

APPENDICES:
THEMATIC REVIEW OF
SEGREGATION IN
SCOTTISH PRISONS

Appendix One: SRU Review Prisoner Survey

This document presents the results of a short survey of SRU prisoners conducted as part of the HMIPS SRU review. All surveys were carried out during SRU visits in 2022.

A total of 50 prisoners responded to the prisoner survey, all of whom were staying in the SRU at the time they completed it. All responses were anonymous. For all questions, respondents were required to select from the options “true”, “not true” or “unsure”, or leave the question blank.

As the survey was initiated after the initial review visits to HMP Kilmarnock and HMP Perth, there were no responses from prisoners at these establishments. There are no results for HMP Dumfries, HMP Greenock or HMP Castle Huntly as these establishments did not have SRUs, so SRU prisoner surveys were not distributed.

It is important to note that due to data collection limitations, it is unknown how representative the survey sample is of the overall population of SRU prisoners. This means that these results cannot be generalised to represent the whole population of SRU prisoners in Scotland. They should be seen as indicative rather than authoritative, and understood in the context of the wider findings of the review.

Percentage of prisoner responses by establishment

Establishment	Percentage of responses
HMP Addiewell	12%
HMP Barlinnie	10%
HMP Cornton Vale	6%
HMP Edinburgh	20%
HMP Glenochil	2%
HMP Grampian	4%
HMP Inverness	2%
HMP Low Moss	6%
HMP Perth	12%
HMP Polmont	16%
HMP Shotts	10%
Total	100%

Prisoner survey responses (%)

	True	Not true	Unsure	Blank	Total
I know why I am being held in the SRU	78%	10%	8%	4%	100%
I have seen a copy of my reintegration plan	20%	56%	20%	4%	100%
I have been involved in developing my reintegration plan	28%	58%	14%	0%	100%
My stay in the SRU is being reviewed weekly	22%	48%	28%	2%	100%
I attend my weekly reviews	14%	76%	8%	2%	100%
In general, staff in the SRU are supportive	94%	2%	4%	0%	100%
My unit manager sees me every day	76%	16%	4%	4%	100%
A member of the mental health team sees me every week	30%	62%	6%	2%	100%
I have regular access to books and newspapers	78%	14%	8%	0%	100%
I have access to at least an hour in the open air every day	94%	6%	0%	0%	100%
I have access to the telephone every day	94%	6%	0%	0%	100%
I have access to the gym every day	74%	14%	12%	0%	100%
I have access to a shower every day	100%	0%	0%	0%	100%
I have regular access to listeners and/or counsellors	56%	22%	14%	8%	100%
I am allowed to receive visits	92%	2%	4%	2%	100%
I have access to TV in my cell	94%	6%	0%	0%	100%
The food provision in the SRU is adequate	82%	12%	4%	2%	100%
I receive adequate medical care in the SRU	70%	28%	0%	2%	100%
I receive my basic cell wage	68%	20%	12%	0%	100%
I have access to personal cash	88%	12%	0%	0%	100%

Appendix Two: SRU Review Staff Survey

SRU Review Staff Survey Results

This document presents the results of a short survey of SRU staff conducted as part of the HMIPS SRU review. All surveys were carried out during SRU visits in 2022.

A total of 46 staff members, including both residential officers and first line managers, working in SRUs responded to the staff survey. All respondents were working in SRUs at the time of completing the survey. For the first set of questions, respondents were required to select from the options “true”, “not true” or “unsure”. The second set of questions were “yes” or “no” responses. All responses were anonymous.

As the survey was initiated after the initial review visits to HMP Kilmarnock and HMP Perth, there were no responses from staff at these establishments. There are no results for HMP Dumfries, HMP Greenock or HMP Castle Huntly as these establishments do not have SRUs, nor for Inverness, which did not have dedicated SRU staff.

It is important to note that due to data collection limitations, it is unknown how representative the survey sample is of the overall population of SRU staff members. This means that these results cannot be generalised to represent all SRU staff across the prison estate in Scotland. They should be seen as indicative rather than authoritative, and understood in the context of the wider findings of the review.

Percentage of staff survey responses by establishment

Establishment	Percentage of responses
HMP Addiewell	15%
HMP Barlinnie	9%
HMP Cornton Vale	11%
HMP Edinburgh	15%
HMP Glenochil	15%
HMP Grampian	2%
HMP Low Moss	9%
HMP Perth	9%
HMP Polmont	6%
HMP Shotts	9%
Total	100%

Staff survey responses (%)

	True	Not true	Unsure	Blank	Total
I chose to work in the SRU	93%	7%	0%	0%	100%
I feel that I have received sufficient training to work in the SRU	87%	11%	2%	0%	100%
Overall I feel that I am adequately supported to do my job by my line manager	96%	0%	4%	0%	100%
I have received training in mental health to assist prisoners in the SRU	35%	65%	0%	0%	100%
Specific mental health training is/would be helpful to me to work with prisoners in the SRU	93%	2%	4%	0%	100%
I currently receive support for my mental health as part of my work in the SRU	24%	65%	11%	0%	100%
I am happy with the rota arrangements in the SRU	87%	9%	2%	2%	100%
I think the SRU is an adequate environment for the separation of prisoners from mainstream	76%	11%	11%	2%	100%
In general, I find my work rewarding	74%	11%	11%	4%	100%
Staff shortages in the SRU are common	22%	78%	0%	0%	100%
When staff shortages occur in the SRU, other prison staff are always temporarily transferred to the SRU	76%	20%	2%	2%	100%
In general I find working in the SRU stressful	29%	67%	4%	9%	100%

	Yes	No	Blank	Total
Have you ever been concerned about your working conditions in the SRU?	43%	57%	0%	100%
Have you ever been in touch with a trade union representative in relation to your work in the SRU?	17%	83%	0%	100%

Appendix Three: Literature Review

Executive Summary

This literature review was conducted to support the HMIPS Thematic Review of Segregation in Scottish Prisons. It focuses on international literature on segregation best-practice in prison settings. It is structured on the three main stages of segregation: entry to segregation; coping in segregation; and reintegrating back out of segregation into the mainstream prison population. It highlights efforts across different countries to reduce and find alternatives to segregation use, to help prisoners better cope when they are in segregation, and to develop workable programmes and facilities for enabling reintegration out of segregation.

The detrimental effects of segregation in prison on mental health are well-established. Segregation is associated with a range of poor psychological outcomes, including anxiety, depression and a high prevalence of psychiatric disorders (Brown, 2020). A number of literature sources identify a range of alternatives and best practices in the application and management of segregation, the key points of which are summarised below. Most of these are underpinned by a recognition of the vital role of psychosocial, person-centred and therapeutic support in helping prisoners avoid, cope with or progress out of prison segregation settings.

- **Alternatives and reducing the use of segregation**
 - Narrowing criteria for the use of segregation
 - Excluding vulnerable prisoners, particularly those with mental health diagnoses, from segregation
 - Diverting those with mental health needs to environments in which they can receive the clinical and therapeutic support they need for their condition
 - Ensuring that segregation is only used as a last resort
 - Lessening the use of segregation as a disciplinary sanction
- **Coping with segregation**
 - Providing clear information to prisoners on expectations and routines in segregation
 - Providing education and coping mechanisms for segregated prisoners
 - Ensuring a beneficial physical environment and regime
 - Providing meaningful human contact
 - Providing ample activities and stimulation
 - Providing psychosocial education and/or therapeutic support to help segregated prisoners deal with the issues they face in mainstream settings
 - Ensuring that staff acknowledge and understand the traumatic effect that segregation can have on prisoners
- **Reintegration out of segregation:**
 - Providing step-down facilities and programmes to aid reintegration
 - Psychological and therapeutic support to support reintegration
 - Gradual exposure to mainstream conditions
 - Progressive decrease of restrictions

- Progressive increase of privileges
- Multidisciplinary oversight of reintegration efforts

Introduction

Background

This literature review was conducted to support and inform the HMIPS Thematic Review of Segregation in Scottish Prisons. It focuses on international literature on segregation best-practice in prison settings. It is structured on the three main stages of segregation: entry to segregation; coping in segregation; and reintegrating back out of segregation into the mainstream prison population. It highlights efforts across different countries to reduce and find alternatives to segregation, to help prisoners better cope when they are in segregation, and to develop workable programmes and facilities for enabling reintegration out of segregation.

The literature review was carried out after the Thematic Review of Segregation in Scottish Prisons review team identified these as three key areas for further examination in order to inform recommendations made by the review. It was conducted by Yu Wa Ng, as part of an SGSSS PhD research internship at HMIPS in summer 2022.

Defining Segregation

The authority to segregate prisoners in Scotland is based on the Prison and Young Offender Institutions (Scotland) Rules 2011 (“the Prison Rules”). Prison Rules 95-98 define segregation as “removal from association with other prisoners”.

In other jurisdictions and in other settings, the terminology differs, with terms such as “isolation”, “separation”, “seclusion” or “solitary confinement” often used to refer to the same concept, though how it is applied differs across jurisdictions and individual establishments. Similarly, various terms are used to describe similar contexts to the Scottish Separation and Reintegration Unit (SRU), such as “security housing units”, “restrictive housing” and “supermax” or “seclusion units”.

For the purpose of this report, segregation refers to all forms of separation in which a prisoner is held on their own, separate from other prisoners.

Literature review limitations

The literature review focused on English-language reports and research articles available online, and drew on a literature search of relevant databases requested from the Scottish Government Library. Initially the intention was to focus on literature on western European prison systems. However, due to a limited number of published materials in English on these countries, the search was expanded to include Australia, Canada, New Zealand and the USA.

It was also apparent that while many prison systems have trialled or implemented various practices to attempt to tackle the challenges of long-term segregation and mental illness in segregation, few of these interventions have been thoroughly evaluated. In many instances, therefore, the literature review describes efforts that have been made in other prison systems, but is unable to comment on the efficacy of these interventions.

Alternatives to Segregation

The detrimental effects of segregation in prison on mental health are well-established in the literature. For example, segregation is associated with a range of poor psychological outcomes, including anxiety, depression and a high prevalence of psychiatric disorders (Brown, 2020).

Reducing Segregation Use and Alternatives

In recognition of the evidence that segregation has detrimental effects on prisoners, some prison services have adjusted entry criteria to exclude certain populations perceived to be more vulnerable. For instance, the Colorado correctional system has adopted a policy that does not allow female or young prisoners to be placed in segregation (Raemisch, 2011), and some states in the USA restrict the use of segregation for mentally unwell prisoners (O'Keefe, 2007).

In some jurisdictions segregation is used only as a last resort. In Germany, for instance, there is a strong emphasis on the use of positive reinforcements and incentives rather than disciplinary measures. Where solitary confinement is used, it is only for very brief periods (for example, a few hours at a time) (Shames et al. 2015). On visits to the Netherlands in 2016, the CPT highlighted that some prisons have introduced policies limiting the use of disciplinary isolation cells to the most severe offences only. And on visits to Sweden, the CPT indicated that isolation is not used as a disciplinary sanction in prisons.

Similarly, reforms inspired by the Norwegian Correctional Service were carried out by the North Dakota Department of Corrections and Rehabilitation (ND DOCR). These included: policies to limit placements of prisoners in solitary confinement for many rule infractions; enhancements to the staffing and clinical services for people with mental health needs; and an establishment of a special housing unit for people who commit serious assaults (Cloud et al., 2021).

In Norway, where segregation is reportedly rarely used in prisons, some researchers have suggested that this is to some extent due to more positive environments in the wider prison estate, meaning that aggression and violence are relatively rare in comparison with other countries. Some researchers suggest that this is due to the more effective provision of meaningful activity for mainstream prisoners, more positive environmental conditions, and extensive staff training (all prison officers complete a two year training programme including training in psychology, criminology, law, ethics and human rights) (Høidal, 2019).

Alternatives for those with mental health illnesses

In addition to the risk of segregation leading to deteriorating mental health, research in the USA suggests that mentally unwell prisoners are more likely to be placed in segregation than other prisoners (Clark, 2018).

Recognising this as a concern, some states in the USA have enacted policies to curtail the segregation of prisoners with a diagnosis of a mental health condition, instead placing them in alternative clinical housing units or secure mental health

units, facilities where isolation is minimised and mental health services are enhanced (O'Keefe, 2007).

A report published by the *Vera Institute of Justice* has suggested that rehabilitative units should be developed to help manage mentally ill prisoners. Rehabilitative housing units are specialised housing areas where prison staff with special training in mental health work alongside clinicians including psychiatric nurses, social workers, and recreational therapists. Prisoners are offered individualised treatment plans including anger management, cognitive behavioural therapies (CBT), trauma-informed counselling and medication management. The *Vera Institute of Justice* further suggests altering policy to include certain behaviours that trigger immediate clinical assessments and expanding mental health training to all security staff (Cloud et al., 2019).

Other prison systems in the USA have developed alternatives to traditional segregation with enhanced healthcare and therapeutic support. In Mississippi, therapeutic-based units, managed by a multidisciplinary team including mental health staff were developed for prisoners in segregation and those with severe mental illness. These involve multiple phases of learning to address behaviour that impairs functioning. For example, prisoners were taught ways to cope with anger, impulses and anxiety and appropriate behaviours were rewarded. They were expected to remain in the unit for 3-6 months, moving on after completing the programme and their condition was deemed stable before leaving the unit. The unit was claimed to be a success as evidenced by decreases in rule violation reports for those who had been accommodated in these units (Kupers et al., 2009).

Similarly, the Clinical Alternative to the Punitive Segregation (CAPS) Unit was developed by the New York City jail system and involved a comprehensive therapeutic programme for prisoners with lower levels of mental illness. Based in a clinical setting, the unit offers therapeutic activities such as individual/group therapy, art therapy, medication counselling and community meetings (Glowa-Kollisch et al., 2016). Evaluation research found that those who passed through the CAPS units had lower rates of self-harm and injury than when they were in the standard Restrictive Housing Units. This was thought to be particularly important as prisoners with self-injurious behaviour were more likely to be placed in segregation and to experience housing instability in prison (Lanes, 2011).

The therapeutic units in North Carolina's prison system, implemented in 2016, were designed to decrease violence, self-harm and behavioural problems in prisoners with mental illness. The programme was evidence-based with elements of cognitive behavioural therapy and a focus on functions such as psychological and emotional health, physical well-being, relationship building and social skills development. Compared to those who were sent to solitary confinement, prisoners who were referred to therapeutic units had reduced rates of infractions, inpatient mental health admissions and self-harm (Remch et al., 2021). Similarities between the different therapeutic units developed across the US include increased out-of-cell time and recreational programmes, in addition to psychoeducation and elements of counselling.

Coping in Segregation

In areas where segregation is commonly used, some literature suggests a need to better help prisoners cope when held in the restrictive environment of segregation, recognising the traumatic effect segregation can have and ensuring segregated prisoners receive adequate stimulation.

On visits to the United Kingdom in 2018 and 2019, the CPT noted concerns over the segregation of prisoners for long periods (22 or more hours or more per day in their cell). To address the harm caused by prolonged solitary confinement, it was suggested that prisoners held in segregation units for longer than two weeks should be offered structured purposeful out-of-cell activities and meaningful human contact for at least two hours every day with staff and/or other risk-assessed prisoners. Suggestions made by the CPT offered useful recommendations but provided limited research evidence or evaluation of current practices that are demonstrated to be effective.

Good practice identified in the literature regarding supporting prisoners to cope in segregation environments included:

- In New Zealand, some prisons provided segregated prisoners with welcome packs on arrival with information on unit rules, routines and entitlements so they knew what to expect (Shalev, 2017).
- In the Netherlands, prison staff training requires officers to understand the collateral consequences of segregation on prisoners to ensure that staff treat segregated prisoners humanely and to minimise the impact of isolation.
- In Australia, a report highlighted that conditions in solitary confinement units can be improved by amendments such as providing prisoners with a television, books, MP3, education resources, exercise programs and art supplies to help them engage in meaningful in-cell activities (Walsh et al., 2020).
- In a report on the experiences of those held in isolation, Tayer et al. (2021) highlight the central importance of routine and access to physical exercise.

The “Stepping Up and Stepping Out” programme in the USA specifically targets psychological and behavioural problems associated with segregated prisoners with mental illness that prevent them from living pro-socially and productively in the main prison population and aims to prevent them from remaining in long-term isolation by improving their ability to cope with prison life (Batastini et al., 2019). The programme was piloted in a US prison on prisoners housed in a long-term segregation unit and was an empirically informed psychoeducation course with nine treatment modules delivered by a licensed counsellor with interactive handouts, assignments and relapse prevention plan aiming to help prisoners cope with a restrictive environment (Batastini et al., 2021).

The study measured pre- and post-treatment outcomes, indicating improvements in emotional distress, criminal cognition and thinking styles of those who took part. Several pre- and post-treatment measures were used, including the Depression, Hopelessness, and Suicide Screen Form (DHS), Psychological Inventory Criminal Thinking Styles-Short Form (PICTS-SF) and the Criminal Sentiments Scale-Modified

(CSS-M). Results indicated improvements in measures of CSS-M and reductions in symptoms of the DHS, although there were no significant differences in the scores on the PICT-SF pre-and post-treatment. Post intervention assessments also suggested that prisoners generally had positive perceptions of their counsellors, as indicated by self-reported alliance ratings.

Reintegration from Segregation

It is well-established that long stays in segregation can be harmful to prisoners, affecting both their short and long-term wellbeing (Grassian 1983; Haney and Lynch, 1997; Haney, 2003; Smith, 2006), hence the absolute prohibition of prolonged solitary confinement in the UN Mandela Rules under Rule 43. Research also suggests that the longer a prisoner is held in segregation, the harder it is for them to eventually reintegrate into mainstream prison settings (Vanko, 2019). In particular, the quiet, calm environment of a segregation unit is often in stark contrast to noisy, chaotic mainstream prison accommodation.

In its report on a visit to the UK in 2019, the CPT suggested that a psycho-social support system should be provided to assist prisoners held in segregation units for prolonged periods to transition back into ordinary prison units (CoE, 2020). In 2022, it further recommended that a multi-faceted approach should be adopted to design individualised programmes, including out-of-cell activities and meaningful human contact, to assist prisoners to return to a normal regime and to increase efforts in avoiding segregating prisoner for lengthy periods (CoE, 2022). Similarly, in New Zealand, Shalev (2017), has recommended the need for a national multi-disciplinary oversight body including expertise from outside the detaining agencies to help find solutions for prisoners who have been segregated long-term and struggle to reintegrate.

The literature review found examples of jurisdictions where “in-between” or “step-down” facilities and programmes have been developed as part of efforts to enable those who have spent long periods in segregation to gradually return to the main prison population. Such programmes recognise the difficulties of moving from segregation to mainstream settings without gradual intervention.

Prisons in some states of the USA have developed programmes to aid the transition of prisoners from segregation back into the general prison population. Usually known as ‘Step-down programmes’ they have been developed to aid reintegration. Some are undertaken in transition units that offer an “in-between” environment for segregated prisoners, by providing a setting that is less restrictive than a segregation unit but more structured and secure than the general prison population. The design of these programmes varies from prison to prison, but the common theme of these programmes is that they contain multiple levels or phases that provide a progressive transition from segregation, and generally include a gradual decrease of restrictions, and a progressive increase in out-of-cell time, privileges and group activity.

A policy brief published by the *Vera Institute of Justice* highlighted that reintegration programmes may be particularly useful for prisoners who have spent long periods in segregation as these prisoners need more preparation and greater support in the

transition to the main prison environment (Vanko, 2019). The report provided examples of programmes that are currently employed in some prisons in the USA, for instance, allowing increased out-of-cell time, mixing in progressively larger groups, and gaining additional privileges such as more phone calls, visits, a higher limit on canteen spending and monthly progression reviews by a multidisciplinary team of staff. However, the review found no evaluations of such measures demonstrating the extent to which they were successful in their reintegration aims.

More details have been reported on the step-down programmes in South Carolina prisons. Their reintegration programme lasts for one year (sometimes longer if deemed necessary due to disciplinary infractions or poor adjustments). Privileges are phased, such as increased out-of-cell time, lunch in the cafeteria and recreation time in the gym twice each week in phase I, and the ability to have one visit per month in phase II in addition to the privileges earned in phase I. Privileges increased until six months after Phase III when prisoners are considered for placement in the general population (The Arthur Liman Public Interest Program, 2016). However, the effectiveness of these programmes is unclear, as the report does not refer to any evaluations of their success.

Another report by the *Vera Institute of Justice* also emphasised the importance of developing and implementing reintegration programmes to safely transition people out of segregation. It emphasised the need for re-entry programmes to be tailored to address the psychological trauma of people exposed to prolonged periods in segregation. The report listed pilot reforms that have taken place in Louisiana to improve segregation and re-integration practices, for instance, a programme that utilised peer mentors to help segregated prisoners out of extended lockdown units into the general prison population, and compassion training sessions to help prisoners transition out of closed cell restrictions, in addition to revising policies to reduce reliance on administrative segregation and extended lockdown by setting limits to the lengths of stay (Cloud et al., 2019). Again, however, no formal evaluations were carried out to assess the effectiveness of the programme.

Conclusion

Overall, this literature review finds that, when looking across the international literature, there are possibilities for improving segregation practices through a number of routes, including:

- Implementing measures to reduce the use of segregation, particularly for the most vulnerable prisoners;
- Ensuring that those with mental health needs are directed to more appropriate settings to receive the support that they need;
- Ensuring that those who are segregated receive adequate opportunities for stimulation and personal development, as well as strategies and information to help them cope with their isolation and acknowledgement of the traumatic effect that segregation can have on individuals; and
- Putting resources into trauma-informed and therapeutic interventions to enable the reintegration of those for whom staying in mainstream environments is most

challenging, including the use of “step-down” facilities to and programmes, and gradual removals of restrictions, to enable gradual reintegration.

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