investigation Unit within the Crown Office and Procurator Fiscal Service had a budget allocation in 2025-26 totalling £6,040,235. This supported 85.5 FTE staff delivering the work of the unit.

[23] Deaths in custody - Independent Review of Fatal Accident Inquiries 2025: report - gov.scot

186. Work is being taken forward to address these concerns, which includes developing a National Oversight Mechanism (NOM) for deaths in custody to strengthen the system-wide accountability, transparency and learning. The NOM is intended to provide independent oversight of deaths in prison custody, drawing together evidence from existing processes, including Fatal Accident Inquiries and internal reviews, to identify themes, highlight system issues and support continuous improvement. We are taking an evidence-led, phased approach to implementation, beginning with a prison custody model to inform any future extension of scope with the longer-term ambition of applying the model across other places of detention, subject to evidence, feasibility and stakeholder engagement.

Para 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 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. 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.

Para 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.

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.

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.

Para 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.

Para 120. 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.

Recommendation(s)

The CPT 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).

Response

187. The independent review report, undertaken by Professor Towl, in which he reviewed the entire TTM policy and has now been published.[24]

188. In line with the findings of the independent review the Scottish Prison Service recognises that TTM is a crisis response and have responded with a new Suicide Prevention Pathway titled Commitment to Change which aligns with Scotland's national suicide prevention framework.[25] The SPS are now carrying out further consultation regarding implementation, and this will include people in custody, SPS staff, internal and external partners and families/loved ones of those in our care. Implementation will include a rigorous training programme to support the required change in approach.

189. This is an ambitious commitment which requires a long-term plan to fully embed. Implementation planning is underway and TTM remains in place while this is being undertaken.

Recommendation(s)

Para 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

[24] Prison custody deaths: Ministerial Accountability Board - final report - gov.scot

[25] Commitment to Change- Suicide Prevention Pathway in Scottish Prisons.pdf

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.

Para 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.

Response

190. The Scottish Prison Service has worked closely with NHS colleagues and other partners with relevant expertise to develop the overall suicide prevention pathway, including the identification of those in crisis and the appropriate supports on a case by case basis.

191. Everyone who enters prison custody has a healthcare consultation with an NHS healthcare professional within 24 hours of arrival. This helps to identify healthcare conditions, other vulnerabilities and medication requirements. This includes specific mental health screening assessments and suicide and self-harm risk assessments.

192. Where there is an identified need, SPS and the NHS work together to support the individual and review regularly.

193. A holistic, person-centred approach is taken to the provision of healthcare in prisons. Healthcare staff develop individual care plans for patients with mental health and or medical conditions to ensure clear communication of assessed needs and required care.

194. During their stay in prison, people can access healthcare, including mental healthcare via an internal referral process.

11. Other issues

a) Prison Staff

Context

Para 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.

Recommendation(s)

Para 124. 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.

Response

195. The Scottish Prison Service have agreed that each establishment must now consider adjustments to regimes and rosters at a local level aligned to local needs, within national parameters which have been shared with establishments. These changes will be designed to ensure that staff are available when and where they are most needed. It is SPS' intention that any changes made affords no compromise in time out of cell, purposeful activity or access to visits and family contact and it is anticipated that the changes will lead to more consistent and reliable regimes with more purposeful activity and enhanced regimes.

196. SPS does not operate fixed numerical thresholds for implementing a restricted regime. Instead, decisions are based on dynamic, local assessments of operational risk and capacity. Governors in Charge consider factors such as:

- prison stability and safety,
- staffing levels and availability, and
- ability to meet minimum legal entitlements for those in custody.

b) Contact with the Outside World

Context

Para 125. As mentioned in the reports on the 2012 and 2018 visits, 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.

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.

Recommendation(s)

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

Response

197. Changes to the Prison Rules are led by SPS and consideration will be given to amending Article 63 as a part of a broader review.

198. Amending the Prison Rules will take significant resource and time, with the last review completed over a period of 2 years.

c) complaints procedures

Context

Para 127. The prison complaints procedure remained as described in the report on the 2012 visit. 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.

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).

Recommendation(s)

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.

Response

199. The Scottish Prison Service are currently undertaking a review of the complaints policy in line with recommendations from the SPSO. Complaint forms should be readily available in all residential areas to allow those in prison to complete and submit. If an individual has any concerns, they can raise this with either their Personal Officer or any other Officer in the area.

200. If the individual does not feel comfortable doing this then they can submit a prisoner complaints form (PCF2) which is a confidential complaints form which is sent directly to the Governor in Charge/ Director of the Prison. Any complaints raised using the PCF1 process are attempted to be resolved at the lowest level prior to it being escalated through the complaints process.

D. Women's prisons

12. Preliminary remarks - reforms and current context

a) Reforms

Context

Para 128. 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.

Para 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.

Para 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.

Para 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

Context

Para 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.

Para 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.

Para 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.

Para 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.

Para 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.

Recommendation(s)

Para 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.

Response

201. The Scottish Government's investment in the women's estate demonstrates our commitment to compassionate care of women in custody which acknowledges experiences of trauma and adversity and supports successful transitions back to the community, which can reduce reoffending.

202. We are continuing to invest in our prison infrastructure and have prioritised the new HMP Glasgow and HMP Highland projects. There have been significant increases in the prison population since the new model for women in custody was developed in 2015 and further CCUs will not be progressed at this time.

203. The Scottish Prison Service's Strategy for Women in Custody[26] applies across the entire female estate. SPS continue to work closely with all establishments that accommodate women to ensure that their experience is informed by this approach. SPS are refreshing the strategy which will be updated later this year.

[26] StrategyForWomenInCustody_2021-2025_CorporateReports.pdf

204. SPS are working to manage available spaces across the women's estate in the most appropriate way, with a particular focus on the remand population – recognising that maximising the spaces in the CCUs means maximising the ability of Stirling to perform its function as the National Women's facility effectively prioritising rehabilitation and reducing reoffending.

205. The Prisons (Scotland) Act 1989 (Committal of Prisoners) Direction 2024[27] allows female prisoners to be admitted to Stirling, Polmont or Grampian.

13. Ill-treatment

Context

Para 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.

Para 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.

Para 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.

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

Recommendation(s)

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).

[27] The Prisons (Scotland) Act 1989 (Committal of Prisoners) Direction 2024

Response

206. The Scottish Prison Service are committed to the highest standards of professionalism, ensuring the safety and care of everyone who works with them. lives in their care, or visits the establishments. All employees are expected to act in line with SPS values and the Civil Service Code. Where behaviour falls short of these expectations, appropriate steps will be taken to address the matter.

207. See also response to **Para 127 page 75/76.**

Context

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

Para 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, 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.

Recommendation(s)

Para 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.

Response

208. The safety of everyone living and working in our prisons is a fundamental Objective of the Scottish Prison Service (SPS), as outlined in the SPS Corporate Plan 2023-2028. People in Scotland's prisons should live and work in establishments that are safe, secure and suitable.

209. The SPS takes a zero-tolerance approach to violence, and a number of processes are in place to support this. This recommendation has been highlighted to Polmont who will review these policies.

210. Staff are trained to identify and manage aggression with the aim of preventing violence from taking place, including C&R foundation, personal protection, alarm awareness, de-escalation, conditioning training and any other training identified locally. However, where a violent incident occurs, a Violent Incident Review takes place to identify causes for it with the aim of putting measures in place to reduce the risk of future violence occurring.

211. Each establishment has an Intelligence Management Unit (IMU) who provide an analysis of violence for each prison as part of their control strategies, and this is reviewed each month by the Tactical Tasking and Co-ordination Group (TTCG). The TTCG will review any trends in violence and put in place measures to mitigate this risk.

212. In addition, as part of the SPS Violence Reduction Strategy, establishments hold regular meetings to identify areas for improvement or good practices in managing violent incidents.

213. When individuals are required to share a cell, a Cell Sharing Risk Assessment (CSRA) must be completed in advance. The purpose of the CSRA is to support a safe custodial environment by ensuring that no person is placed in a shared cell where there is an identifiable risk of harm.

214. Effective cell allocation is essential to creating a safe and secure prison environment and reducing the likelihood of harm, including interpersonal violence, to those in SPS care.

215. In addition, the SPS Think Twice strategy[28] promotes respectful behaviour within prisons. Its aims are to:

- Reduce the incidence and severity of bullying within prisons to the lowest possible level.
- Ensure all suspected bullying is discussed with appropriate staff or management, and investigated where necessary, with action taken when required.
- Ensure suspected or confirmed bullying incidents are managed and recorded effectively.
- Promote positive attitudes toward addressing bullying behaviour, while discouraging tolerance or support for such conduct.

[28] Think Twice_pdf.pdf

- Create a safe, supportive prison community in which people take responsibility for their actions and understand how their behaviour affects others.

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

Context

Para 151. In the period since 2019, a new mandatory policy of C&R2 (the use of non-painful compliance and trauma-informed practices) 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.

Para 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.

Para 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).

Para 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.
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.

Para 158. In Stirling, 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.

Para 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).

Para 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.

Para 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.

Recommendation(s)

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).

Response

216. Diversion from prosecution is one of a range of community justice interventions available to address the underlying causes of offending and to prevent reoffending. Decisions relating to prosecution policy, including diversions from prosecution, are a matter for the Lord Advocate as independent prosecutor. However, work is ongoing in collaboration with key partners to support timely implementation of the recommendations in the Joint Review of Diversion from Prosecution (2023). The number of diversion from prosecution cases commenced rose by 7% between 2023-24 and 2024-25 from 3,400 to 3,600 which was the highest level in the last ten years. Diversions for women made up 1,215 of cases in 2024-25.

217. Community Payback Orders (CPOs) in Scotland can include a Mental Health Treatment Requirement (MHTR) for offenders whose condition contributed to their offence. The purpose of imposing a mental health treatment requirement is to ensure that an individual who has been diagnosed with a mental health condition and/or learning disability which contributes to the individual's offending

receives support, care and treatment to enable them to improve their mental health in terms of their mental health needs.

218. The State Hospital (TSH) has developed an interim service for women who require care and treatment in a high secure environment. The service currently consists of a 4-bed ward, and it is anticipated this will be increased to 6-beds in the future. The service became operational in July 2025.

219. TSH is also developing an outreach service to operate across NHS services and SPS. Although work on the proposal is ongoing, it is anticipated that the service will establish a network of clinicians working with women who pose a risk of serious harm, coordinate targeted training, and create a multidisciplinary forum for complex case discussion. It will also provide stand-alone case consultations and offer ongoing consultation for women requiring longer-term indirect support across the teams involved.

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

Context

Para 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.

Para 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.

Para 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 Segregation and Reintegration Unit (SRU)

Context

Para 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.

Para 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.

Para 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. 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.

Para 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.

Recommendation(s)

Para 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).

Response

220. As indicated at **paragraph 74-78, pg. 49-50** in relation to the men's estate, the Scottish Government accepts that prolonged segregation of people with mental illness requires robust multidisciplinary oversight and structured transition planning. While there is currently no national policy plan for developing intermediate spaces, those with serious mental health disorders who cannot be managed safely within prisons are assessed and, where appropriate, transferred to the forensic inpatient secure estate. The Scottish Government is clear that segregation must not be used as a substitute for appropriate clinical care.

221. In response to the mental-health-related recommendations in the HMIPS Thematic Review of Segregation, the Scottish Government established a dedicated Short Life Segregation Working Group in early 2025. The group agreed to focus its efforts on reducing the mental health related harms associated with segregation and improving support for individuals in SRUs and has now developed a series of proposed workstreams, which have been submitted to Ministers for approval. Once agreed, these proposals will be shared with HMIPS.

222. Scottish Government will take forward elements of the proposals specifically aimed at improving the experience of those living and working in Separation and Reintegration Units (SRUs), with a particular focus on embedding trauma-informed approaches to supporting disruptive and unwell individuals.

223. Similarly, as indicated in relation to the men's estate above, the Scottish Prison Service have convened an internal short-life working group to progress the specific elements of recommendations that sit within the SPS remit. This work remains ongoing, and the report can be shared once the review process is complete.

Context

Para 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.

Para 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 Prisoner Monitoring and Assurance Group (PMAG) oversight (see Part B, section 3), and the establishment of the Sunflower Block's Enhanced Needs Unit (ENU), as a potential step-down facility at Stirling.

Para 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).

Recommendation(s)

Para 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.

Response

224. **See full response to Para 175 pg. 85/86**

b) Use of Rule 95 in own cells

Context
Para 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 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.

Recommendation(s)

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.

Response

225. **See full response to Para 175 pg. 85/86**

226. **See also Men's Prison response to Para 80 pg. 51**

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

Recommendation(s)

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

Response

227. As indicated in **Para 175 pg. 85/86** this review remains ongoing and therefore, we will share an update once this work is completed.

c) Rule 41

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

Para 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.

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.

Recommendation(s)

Para 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);
- their entitlement to at least one hour of outside exercise daily; and
- access to appropriate purposeful activities.

Response

228. Rule 41 is an NHS led policy and is applied when additional support is required as a result of a health condition or concern (including mental health). It may or may not result in separation. An individual in prison may be managed under Rule 41 if:

- They are awaiting transfer to hospital under the Mental Health (Care & Treatment) (Scotland) Act 2003.
- They are at risk of severe harm to themselves or others due to a mental health condition, personality disorder, reduced cognitive capacity, learning disability or due to any other significant behaviours which put them at risk.
- They have a Communicable Disease or Lowered Auto-immune System.

229. NHS and SPS work collaboratively via multi discipline case conferences to apply R41 conditions for Mental Health reasons. SPS ensure all legal entitlements are provided and are guided by NHS as to how that individual is best cared for.

Recommendation(s)

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.

Response

230. The Scottish Prison Service notes that current staffing of the NHS Psychological Therapies team is adequate to meet the needs of the populations at HMP Stirling. The team works across all three Forth Valley prisons and each prison has a key member of psychology staff who will attend their multi-disciplinary team meetings and be the main point of contact for that prison. They provide psychologically informed care and advice to NHS and SPS staff through these meetings on a weekly basis.

231. All NHS psychology staff contribute to the delivery of the following at HMP Stirling:

- Trauma-informed leadership training delivered to SPS, NHS and other agency senior leaders.
- Psychologically Informed Care training, six stand-alone sessions offered to all NHS staff annually.
- Reflective Practice Groups
- Safety & Stabilisation Training delivered annually to NHS staff
- Safety & stabilisation supervision offered monthly to NHS staff
- Safety & Stabilisation skills session offered to NHS staff to maintain competence and confidence.
- Trained 58 SPS staff in Personality Disorder awareness training - which explores the trauma underlying the diagnostic labels and how to respond in a trauma-informed way.
- Additional patient-specific PD training and support sessions provided for staff working with complex patients in Heather (SRU)
- Contribution to the SPS led Therapies Group to discuss and co-ordinate therapeutic activities for the women at HMP Stirling. Development of a full, multi-approach, multi-agency timetable of psycho-social interventions which are delivered across site.

232. All services are available to prisoners on remand, convicted or held in SRU and brief psychological interventions include:

- SilverCloud: The SilverCloud programme is a type of Computerised Cognitive Behavioural Therapy (cCBT). It offers various programmes to support people with common mental health difficulties. Patients will be supported to access and work through this programme by a member of the Psychological Therapies Team.
- Safety and Stabilisation: Safety and Stabilisation (S&S) is a Stage 1 trauma treatment. It aims to provide psychoeducation around how traumatic experiences affect our thoughts, feelings and behaviours. It

also helps patients begin to learn adaptive coping strategies to manage their current difficulties.

- Safety & Stabilisation Group - same principles as above delivered in a group format by 2 x psychology staff and 1 member of trained nursing staff.
- Mental Health Awareness Group - set of information groups on topics relating to mental health. These are educational and aim to give an understanding of a specific topic such as: mental health and wellbeing, sleep, understanding emotions, low mood, loss and grief, improving attention and physical health conditions.
- Highly Specialist Assessment, Formulation & Treatment – multi-modal therapies: Individuals presenting with highly complex needs will be considered for individual assessment and/or intervention, including neuropsychological assessment by the psychologist.

233. A case consultation service is available for all staff groups working with highly complex prisoners. The psychologist will offer advice and guidance on individual cases based on psychological principals. Below are some examples of the types of cases which may be discussed at a case consultation:

- Managing problematic personality traits
- Psychological formulation of presenting problems and impact on current functioning and relationships with staff and/or others
- Individuals who are having difficulty engaging in the prison regime and/or having difficulty progressing
- Individuals with complex mental health/disorder needs who are unwilling or unable to recognise these and therefore not motivated to engage in psychological therapies.

16. Conditions of detention and regime

a) Polmont

Context

Para 186. Women prisoners are accommodated in Blair House, a separate building with three floors, and a capacity of 134 beds. 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, 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).

Para 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 Community Custody Unit (CCU) (see below).

Para 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".

Para 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.

Recommendation(s)

Para 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.

Response

235. HMP YOI Polmont has submitted business cases to install a new astro turf pitch in the exercise area of Blair House. The exercise yard area is planned to be used for more than exercise going forward. Feedback has been taken from prisoner information action committees and there is clear support for increased outdoor activity, specifically certain sports related activities.

236. Further business cases have been submitted for the following and are being considered:

- External Gymnasium Equipment has been submitted to promote healthy lifestyles and improved mental wellbeing, while also complementing the existing Physical Training (PT) sessions currently offered.
- An expansion of the horticultural party which supports remanded females to earn some money and spend time outdoors supporting the development of the Blair external area. Horticulture is the only work party that remanded females can access currently.
- Refurbishment of the library in Blair House which will allow the purchasing of films (which will serve the dual purpose of supporting Blair's proposed film nights), books, CDs and board games. Blair House hosts weekly recovery cafes to support females in our care in a peer supportive environment.
- To allow Blair Officers once a month to reward the participants with pamper items from the local make up purchase sheets, games and some small food and drink items. In order to support in-house activities in Blair House, a business case has been submitted to provide creativity materials for the increasing number of those who don't access purposeful activity regularly. This would also be beneficial for those who feel less comfortable in crowded environments.
- To provide a broad range of entertainment and educational materials on magazine racks located on each level in Blair House.
- For Mindfulness/ Mental Health Sensory Support Materials for use by those who are struggling with their mental health.

Context

Para 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. One specific programme that was appreciated by the women was using therapy pets and notably the "paws for progress" initiative.

Para 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. 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.

Para 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.

Para 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. 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.

Recommendation(s)

Para 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.

Response

237. The Scottish Prison Service is aware there is a wide range of purposeful activity and education on offer for women in custody should they choose to engage. This ranges from work parties, such as catering, laundry and industrial cleaning, to other purposeful activities, such as Health and Wellbeing, life skills and Recovery initiatives.

238. A review of the Women's Strategy was conducted with engagement with women[29] which informed purposeful activity provision as part of a needs assessment. Ongoing work around the refresh of the current Strategy will consider purposeful activity (PA) provision, and this is informed by a scoping exercise into local service availability and provision. Recent local exercises in self-evaluation provide further opportunities for SPS to engage with women to better understand the sort of PA that they would like to have access to, which are being explored locally.

239. At present, SPS are in the process of implementing a Regime and Roster Review at every SPS establishment. This review is being developed locally, and a central SPS Assurance Group will review these proposals. The reason and purpose for this Regime and Roster Review at this time.is to implement changes to lead to a more consistent and reliable regime with more purposeful activity and enhanced regimes. It is SPS' intention that any changes made affords no

[29] Scottish Prisons Assessment and Review of Outcomes for Women (SPAROW): executive summary - gov.scot

compromise in time out of cell, purposeful activity or access to visits and family contact.

Para 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.

Response

240. The Scottish Prison Service work proactively with partners and stakeholders including NHS to meet the physical, emotional and wellbeing needs of those in prison. This is done on an individualised basis to ensure that those who have additional support needs are identified and have measures in place to ensure they are able to access the same opportunities as others in our care.

241. Translation services are available in all establishments and are provided by a third-party service. Additionally, there are numerous key documents available in various languages to ensure inclusivity and meet the needs of non-English speaking people in prison.

Para 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.

Response

242. Life skills and classes are offered to both men and women in custody and the current Purposeful Activity (PA) provision is informed by engagement with women, as part of a needs assessment. The refresh of the Strategy for Women in Custody will consider PA provision and has been informed by a scoping exercise into local service availability and provision.

Para 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.

Response

243. As indicated above at **Para 190 pg. 92/93,** the Scottish Prison Service are in the process of implementing a Regime and Roster Review at every SPS establishment and further information will be available in due course.

b) Stirling

Context

Para 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).

Para 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.

Para 207. Moreover, education attendance was extremely poor, with limited teacher presence and reliance on unsupervised online modules – creative provision was lacking. 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.

Recommendation(s)

Para 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.

Response

244. As indicated above at **Para 190 pg. 92/93,** the Scottish Prison Service are in the process of implementing a Regime and Roster Review at every SPS establishment and further information will be available in due course.

c) Bella CCU

Context

Para 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.

Para 211. The CCU operational model aligns with "The Promise": 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.

Recommendation(s)

Para 214. 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.

Response

245. Due to current resource constraints, the Scottish Prison Service are unable to develop this recommendation at this time though have noted and will endeavour to explore options at a later date.

Para 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 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.

Recommendation(s)

Para 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.

Response

246. Bella CCU has a range of community work placements which assist women toward reintegration and desistance. Seven prisoners are currently on work or community placements. Bella CCU is working with People Plus[30] to make best use of their employability diagnostic which will assist in identifying the most appropriate route to a positive destination. In addition, the Bella Occupational Therapist is now working closely with our prisoners to further identify and support their employment capacity and capabilities.

247. Bella CCU has a range of fitness activities which are age and capability appropriate. As well as use of gym equipment there are weekly yoga and meditation sessions. Bella has a wellbeing NHS partner who provides dance and exercise classes. Bella CCU also has one trained PT instructor who regularly delivers aerobic exercises for all prisoners.

Para 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.

Recommendation(s)

Para 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

[30] PeoplePlus in Scotland's Prisons | PeoplePlus

their original plans, to ensure that as many women prisoners as possible are able to benefit from these facilities.

Response

248. Due to current population pressures, the Sottish Prison Service are unable to develop this recommendation at this time though as noted in response to **Para 214 pg. 97**, we will endeavour to explore options at a later date.

Recommendation(s)

Para 222 (cont.) 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.

Response

249. The custodial estate has experienced an unprecedented increase in population and complexity which has placed significant strain on existing facilities, many of which were already operating at or over their design capacity and has been a focus for the SPS. As noted in response to **Para 214 pg. 97**, we will endeavour to explore options at a later date.

17. Healthcare

a) Healthcare in prisons visited: Stirling, Polmont & Bella

Context

Para 223. Regarding the overall state of healthcare services at Stirling and Bella CCU, 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, shared with the rest of the prison (male adult and young adult populations), were generally adequate.

i. medical records & administration of medication

Context

Para 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.

Recommendation(s)

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.

Response

250. HMP Polmont's NHS healthcare team have provided the following information regarding steps taken by them since the reported incident:

- All staff must complete the Safe Administration of Medicines e-learning modules on Turas before administering medicines.
- Staff who are administering medicines are required to inform the prison Electronic Control Room (ECR) that they are removing their earpiece while carrying out medication administration rounds. This ensures they are not disturbed by radio calls during this task. This is included in the reviewed Administration of Medicines Standard Operating Procedure which has been shared with all relevant staff.
- Medication administration times are treated as 'medication not consultation'. All staff are aware of this and advised not to engage in any task beyond the administration of medicines. Patients are encouraged to submit a referral to the health centre as per the usual process.
- All Medication listing/times/allocations are reviewed to ensure these are not lengthy, manageable and not requiring further division – Monday to Friday there is a maximum of 40 patients or less to one nurse administering in an allocated area. At weekends, the areas of medicine administration are fewer due to less staffing resource, which can mean 60 patients receiving medicines from one nurse, however, the amount of time allocated for

medicines administration round is extended to ensure the safe administration of medicines. Where a controlled drug is being administered, this is completed by a registered nurse and a competent witness.
- All healthcare staff are reminded during daily safety briefs and at handovers of safe administration of medicines standards.
- Senior staff supervision is available during medication times to provide staff with real-time guidance on areas for improvement.
- Supervised patient records are reviewed to ensure all information is legible and to good standard.
- Nurse medication times are protected and managed to avoid undue pressures.[31]
- Prison hall medication stocks are regularly maintained and at more feasible times to ensure no undue pressure of healthcare staff.
- A Medication Anomaly Standard Operating Procedure (SOP) was reviewed and approved at the prison's Healthcare Clinical Governance meeting on 22nd October 2025.

251. Further and wider discussions have been held via the SPS forum and SPS/NHS meetings (at both local and strategic level). These discussions include NHS nurse medicating processes and the importance of protected time, including the prevention of minor interruptions from SPS officers and/or patients not listed. It also includes promotion of Nurse Referral pathway & minimising unnecessary nurse interaction/distraction.

252. The NHS healthcare team in HMP Polmont have also advised that there have been no further incidents of this nature.

ii. recording and reporting injuries

Context

Para 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).

Para 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

[31] *NHS staff meetings are utilised to promote safe administration of medicines. Staff follow the 6R's of medication administration i.e. Right Patient, Medication, Dose, Time, Route & Documentation. Staff supervision is used to discuss any concerns and identify required further support for staff. Senior staff facilitate a debrief following any medicine error and/or near miss. This identifies areas of good practice and areas for improvement and plan of action.*

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.

Para 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.

Recommendation(s)

Para 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.

Response

253. The UK Nursing and Midwifery Council code sets out professional standards of practice and behaviour for nurses, midwives and nursing associates (The Code). The Code includes the direction to 'Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection'

254. To achieve this, the health professional must:

- take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse
- share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information
- have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people.

255. While prison GPs and other health professionals are able to document, and where appropriate, treat injuries presented to them, they do not have the necessary expertise to provide forensic opinion as to whether specific injuries are consistent with ill-treatment allegations, for example, the aetiology and interpretation of injuries in terms of the colour of bruises.

256. If an allegation of ill-treatment of a prisoner is reported to the police who may then request a review by a Forensic Medical Examiner who has the expertise to offer opinion in relation to the correlation between injuries seen and the allegations made.

257. 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.

258. 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.

259. NHS healthcare records can be made available to others, such as an individual's lawyer, at the request of the individual.

Recommendation(s)

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

Response

260. The Scottish Prison Service works collaboratively with partners to meet the physical and emotional needs of those in prison, though note that the operational reasons described above in response to **para 242 pg. 102/103**

would make a specific formalised register difficult to compile in practice.

iii. self-harm and suicide prevention programmes

Context

Para 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.

Para 246. In the context of the women's prison estate, in 2018, 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 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.

Recommendation(s)

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.

Response

261. As indicated above in response to **para 120**, **pg. 71/72**, following the publication of the FAI review[32] the Scottish Prison Service have responded with a new Suicide Prevention Pathway titled Commitment to Change[33] and are now carrying out further consultation regarding implementation.

Para 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", resulting in transfer to Stirling. Women interviewed feared being

[32] Deaths in custody - Independent Review of Fatal Accident Inquiries 2025: report - gov.scot

[33] Commitment to Change- Suicide Prevention Pathway in Scottish Prisons.pdf

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.

Recommendation(s)

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

Response

262. Bella CCU does not have a SRU; the 'Safer Cell' is currently not in use. However, TTM is in operation at both CCUs, and the process followed as it would be in any other establishment. Anyone assessed to be 'At Risk' is currently transferred to Stirling to allow for appropriate staff support and contact/observations in line with their agreed care plan as this cannot be facilitated within the CCU environment. If appropriate, they are then returned to the CCU on closure of TTM, when they are no longer assessed to be at risk.

Para 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.

Recommendation(s)

Para 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).

Response

263. While a wide reaching review of the regime will be taking place to support the implementation of the alternative working day, the Scottish Prison Service have

already made some adjustments to the Blair House regime to support increasing out of cell time, supported by a working group. This includes:

- Blair House used to remain locked up while medication was issued in the evening, and this is now no longer the case.
- Out of cell time for individuals on remand is being trialled with a view to making this permanent.

264. Information has been gathered through formal and informal feedback to help capture the interests of the population within Blair House. Some examples of this:

- Peer led arts classes have been established that are regularly well attended.
- Almost £2500 was invested in large TVs for each level of Blair House to support film clubs and other communal events.
- Extra gym items were recently purchased. Costings are currently taking place to support upgrading some of the larger cardio equipment in the gym.

Para 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.

Recommendation(s)

The CPT 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.

Response

265. As indicated above in response to **para 120, pg. 72**, following the publication of the FAI review[34] the Scottish Prison Service have responded with a new Suicide Prevention Pathway titled Commitment to Change[35] and are now carrying out further consultation regarding implementation.

266. The Commitment is not a quick fix - it is a whole-system change and new way of working which includes training and culture change. Change of this scale takes time, and SPS will prioritise it to make sure progress is steady and meaningful. The immediate priority is to embed these values into daily practice, ensuring they guide decision-making and interactions across all areas and aspects of culture and work in prisons. At the same time, SPS are laying the

[34] Deaths in custody - Independent Review of Fatal Accident Inquiries 2025: report - gov.scot

[35] Commitment to Change- Suicide Prevention Pathway in Scottish Prisons.pdf

foundations for long-term sustainability by building the structures, systems, and a culture that will support these principles into the future.

b) transfer for external psychiatric treatment

Context

Para 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.

Para 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).

Para 257. 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.

Para 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).

Recommendation(s)

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

Response

267. The Scottish Prison Service confirms that this individual has been transferred to an appropriate psychiatric facility to meet their needs.

18. Mother and babies in prison

Context

Para 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.

Para 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.

Para 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.

Recommendation(s)

Para 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.

Response

268. The Scottish Prison Service will carry out further consultation with establishments and stakeholders to review the process for mother and baby placement.

Para 263 (cont.) 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.

Response

269. The Scottish Prison Service are appraising options to maximise the estate, and contingencies for mother and babies will be included in these considerations.

270. As indicated above, SPS will carry out further consultation with establishments and stakeholders to review the process for mother and baby placement. Where it is decided that a baby should stay in prison with its mother, the NHS will provide appropriate healthcare to both mother and child.

19. Transgender prisoners

Context

Para 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. 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.

Para 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.

Recommendation(s)

Para 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.

Response

271. The Scottish Government's policy regarding transgender prisoners allows the prison service, following a thorough risk assessment, to place a transgender prisoner in the prison estate which accords with their gender identity.

272. The policy also provides that no transgender woman with a history of violence against women and girls, who presents a risk of harm, is placed in the female estate. The prison service's operational guidance in relation to this policy is currently the subject of live court proceedings.

20. Other issues

a) prison staff

Context

Para 267. In 2018 and 2019, 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.

Para 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.

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

Para 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).

Recommendation(s)

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.

Response

273. The Scottish Prison Service is continuing to work with Safer Prisons Safer Communities (SPSC) to enhance the delivery of training products focused on interacting with women in custody.

274. SPS is committed to the highest standards of professionalism and expects all employees to act in line with SPS values and the Civil Service Code. Where behaviour falls short of these expectations, appropriate steps will be taken to address the matter.

Context

Para 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.

Recommendation(s)

Para 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.

Para 273. The CPT also recommends that the Scottish authorities introduce a mandatory, structured training programme for all 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.

Para 273 (cont.) 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.

Para 273 (cont.) 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.

Response

275. The Scottish Prison Service have commissioned a Training Needs Analysis (TNA) by the SPS College to develop an effective learning and development strategy that identifies training needs related to mental health and substance use and the outcome of this work will be used to inform and shape areas of work across the directorate. An internal working group has been established by the SPS to determine the level of progress made against HMIPS Action Plan and conclude a desirable outcome for all outstanding recommendations

276. Another recent TNA, undertaken following the SPS Mental Health Strategy, identified that staff at Stirling require more applied, practical training to better understand and manage individuals experiencing significant distress. This aligns with findings from the C&R2 pilot evaluation, which highlighted the distinct needs of women in custody and the importance of tailored approaches.

277. While staff have previously received training on personality disorders, neurodiversity, and trauma informed practice, the TNA concluded that these sessions need to be strengthened with more operationally focused content. This includes support in using practical strategies day to day, as trialled through Individual Management Plans developed by the Violence and Restraint Reduction Manager during the C&R2 pilot.

278. The TNA specifically identified staff working within Wintergreen and within the SRU as requiring more support in their practice development. This was also identified through the Violence and Restraint Reduction Manager work with specific individuals in custody, which highlighted the complex needs of a woman in custody.

279. SPS has a host of training opportunities aimed at officers working with young people in custody, as instructed by the SPS Young People's strategy[36]. All of these training products are available to HMP Stirling, and further work will be undertaken to identify applicability of these to the specific young person population in Stirling.

280. In response, work is underway to enhance both individualised support and condition specific training. This includes developing new online resources (e.g., a module on traumatic brain injury) and progressing several training programmes as part of the FAI Taskforce.

281. Additionally, SPS have established an internal short life working group which will review the overall case management approach taken to the application of rule 95 and rule 41 specifically as well as the assurance mechanisms that support the living and working environments for prisoners and staff. The drive is to ensure the level of care delivered is proportionate, necessary and safe for all. This review remains ongoing and further information will be available in due course.

Recommendation(s)

Para 273 (cont.) 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.

Response

[36] Vision for Young People in Custody

282. The Scottish Prison Service have agreed a Post Trauma & Resilience Policy with trade union partners, due to launch early 2026. This will introduce a clear organisational approach to supporting staff after potentially traumatic events, including a dedicated reporting pathway with automatic follow-up checks and range of resources on a dedicated SharePoint page.

283. Ahead of the launch of the Post Trauma & Resilience Policy , staff already have access to a strong package of support. This includes the Employment Assistance Programme (EAP) Trauma Helpline for immediate confidential assistance and specialist interventions such as CBT or EMDR where clinically required, including secondary trauma and retraumatising events. Managers can also use this for guidance and advice on cases.

284. The Lifelines Prison Service website resources are also promoted, which offer practical wellbeing information, information on trauma/ resilience, sources of support, films, podcasts and guidance for staff and their families. Additionally, the Staying Well Road Trip and Psychological First Aid e-modules are now available to all colleagues.

285. In addition, senior leaders benefit from dedicated wellbeing support through the NHS Lothian Rivers Centre, providing confidential one-to-one sessions and development modules.

Recommendation

Para 273 (cont.) 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.

Response

286. The Scottish Government has an established National Executive Leads Collaborative which brings together nominated executive leads for prison healthcare in each health board with Scottish Government Policy Officials and SPS Health colleagues. The group provides a forum for continued development of partnerships and collaboration across the system.

b) contact with the outside world

Context

Para 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.

Recommendation(s)

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.

Response

287. HMP Stirling and the Community Custody Units were designed with enhancing family contact and visitation opportunities in mind, with relationships being a core value within the Strategy for Women in Custody.[37] The Strategy's refresh will be informed by these trends, and will provide opportunities to engage with women and stakeholders to further expand opportunities for visitations and family contact.

c) discipline

Context

Para 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. An appeal process was possible, and was understood and used by the women prisoners involved.

d) complaints procedures

Context

[37] StrategyForWomenInCustody_2021-2025_CorporateReports.pdf

Para 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.

Para 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.

Recommendation(s)

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.

Response

288. As indicated above, the Scottish Prison Service note that complaint forms are readily available in all residential areas to allow those in the CCU to complete and submit. If an individual has any concerns, they can raise this with either their Personal Officer or any other Officer in the area. If the individual does not feel comfortable doing this then they can submit a prisoner complaints form (PCF2) which is a confidential complaints form which is sent directly to the Governor in Charge/ Director of the Prison.

289. Any complaints raised using the PCF1 process are attempted to be resolved at the lowest level prior to it being escalated through the complaints process. All employees are expected to act in line with SPS values and the Civil Service Code. Where behaviour falls short of these expectations, appropriate steps will be taken to address the matter.

E. Children's secure accommodation

a) Preliminary remarks

i. Context & reforms

Para 278. In its 2018 and 2019 reports, 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.

Para 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.

Para 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 sentenced places, operated by independent charities under service-level agreements and overseen by the Care Inspectorate. These centres received some additional financial support towards the costs of secure children's beds/capacity from the Scottish Government and local authorities.

Para 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.

Para 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. While the Government has invested some money into helping prepare for the Children Act, 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.

Recommendation(s)

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.

Response

290. The Scottish Government are running a national consultation[38] on the future of secure care and seeking views on how to create a sustainable, resilient system that safeguards children's rights and meets their needs now and in the future.

291. The way Scotland funds and commissions secure care determines not only financial stability but also equity of access, quality of care, and the long-term sustainability of the charities operating in the sector. The current model has strengths in flexibility and responsiveness but has also created challenges in consistency, cost and national oversight.

292. Currently Scotland's four secure centres are run by independent charitable organisations and are managed by a board of directors. Scotland Excel[39] manages a national contract on behalf of local authorities and the Scottish Government. Placements are made on a spot purchase basis. Fees are negotiated yearly as part of the contract.

293. The Scottish Government have invested in all four secure centres over the last year. Recent funding included capital and resource funds to implement necessary changes required to prepare for children no longer being placed in young offenders' institutions. This includes paying for up to 24 beds as they become vacant until required by a child living in Scotland in order to provide some financial stability for providers. Additionally, proposals for future funding are being considered.

294. Rossie Secure Accommodation Services opened Annan and Esk Houses in 2025-26, which was made possible through additional funding. An in principle commitment has been reached with the Kibble Safe Centre for the future development of between 2 and 3 four bedded houses.

[38] Supporting documents - Future of secure care and the single point of contact (SPOC) for victims: consultation - gov.scot

[39] Scotland Excel | Scotland Excel

Para 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.

Recommendation(s)

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.

Response

295. Policies and procedures around the transfer of those turning 18 to a YOI on their 18th birthday ensure that there is preparation and planning in advance of them moving – where possible, this process is started at least 6 months before the child turns 18, ensuring that they are fully prepared and ready for the transfer.

296. The Children (Care and Justice) (Scotland) Act 2024[40], once fully commenced, will allow the Scottish Ministers to make regulations to provide that a young person may remain in secure accommodation, in certain circumstances, beyond the age of 18 up until the day before their 19th birthday as a maximum. It is intended that such regulations will allow for flexibility, where appropriate, over the planned transition of those who have turned 18 to a YOI, in the limited circumstances where they have an outstanding portion of a sentence to serve beyond their 19th birthday.

297. It is intended that decisions to allow an 18 year old, who is remanded or sentenced, to remain in secure accommodation past the point of their 18th birthday will be undertaken on a case by case basis, following multi-agency agreement. A working group is currently exploring the policy and practice implications for secure centres to prepare for implementation of this change.

21. Ill-treatment and child protection

Context

[40] Children (Care and Justice) (Scotland) Act 2024

Para 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.

Para 291. Nevertheless, 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. 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.

Para 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.

Para 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.

Recommendation(s)

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).

Response

298. The BILD Association of Certified Training (ACT)[41] is a UK charity providing certification for training that includes physical restraint. ACT is licensed by the Restraint Reduction Network to certify training services as complying with their Training Standards. All 4 centres use BILD accredited frameworks and training.

299. St Mary's follow the Therapeutic Crisis Intervention (TCI) method. Rossie use the Crisis, Aggression, Limitation and Management (CALM) method, and their Inspection report indicates a robust framework around management of restrictive practices. The CALM training service are using Rossie as their case study for their own re-accreditation with BILD.

[41] Bild - Association of Certified Training

300. Rossie have also confirmed that:

- All staff are trained in CALM theory on induction and are annually reaccredited.
- All staff complete a 2-hour practice and refractive discussion at a professional learning day every 9-weeks.
- Staff practice every Friday morning as a whole group. This means everyone trains on a 3-week rotation based on shifts.
- There are 16 debrief trained staff. Staff go through debriefs following every incident which can include reflective practice sessions.

22. Use of force and means of restraint

a) Statutory framework for use of restraint on children in Scotland

Context

Para 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.

Para 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.

Para 299. 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.

Para 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.

Recommendation(s)

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.

Response(s)

301. The Children (Care, Care Experience and Services Planning) (Scotland) Bill[42] indicates the potential for future statutory guidance on the use of restraint and seclusion in relation to secure and residential care. The Bill was passed on 18 March 2026 and is now awaiting Royal Assent before passing into law.

302. The Restraint and Seclusion in Schools (Scotland) Bill[43] was passed by the Scottish Parliament on 26 March 2026, and is awaiting Royal assent, for it to pass into law, this will have implications for secure accommodation in relation to the use of restraint and seclusion in schools.

303. The Care Inspectorate has also been working with Education Scotland to explore a consistent approach to the reporting of restrictive practices for education settings that are connected to care settings. An interim solution has been developed and conversations around a long term solution will continue in 2026.

304. As part of the implementation of both Bills, the Scottish Government will take a collaborative approach to the development of guidance on the use of restraint. This will help ensure that children are protected and safeguarded.

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

Context

Para 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.

Para 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, but restrictive practices

[42] Children (Care, Care Experience and Services Planning) (Scotland) Bill | Scottish Parliament Website

[43] Restraint and Seclusion in Schools (Scotland) Bill | Scottish Parliament Website

remained regular, and secure accommodation services still report (to the Care Inspectorate) the highest rate of physical restraint and seclusion among children's institutions.

i. St Mary's

Context

Para 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).

Para 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.

ii. Rossie House

Context

Para 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 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).

Para 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. Further, on occasion, the police had been called to address a situation and applied mechanical restraints (handcuffs) to several of the children involved.

Para 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… Several of these cases could also be found in the incidents registers, in police referral records and in the complaints register.

iii. CPT evaluation and recommendations

Context

Para 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. 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.

Para 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.

Para 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.

Recommendation(s)

Para 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.

Response

305. The use of restraint in secure accommodation should always be a last resort in exceptional circumstances, when it is the only practicable means of securing the welfare or safety of the child or another child/children in the setting. While there has been much progress in reducing the use of restraint in secure accommodation, it is recognised that further work is still required in this area.

306. The Care Inspectorate Physical Restraint Statistics[44] published on 5 August 2025 show a reduction in the number of restraints in secure accommodation settings. All 4 centres follow BILD accredited restraint methods which heavily restricts the use of prone holds, and are also members of the Restraint Reduction Network UK[45].

307. Examples of good practice around restraint reduction include Kibble Safe Centre having a Restraint Reduction Plan and developing individual plans for young people. St Mary's have also recently revised their post-incident medical protocol to ensure that there is an immediate health screening of every child involved in a restraint. The Good Shepherd Centre is currently strengthening resources in relation to Restraint Reduction.

308. Secure accommodation providers Secure Care Centres are also active members of the Scottish Physical Restraint Action Group, (SPRAG)[46] a membership Network hosted via the Centre for Excellence for Children's Care and Protection (CELCIS) and the Reflection and Action Learning Forum (RALF)[47] which developed from this. The Scottish approach to these issues goes wider than use of restraint and covers broader restrictive practice

[44] Restrictive practice statistical bulletin 2024.pdf

[45] Restraint Reduction Network

[46] Scottish Physical Restraint Action Group :: Celcis

[47] The Reflection and Action Learning Forum (RALF) Report :: Celcis

reductionsuch as movement restrictions or single separation.

309. Rossie's latest Inspection report indicates a robust framework around management of restrictive practices and as indicated above, the CALM training service are utilising Rossie as their case study for their own re-accreditation with BILD. Rossie have removed Prone restraint from its list of interventions through a data led reduction in incidents.

310. Within the 'Keeping the Promise' Implementation Plan 2024, in the context of reducing restraint, the Scottish Government set out an intention to embed transformational practice change, and to support developments in the trauma responsive care models being established and implemented by the workforce across residential care in Scotland, including secure accommodation.

311. In the plan, the Scottish Government committed to work with partners, such as CELCIS, and SPRAG, to deliver these changes in collaboration with these partners and the University of Strathclyde. We plan to bring forward a piece of work which will focus on strengthening our evidence base on Scottish residential child care's efforts to reduce the use of physical restraint and take steps to mobilise that knowledge to directly support Scotland's residential care workforce, and potentially beyond.

312. The Care Inspectorate and the Mental Welfare Commission have undertaken shared visits to all four secure centres during 2025-26 to examine and evaluate the use of restrictive practices. The inspection reports for each centre are available on the Care Inspectorate website[48].

Para 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.

[48] Welcome to the Care Inspectorate

Response

313. The Care Inspectorate and the Mental Welfare Commission are undertaking further shared visits to all four secure centres in 2025-26 to examine and evaluate the use of restrictive practices.

Para 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.

Response

314. The use of restrictive practices has been considered through the shared visits by the Care Inspectorate and the Mental Welfare Commission during 2025-26.

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

Response

315. St Mary's have put in place improved governance around practice, with increased visibility of restraint and seclusion being reported to the Board of Trustees. There has not been an external review of restraints commissioned by St Mary's, though the Care Inspectorate and Mental Welfare Commission evaluation covers this.

Para 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.

Response

316. Rossie's incident database requires the recording of injuries and relevant stakeholders, including parents, are formally notified. Families are called personally by staff to discuss any restraint or injury.

317. St Mary's have also confirmed that it is common practice that parents and/or guardians are informed of such situations.

Para 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.

Response

318. All of the above in regard to contact with health professionals occur at Rossie and have done for many years. In addition, most of Rossie care staff are first aid trained to provide an immediate and ongoing assessment. Seclusion is subject to robust policy guideline, on-going assessment and evaluation. The framework had been designed in collaboration with Professor Lorraine Johnstone with no young person subject to this form of intervention for a period longer than absolutely required.

319. Every child living at St Mary's and who is separated from the main group is regularly checked on by an adult.

23. Conditions and regime

Context
Para 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

Context
Para 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 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.

Para 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 and other activity rooms.

Para 330. Rossie House provided a good onsite education facility, and a broad range of purposeful and vocational activities. These helped the children progress according to their individualised care plans, which were tailored to each child.

Para 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

Context

Para 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.
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.

Para 333. Each individual room had a bed, desk, and pin board for decoration. Rooms were sufficiently spacious (11 m2) 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.

Para 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.

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

Para 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.

Recommendation(s)

Para 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.

Response

320. The Scottish Government have provided investment to all secure centres, over the last two years, including St Mary's, through ongoing funding of beds as they become available until at least April 2027. The Scottish Government will continue to engage in funding discussions for future investment to meet the changing landscape and reimagined secure care agenda. Our next steps in relation to this are further detailed at **Para 284, pg. 115** above.

Para 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.

Response

321. While it is the responsibility of each secure centre to maintain the buildings and ensure that investment is made in the structure to prolong their campus buildings' life span, the Scottish Government continues to work with the secure providers, including St Mary's, to consider options for future modernisation, upgrading and future proofing, in line with our June 2025 response to the Reimagining Secure Care Report[49]. This is further detailed in **Para 340 pg. 126 below.** The Care Inspectorate will aim to look at standards of accommodation as an area for inspection focus in 2027/28.

Para 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.

Response

322. The Scottish Government recognise that purposeful activities should be available for all children in secure accommodation, and that additional work should be undertaken with those not readily willing to participate. This is necessary to understand each child's individual reasons for not engaging and to find suitable activities to suit their own needs.

323. At both Rossie and St Mary's, an individual placement agreement is put in place for each child and includes the child's care plan as agreed with those commissioning the service. Rossie have confirmed that they undertake a personalised, project-based approach to education for all young people. This is supported through high-level engagement with Education Scotland to identify the most productive approaches to meet the needs of young people.

24. Healthcare

Context

[49] Scottish government response to "reimagining secure care" report - gov.scot

Para 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) St Mary's

Context

Para 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. 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. A sexual health worker visited the facility once a month. A dentist visited every two weeks.

Para 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).

Para 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.

Para 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.

Recommendation(s)

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.

Response

324. The Secure Care Pathway and Standards[50] set out what support children should expect from professionals before, during and after secure care placements. This is listed below:

- Standard 29 – My physical, mental, emotional and wellbeing needs are understood by the people looking after me. I am involved in all decisions and plans to make sure I have the care and support I need, when I need it.

325. The Scottish Government expects that information relating to a child will be shared in a lawful way with appropriate individuals, taking into account the type of information and the individual circumstances. In particular, consideration should be given to whether a child consents to particular information being shared.

Para 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 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.

Para 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. Medication administration was closely monitored 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.

[50] Secure Care Pathway and Standards Scotland

Para 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.

Recommendation(s)

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.

Response

326. A lead Practitioner Psychologist at St Mary's Kenmure began their appointment on 7 March 2026.

b) Rossie House

Context

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

Para 352. The centre employed one FTE nurse and two FTE health workers, who were present on weekdays, 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.

Para 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.

Para 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.

Recommendation(s)

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.

Response

327. The Scottish Government agrees that every child should be seen by a healthcare professional on admission to secure accommodation. This is already standard practice within the secure centres with assessment by a qualified nurse taking place. The process is expedited should there be a specific need or an emergency. This is a practice which Rossie have adopted since opening with no concerns.

328. Children are also seen by local GPs and have National Health Service (NHS) services available as required, including out of hours. Each secure care centre has agreements in place with a local GP clinic and also has relevant agreements and contracts in place for primary dental and eye care. The secure centres have onsite qualified and registered looked after children Nurse Practitioners, who provide ongoing daily health care support. Specialist forensic Child and Adolescent Mental Health Support is also available to all secure centres via the NHS. Each centre has its own structure and staffing arrangements but offers mental health and clinical psychology support.

Para 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.

Recommendation(s)

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.

Response

329. Rossie have confirmed that medical files are clearly updated and have been for many years. These are robust and commended by the Care Inspectorate.

25. Other issues

a) Placement grounds

Context

Para 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.

Para 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.

Para 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.

Para 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.

Recommendation(s)

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.

Response

330. Separating children based on those who have a history of offending behaviour goes against the approach Scotland has been delivering for years. The Kilbrandon report, which led to the creation of the Children's Hearing System, advocated that children in trouble – whether due to offending or needing care and protection – should be treated based on their underlying needs rather than punished for their specific deeds. Rather than a blanket separation of children, an individualised response allows the professionals involved to consider the needs and wellbeing of a child, alongside that of others.

331. The head of unit in each secure centre has specific responsibilities in agreeing to, or continuing, any child's placement in secure care, including to ensure, safeguard and promote the needs and welfare of all the children in their care.

332. The Scottish Government is not involved in the placement of children from out with Scotland; however, we understand that the 13 year old girl previously placed in St Mary's Kenmure has since moved on from the placement.

b) Staffing

Context

Para 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.

Para 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. Nonetheless, this was work in progress and several vacancies remained unfilled, despite the management's efforts.

Recommendation(s)

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.

Response

333. Whilst recruitment is an operational matter for St Mary's, the Scottish Government recognises the challenges facing Scotland's social care sector. The Scottish Government is working with Convention of Scotland Local Authorities (COSLA) on the development of a national workforce plan. This includes gathering data to establish the picture across Scotland including numbers of staff, their experience, disciplines and what the gaps and pressures are, both now and for expected demand in the future.

334. St Mary's are undertaking an audit of staffing, looking at the full recruitment experience, including various roles and responsibilities within the centre. They are undertaking a new approach to staffing and currently training 6 agency workers who will be fully immersed in St Mary's before they are formally allowed to work as bank staff at St Mary's. They have also invested in their learning and development programme for staff, including supervision, training of staff to be trauma informed and trauma responsive.

c) Complaints

Context

Para 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.

Para 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.

Para 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.

Recommendation(s)

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.

Response

335. The Secure Care Pathway and Standards[51] set out what support children should expect from professionals before, during and after secure care placements. This is listed below:

- Standard 22 – I have on-going access to the legal advice, representation and high-quality advocacy I need from as soon as possible after I arrive at the service.

336. The Care Inspectorate carried out a review[52] on implementation of the standards. The review centred on listening to and understanding the experiences of 30 young people across Scotland. During the review they found that:

- "All young people in our sample who lived in secure care had their rights respected in relation to legal advice, representation and independent advocacy. Staff and leaders in secure care services had worked hard to inform young people of their rights. There were fora for young people to influence practice within services and examples where things had changed."

337. All four secure centres offer independent advocacy services to children.

[51] Secure Care Pathway and Standards Scotland

[52] Secure_care_pathway_review_2023.pdf

F. Juvenile psychiatric establishment: Skye House

Context

Para 368. Skye House, the adolescent psychiatric unit on the grounds of Stobhill Hospital, Glasgow, comprises three eight-bed wards. 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).

Para 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.

Para 370. 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.

Para 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.

Para 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, 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

Recommendation(s)

Para 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.

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 (HIS) and the Mental Welfare Commission (MWC)) to continue to pay increased attention and visits to this institution.

Response

338. Following a HIS and MWC visit to Skye House between 18-20 August 2025, the HIS/MWC Inspection report 'Safe Delivery of Care Inspection' was published on 19th February.[53] The commissioned External Review by the Royal College of Psychiatry has been received by NHS Greater Glasgow and Clyde (NHS GGC) and is undergoing fact checking. The phase 1 internal review report has been provided to the Scottish Government to share.

339. In February 2025 the Scottish Government commissioned Healthcare Improvement Scotland (HIS) and the Mental Welfare Commission (MWC) to undertake independent joint inspections and visits of all Child and Adolescent Mental Health Services (CAMHS) inpatient units in Scotland as a matter of priority. A report identifying national themes will be published to help inform the future assurance of CAMHS services. The Scottish Government will continue working closely with HIS, the MWC and relevant Health Boards to ensure long-term improvements in care for children and young people.

[53] Joint Unannounced Visit/Safe Delivery of Care Inspection Report: Skye House, Stobhill Hospital, Glasgow | Mental Welfare Commission for Scotland