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UK COVID-19 INQUIRY

MODULE 8

WITNESS STATEMENT BY THE CHIEF EXECUTIVE OF THE SCOTTISH PRISON SERVICE

This statement is a corporate response to three Rule 9 requests provided for Module 8 by the UK Covid-19 Inquiry on a response from the Scottish Prison Service Chief Executive, the Governor of HMP&YOI Polmont and the Governor of HMP&YOI Grampian. This statement should be considered a collective response for the three Rule 9 requests. In relation to the issues raised by the Rule 9 requests dated 04 December 2024 served on the Scottish Prison Service, in connection with Module 8, the Chief Executive of the Scottish Prison Service will say as follows:

Background

1. The Scottish Prison Service (SPS) is an Executive Agency of the Scottish Government first established in April 1993. The SPS Framework Document (TM1/001 - INQ000582401) sets out the policy and resources framework provided by Scottish Ministers within which the SPS operates. As an Executive Agency, the SPS is funded by the Scottish Government.
2. The SPS is responsible for those who are committed to its care by the Courts and is accountable to the Scottish Parliament for the delivery of custodial care in accordance with The Prisons and Young Offenders Institutions (Scotland) Rules 2011 (TM1/002 - INQ000582402).
3. Further detail on the principal objectives of SPS, its establishments and its background can be found in the Annex A return provided to the Inquiry on 30 December 2024.

HMP&YOI Polmont and HMP&YOI Grampian

4. Between January 2020 – June 2022, SPS looked after Young People aged between 16-21 within Young Offender Institutes (YOIs) or designated YOIs within the grounds of some adult establishments. The management of individuals aged 21 and above is primarily within the adult estate. As per the Prisons and Young Offenders Institutions (Scotland) Rules 2011, Part 1, Section 2 (*Interpretation*), a 'young offender' is described as an individual who has 'attained 18 years of age but has not yet attained 21 years of age'. Therefore, within this statement, when SPS refer to 'a child' or 'children' it is regarding an individual or individuals who were 16 or 17 years old during the specified period. When SPS refer to a 'young person' or 'young people' it is regarding an individual or individuals who are between the ages of 18 to 20 (up until their 21st birthday). When SPS refer to a 'young adult' or 'young adults' it is regarding an individual or individuals who are between the ages of 21 to 25 years old. Young adults are primarily managed within the adult estate and are cared for in the same way as other adults within the establishment in which they are located.
5. HMP&YOI Polmont is located in the Falkirk local authority in Scotland and is the national facility of SPS for young people. During the specified period, the establishment had in their care children aged between 16 and 17 years old, young people aged between 18 to 21 years old, and adult women. The establishment could also care for young adults aged over 21 years old, and up to the age of 23, depending on their individual case management, as well as the young adult needing to have been

admitted to the establishment prior to their 21st birthday. Any individual who is admitted into SPS custody who is aged 21 or over would be located within the adult estate, with the establishment of allocation dependant on the court they attended. As of August 2024, no children between 16 and 17 years old were admitted into HMP&YOI Polmont. The reason for this is explored further in the statement in paragraphs 23 and 457.

6. HMP&YOI Grampian is located in the Aberdeenshire local authority in Scotland and cares for a diverse population. During the specified period, the establishment looked after both adult men and women of all sentence types, as well as young women aged 16 to 21 years old. As of May 2014, no young men under the age of 21 were located within HMP&YOI Grampian. Additionally, as of May 2024, no young women under the age of 21 were located within HMP&YOI Grampian. The reason for this change for young women was due to the opening of HMP&YOI Stirling, which is now the national facility for adult and young women in Scotland.
7. Although HMP&YOI Polmont is the national facility of SPS for young people, there would have been both operational and pro-social reasons for young people to either be transferred from HMP&YOI Polmont to HMP&YOI Grampian, or for young people to have been admitted from court to HMP&YOI Grampian during the specified period. These reasons could have been due to the area that the young person was from, family contact, the court that they had attended, the court they were required to attend in the future if they were a remand individual, or for the safety of the young person or other young persons.

Population of Children and Young People

8. The following table provides the average number of young people located within SPS care who were managed daily during the specified period. As this is an average over each year within the specified period, it does not give the full details of how many individuals in total were managed, only an average of any given day. Additionally, this is the total average for all establishments, and not specific to HMP&YOI Polmont and HMP&YOI Grampian. Therefore, the figures in relation to those aged 21 to 25 years old covers all Scottish establishments.

Age Group	January 2020 to December 2020	January 2021 to December 2021	January 2022 to June 2022
16-17	21	17	13
18-20	227	183	160
21-25	827	811	772

9. It is important to note that the population numbers of those aged 16 to 20 years old are one of our lowest population demographics. Additionally, the young person population as a whole reduced over the specified period.

Population of Young People within HMP&YOI Polmont and HMP&YOI Grampian

10. The following two tables provide the average number of children and young people in the care of HMP&YOI Polmont and HMP&YOI Grampian during the specified period. It should be noted that over the specified period, any young person under the age of 21 in HMP&YOI Grampian was a young woman.

HMP&YOI Polmont

	April 2019 to March 2020		April 2020 to March 2021		April 2021 to March 2022	
	Average*	Individuals **	Average *	Individuals **	Average *	Individuals **
16- to 17-year-olds	30.2	114	21.5	72	13.8	61
18- to 20-year-olds	285.4	735	188.8	473	168.3	446
21- to 22-year-olds	67.5	151	84.7	155	80.1	145
23- to 24-year-olds	3.9	24	4.3	12	4.2	21

HMP&YOI Grampian

	April 2019 to March 2020		April 2020 to March 2021		April 2021 to March 2022	
	Average*	Individuals**	Average *	Individuals**	Average *	Individuals**
16- to 17-year-olds	0	6	0	2	0	2
18- to 20-year-olds	3.1	37	1.8	18	1.5	20
21- to 22-year-olds	15.7	64	14	53	13.5	54
23- to 24-year-olds	27.9	93	30.9	72	21.8	72

* Averages: The approximate number of young people with the listed attributes likely to be in prison on an average day.

** Individuals: The number of individuals with the listed attribute spending any time in prison over the year.

11. It is important to note that the 'Individuals' figures in each table are representative of the total number of young people who spent at least one night in the establishment over the time period, this is not the total cared for on a daily basis. This means that some of those individuals may have spent a short period in custody, whilst others may have spent longer. Therefore, the 'Average' figure provides a more representative figure on the number of young people being cared for on a daily basis.

12. These statistics are developed utilising the SPS prisoner records system (also known as PR2) and were published on 04 December 2024 as the *Scottish Prison Population Statistics, 2023-24* (TM1/003 - INQ000582403).

Part A – Roles and Responsibilities of the Scottish Prison Service

Responsibilities for all in the care of the Scottish Prison Service

13. The following section provides information on the frameworks that underpin the responsibilities that SPS has for all those in its care.

National Performance Framework

14. As an Executive Agency of the Scottish Government, SPS contributes to the delivery of outcomes specified in Scotland's National Performance Framework (TM1/004 - INQ000102917). The Framework was launched in June 2018 and comprises 11 National Outcomes.

15. SPS contributes both directly and indirectly to all of the National Outcomes but especially:

- we live in communities that are inclusive, empowered, resilient and safe
- we respect, protect and fulfil human rights and live free from discrimination.

Vision for Justice in Scotland

16. The Scottish Government's *Vision for Justice in Scotland* (TM1/005 - INQ000182898), published in 2022, outlines priorities and plans for the justice system in Scotland from publication until 2026.

17. The vision is for a "just, safe, resilient Scotland" where all parts of the justice system must deliver person-centred services and enshrine trauma-informed practice.

18. The strategic Intent of SPS, set out in its *Corporate Plan for 2023-28* (TM1/006 - INQ000582406), commits the organisation to this vision of custody. It states:

The Scottish Prison Service (SPS) will deliver prison services in a way that is focused on being person-centred, inclusive, trauma-informed, and rights-based. We will better promote the health, safety, and wellbeing of all people who live in Scotland's prison system. Our skilled and dedicated staff will be supported and have the knowledge to do their jobs well. We will carry out our role and duties in support of a just, safe, and resilient Scotland.

Scottish Prison Service Mission, Vision and Values

19. The Vision, Mission and Values for the SPS are central to its direction. The aim is to build on the already strong foundations of the service to develop an improved focus, investment in rehabilitation, and reintegration services that help people in their care to fulfil their potential as responsible citizens.



20. The Vision and Mission of SPS establishes the commitment to:

- view themselves as part of the 'whole system'
- develop a person-centred asset-based approach
- promote individual agency and self-efficacy to realise potential
- strengthen links into communities
- professionalise and invest in SPS staff as effective change agents.

21. Additional information on SPS objectives can be found in Annex A of this statement which was provided to the Inquiry on 6 January 2025.

Responsibilities for Young People in the care of the Scottish Prison Service

22. In addition to the key foundational corporate responsibilities highlighted, there are specific strategies in relation to young people that SPS have developed.

SPS Vision for Young People in Custody

To use the time a young person spends in custody to enable them to prepare for a positive future (SPS Vision for Young People in Custody, 2021)

23. The SPS Vision for Young People in Custody (TM1/007 - INQ000582407), refreshed in 2021, applied to those aged 16 to under 21 during the specified period. It has since been amended to 18 to under 21, following the ending of placement of children and subsequent removal of those aged 16 and 17 from SPS custody in late August 2024 in response to the Children (Care and Justice) (Scotland) Act 2024 (TM1/008 - INQ000582408).

24. Developed through discussions with young people, staff, partners and researchers, the Vision recognises that custody can adversely affect a young person's personal development and mental health, their relationships, their education or training, their work and their housing. Equally, it recognises that for some young people their time in custody may represent a chance for them to engage in education or to find someone who can help to point them to a better future. The approach seeks to mitigate the negative aspects of custody and to use a young person's period in custody to prepare them for a positive future.
25. The Vision is premised upon the recognition of young people's unique needs, vulnerabilities and maturity, as well as their potential. It stems from a belief that young people who have committed an offence have the potential to contribute positively to their communities, and that it is the responsibility of SPS and partner organisations to do all they can to help them to achieve a positive future.
26. The fundamentals of the Vision are *engaging, motivating and moving on*.
- Engaging: Individuals who commit to changing their lives often say their turning point came when someone listened to them and made them feel that they mattered. Involving young people in planning and decision making helps them to have some control of their lives and learn to make good choices.
 - Motivating: Helping young people to believe that change is possible, and they can have a different life which may encourage them to do things that will help them towards that future.
 - Moving on: Preparing from the outset for reintegration offers a better chance of coming successfully through the period after release to a positive future.
27. The Vision restates and reprioritises the purposes, principles and outcomes of the Curriculum for Excellence for the custodial context. Within HMP&YOI Polmont, all aspects of the life of the establishment provide opportunities for young people to develop and learn. In this learning environment young people are able to engage and learn in different ways. Crucially, through day-to-day interactions and relationships, workplace activities, youth work, programmes and courses, sport and recreational activities, the arts, peer learning, projects and one-to-one support.

28. The Young People's Strategy Group oversees implementation of the Vision. During the specified period, this included the creation of specialised training products to ensuring that all staff undertake relevant, targeted professional development, enabling them to build their knowledge and understanding of the characteristics and needs of young people. It also included preparing for incorporation of the UN Convention on the Rights of the Child (UNCRC) into Scots law, and maintaining oversight of Corporate Parenting, and the response of SPS to recommendations within the Promise Plan (2021-2024) (TM1/009 - INQ000582409).

Training for SPS staff who work with young people in custody

29. A Young People's Estate Learning and Development Strategy was developed in late 2020 and covers topics such as Trauma, Mental Health, Agency Development & Desistance, First Line Manager Development, Mentoring and Relationship Building. This is a working document that is kept under review to ensure that SPS is meeting the needs of young people in their care.

30. Every SPS prison officer undertakes an initial six-week training for their role, including an understanding of the impact of trauma and an introduction to working with young people in custody. Those staff working with young people in custody undertake an induction week, including time spent in HMP&YOI Polmont, which includes specialist training. These members of staff learn about the needs and characteristics of young people and the implications for how young people are to be cared for.

31. Prison officers within HMP&YOI Polmont are also trained in new restraint intervention approaches (which went live in HMP&YOI Polmont on 17 April 2023). Development of the new restraint approaches took place during the specified period. SPS also began working towards becoming a trauma-informed organisation.

32. In addition, all staff must undergo regular core-to-role training including suicide prevention strategy of SPS, and equality and diversity.

Legislative Framework

33. The SPS mission, values, objectives and strategies are at the heart of every process that SPS put in place for those in their care. Legislative frameworks provide a foundation and SPS take these into cognisance when developing policy. The following section provides an overview of the legislative frameworks to which SPS adheres.

Prison Rules

34. The Prisons (Scotland) Act 1989 (“the 1989 Act”) remains the principal statute governing prisons in Scotland today. It enables the Secretary of State (now, the Scottish Ministers) to establish remand centres and YOIs. Section 39 of the 1989 Act is the source of the current power of Scottish Ministers to make rules on the regulation and management of prisons, remand centres and YOIs; and for the classification, treatment, employment, discipline and control of persons required to be detained there.

35. The Prisons and Young Offenders Institution (Scotland) Rules 2011 sets out, among other things, the rules and procedures for the admission of people (including the information to be furnished to people upon admission);

- the standard of accommodation;
- clothing;
- food and drink;
- provision of health care services;
- welfare;
- rules on the observance of people’s religion;
- individual’s property;
- correspondence/ communications to and by people;
- visits (including by family, legal representatives and the Parole Board for Scotland);
- arrangements for work, education, earnings, recreation (including exercise), and counselling;
- supervision, testing, and control of people in custody;
- confinement and custody (including segregation or removal from association) and the use of force/ restraints;
- the seizure and control of property;
- discipline and punishment, and requests and complaints;
- the separation of males and females;
- the transfer and release of individuals, including temporary release;
- and the general duties of officers and employees employed by the SPS.

SPS Framework

36. The SPS framework document is agreed between the SPS and the Scottish Ministers. It summarises how SPS, and the Scottish Government will work together, and the key roles and responsibilities of:

- the Scottish Ministers
- the Chief Executive and their Accountable Officer role at SPS
- the Portfolio Accountable Officer within the SG whose remit includes SPS
- the Senior Lead Officer role and responsibilities.

37. While this document does not confer any legal powers or responsibilities, it forms a key part of the accountability and governance framework and as a live document it should be reviewed by the Scottish Government and SPS regularly, and at least every 3-4 years. The last review was July 2024. Any significant changes will be agreed by the Scottish Ministers.

Child protection

38. The SPS have a duty to protect children and young people who visit or contact establishments, as well as those in SPS care, from harm and abuse. This includes:

- Children visiting our establishments and Visitor Centres
- Babies being cared for by a mother in custody
- Young people in our custody
- External facing roles
- Information staff receive during their duties.

39. Child protection is the responsibility of all who interact with children and families, regardless of whether that work brings them into direct contact with children and young people. We have procedures, such as the Child Protection policy (below), which set out the roles and responsibilities for staff, including non-SPS staff, working across the SPS estate.

40. The Child Protection policy of SPS (TM1/010 - INQ000582410) applies to SPS and its private sector partners. It focuses on child protection in a SPS context, with clearly defined roles and responsibilities for staff and step-by-step guidance on the reporting procedure which must be followed.

The National Guidance for Child Protection in Scotland

41. The National Guidance for Child Protection in Scotland (2021) was updated in 2023 and reinforced the need to assess children holistically, placing a responsibility on professionals to consider all aspects of a child and family's circumstances. These include offending behaviour, and the importance of considering how structural factors such as poverty and poor housing impacted on a child's safety and wellbeing. Therefore, all practitioners involved with children and young people in conflict with the law were to be trained in their agency's child protection procedures. The updated guidance has a focus on the rights of children and human rights (TM1/011 - INQ000582411).

Human Rights

42. The European Convention on Human Rights (ECHR) (TM1/012 - INQ000582412) is given effect in UK law by the Human Rights Act 1998 (which came into force in 2000). The ECHR guarantees certain rights and freedoms, some of which have relevance to children and young people looked after away from home, including those in prison:

- Article 3: Right to freedom from torture and inhumane or degrading treatment or punishment
- Article 5: Right to liberty and security of person (with qualifications)
- Article 6: Right to a fair and public trial within a reasonable time
- Article 8: Right to respect for private and family life, home, and correspondence
- Article 14: Prohibition of discrimination in the enjoyment of the Convention Rights.

43. Human rights apply to everyone, but children have additional rights through the UNCRC.

44. The UNCRC was ratified by the UK Government in 1991. The key principles include:

- A child is defined as a person under 18 years of age, unless the laws of a country set a younger legal age for adulthood
- Each child has the right to be treated as an individual
- Each child who can form a view on matters affecting him or her has the right to express those views if he or she wishes

- Parents should normally be responsible for the upbringing of their children and should share that responsibility
- Each child has the right to protection from all forms of abuse and exploitation
- So far as it is consistent with safeguarding and promoting their welfare, public authorities should promote the upbringing of children by their families
- Each child has the right not to be subjected to discriminative action by others on grounds of race, ethnicity, gender, disability, or social circumstance
- No-one is allowed to punish children in a cruel or harmful way. Children should not be put in prison with adults or sentenced to death or life imprisonment without the possibility of release.

45. Since 2004, there has been a Commissioner for Children and Young People in Scotland, whose role includes the protection of the rights of children and young people, supporting children and young people's understanding of their rights, and awareness of what they can do if these are not being upheld. Under the Children and Young People (Scotland) Act 2014, the Commissioner can investigate whether, by what means, and to what extent, these rights have been upheld by service providers. For example, the Commissioner has powers to consider whether the rights, interests and views of children have been given due weight when such bodies have made decisions or taken actions that affect those young people. This includes young people who have come into conflict with the law and underlines the responsibilities of all agencies to uphold the rights of children.

46. The Children's Commissioner and Children and Young People's Centre for Justice co-produced a flyer with the young people in HMP & YOI Polmont (TM1/013 - INQ000582413). The flyer was to assist with making children aware of their rights in custody, including access to education, during the specified period.

Getting it Right for Every Child

47. Getting it right for every child (GIRFEC) was introduced in 2004 as Scotland's national approach to improve outcomes and to support the wellbeing of children by offering the right help at the right time from the right people. GIRFEC puts the rights and wellbeing of children at the heart of the policies and services that support them and their families - such as early years services, schools and the NHS. It provides a common language and framework that helps people working with children and families to think about

wellbeing in the same way and tailor the help they offer to an individual's needs in a way that suits them and their family.

48. The Guide to GIRFEC published by the Scottish Government in 2008 outlines the process of assessing risk, consisting of a practice assessment and a planning model which can be used by any agency. A refreshed policy statement was published in 2022 (TM1/014 - INQ000582414).

Whole System Approach

49. The Whole System Approach (WSA) is the Scottish Government's programme for addressing the needs of children and young people involved in offending and is underpinned by GIRFEC. It has made a significant contribution towards progress in responding effectively to children in conflict with the law, being an integral part of Scotland's youth justice strategies. The purpose of the WSA is to support young people at risk of being or in conflict with the law at the earliest opportunity by utilising voluntary supports, and where necessary within formal systems to meet identified needs and risks. The main elements of the WSA are:

- Early and effective interventions by providing timely and proportionate interventions as appropriate
- Opportunities to divert children from prosecution, where appropriate
- Robust community alternatives to secure care and custody
- Managing children where parts of their behaviours present a risk of harm
- Court support
- Improving reintegration back into the community for those leaving secure care and custody.

The Children and Young People (Scotland) Act 2014

50. Children and Young People (Scotland) Act 2014 (the 2014 Act) (TM1/015 - INQ000582415) was passed by the Scottish Parliament on 19 February 2014 and received Royal Assent on 27 March 2014. The legislation is a key part of the Scottish Government's strategy for making Scotland the best place in the world for children to grow up. By facilitating a shift in public services towards the early years of the lives of children, and towards early intervention whenever a family or young person needs help, the legislation encourages preventative measures, rather than responses to

crises. Underpinned by the Scottish Government's commitment to the UNCRC 1989, and the national approach, GIRFEC, the 2014 Act also established a legal framework within which services work together in support of children, young people and families.

51. Composed of 18 distinct Parts, the 2014 Act made important changes to the development of services for children and their families. In summary, the Act:

- Placed new duties on Scottish Ministers and public bodies to report on the steps they had taken to give further effect to the UNCRC requirements
- Strengthened the powers of the Commissioner for Children and Young People in Scotland to enable investigations to be conducted in relation to matters concerning individual children and young people
- Ensures that there is a single planning framework (also known as the 'Child's Plan') for children who need support to meet their wellbeing needs which require targeted intervention
- Placed corporate parenting duties on a range of publicly funded organisations in respect of looked after children and care leavers, increasing the breadth and depth of support available to those groups of children and young people
- Extended eligibility to aftercare assistance up to an individual's twenty sixth birthday.

Corporate Parenting

52. Part 9 of the 2014 Act (TM1/016 - INQ000582416) defines corporate parenting in Scotland as *"the formal and local partnerships between all services responsible for working together to meet the needs of looked after children"*. 'Looked after' is a legislative term used to refer to a child or young person with care and protection needs who is cared for under a formal arrangement with a local authority. Children and young people who are 'looked after' are either 'looked after at home' (living with a parent in their home) or 'looked after away from home', for example, by kinship carers, foster carers or residential care. With regards to a Care Leaver, they are a young person who ceased to be looked after on, or at any time after, their sixteenth birthday up until their twenty sixth birthday.

53. The term corporate parenting refers to an organisation's performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child, young person or care leaver, through which physical, emotional, spiritual, social and

educational development is promoted, from infancy through to adulthood. Scotland should be a good parent at every turn and in every setting, children, young people and care leavers must have access to safe, consistent nurturing relationships and environments which enable them to reach their full potential.

54. Part nine of the Act outlines the six corporate parenting responsibilities, which are applied equally to all corporate parents of looked after children, young people and care leavers. By fulfilling the following responsibilities, we uphold the rights and promote the wellbeing of care-experienced children, young people and care leavers:

- Being alert to matters which, or might, adversely affect the wellbeing of children, young people and care leavers. By engaging with them and where appropriate their carers and family
- Assessing the needs of children, young people and care leavers for services and support that promotes their wellbeing and provision of system for profiling the needs of our care experienced young people
- Promoting the interests of care experienced children, young people and care leavers
- Seeking to provide care experienced young people with support, awareness and access to participate in opportunities and activities designed to promote wellbeing
- Keeping our approach to corporate parenting under constant review, seeking to improve whenever possible. Developing our action plan to formalise our activities and outputs
- Collaborating with other corporate parents to promote wellbeing of care experienced children, young people and care leavers and enable them to achieve the best outcomes.

55. Statutory Guidance on Part 9 of the 2014 Act provides corporate parents with information and advice about how they should fulfil duties.

56. Under section 65 of the 2014 Act, Scottish Ministers must, as soon as practicable after the end of each three-year period, lay before the Scottish Parliament a report on how they have exercised their corporate parenting responsibilities during that period (last done in November 2024). The report includes information about how executive

agencies, including the SPS, have performed in respect of their corporate parenting responsibilities.

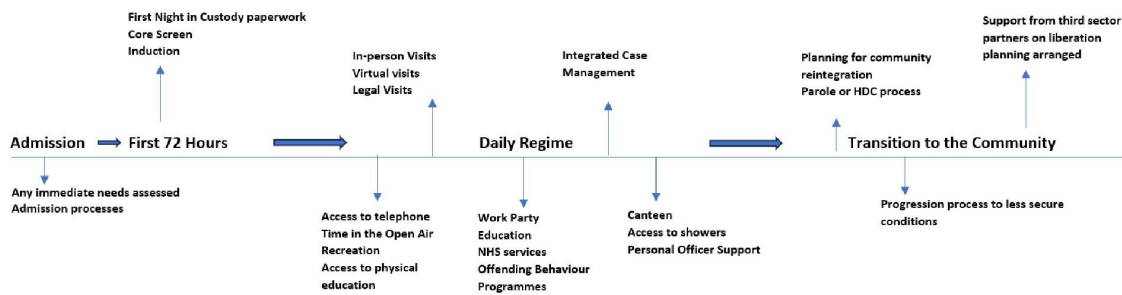
**Operational Management Responsibilities – An Individual’s Journey in Custody –
HMP&YOI Polmont and HMP&YOI Grampian**

57. Utilising the strategies and frameworks described, SPS have operational processes that aim to both fulfil the strategies as well as ensuring that the health, safety and wellbeing of all those who live and work in their prisons is at the forefront of all decision making.
58. The following section provides a brief overview of the key operational responsibilities that SPS establishments have for those in their care from the point of admission until liberation.
59. These responsibilities apply to all SPS establishments, including HMP&YOI Polmont and HMP&YOI Grampian. Any local deviations are highlighted within each section.
60. These processes are not exhaustive of the responsibilities that SPS have for young people and young adults, (and would have had for children during the specified period), but it provides particular milestones that are key to an individual’s journey whilst in the care of SPS.
61. The processes described are what would ‘normally’ occur out with what happened during the pandemic. Any changes to operational policies between January 2020 to June 2022 are highlighted in Part D of this statement.

Timeline of Key Milestones

62. The following visual provides a brief overview of what an individual could have access to if they were in the care of SPS, including what children and young people in the care of SPS experience. Every individual’s journey is different depending on a number of factors, including the sentence type (convicted or remanded) or type of offence they have been charged with. However, the following provides the range of services and key milestones an individual could experience:

An Individual's Journey in SPS Care



Admission process

63. The admission process is the first opportunity of SPS to engage with anyone who comes into their care. What happens during this period not only provides the establishment with vital information to keep individuals safe and meet their most urgent needs, but it also gives the first opportunity to positively influence how they will respond during their period in custody.

64. All individuals have their immediate medical needs (including medication, known medical conditions, mental health and any additional issues) assessed and addressed by a qualified NHS nurse, which may include application of the suicide prevention strategy, 'Talk to Me'. (TM1/017 - INQ000582417). All individuals being admitted into prison participate in this assessment. Thereafter, further assessments will be carried out following any transfer to a different establishment and following any appearances at court or parole hearings, even if held within the establishment. Assessments will also be carried out following any concerns noticed or raised via concern forms throughout their time in custody.

Searching on Admission to SPS custody

65. During this process, all individuals have the personal property they have with them on admission searched and annotated on a 'property card'. Additionally, for all individuals entering SPS custody, a body search is conducted. Body searching is conducted in line with The Prisons & Young Offenders Institutions (Scotland) Rules 2011 – Part 10 (Rule 92) – Supervision & Control of Prisoners, which allows for those in SPS custody to be searched in accordance with this rule.

66. The rationale for conducting body searches on admission is to reduce the potential for the introduction of illicit items, thereby reducing the potential harm to those in SPS care.
67. The SPS is committed to becoming a more trauma-informed service and always looks to utilise available technology to be used to create a safe and secure environment for those who live, work and visit establishments. Body scanners were introduced into HMP&YOI Polmont on 28 March 2024 and HMP&YOI Grampian on 25 March 2024 with the aim of reducing the requirement of conducting 'routine' body searches.
68. The definition of 'routine' is a body search conducted during a cell search or at the conclusion of an in-person visit, which are conducted on a random basis.

Cell Allocation

69. A Cell Sharing Risk Assessment (CSRA) is conducted on all individuals if they are to be located in a shared cell. This assessment is designed to contribute to the provision of a safer environment by ensuring that individuals are not put into a cell if there is an identified risk of harm.
- Considerations: mitigation of risk is important and consideration is given to racist, sectarian, homophobic, bullying, and fire-raising concerns. The type of crime with which an individual presents in custody is also considered, for example, sex offences and crimes of violence. An individual's ethnicity, nationality and sexual orientation are also integral partsof this assessment process
 - Vaping preference is also discussed as part of this allocation process as SPS prisons are smoke-free environments.

Supervision Levels

70. Every individual in the care of SPS will be assigned a supervision level on admission to custody which will be reviewed within 72 hours. This enables time to assess behaviours in prison, intelligence and information that may come from community partners. There are 3 levels of supervision: high, medium and low. The level assigned to an individual will determine the level of supervision the prisoner requires within the prison.

71. When assessing the level of supervision, the First Line Manager of the residential area will take into account the seriousness of the offence, previous convictions, length of time in custody, conduct, and stability of an individual.

First Night in Custody

72. When an individual enters custody, SPS will undertake a 'First Night in Custody' assessment (TM1/018 - INQ000582418) and within 72 hours, undertake a Core Screen interview to identify any immediate needs regarding:

- Accommodation
- Benefits and finance
- Family contact and relationships
- Employment
- Learning and skills
- Physical and mental health, emotional wellbeing and substance misuse
- Behaviours that brought the person into conflict with the law
- Return to the community.

73. Appropriate referrals will be made for support in respect of any immediate identified needs. Additionally, individuals are asked regarding their care experience to support the SPS in providing support and guidance.

74. A copy of the Core Screen used with Young People has been provided (TM1/019 - INQ000582419).

The Case Management of Children and Young People

75. As part of the case management of children during the specified period; communication, sharing of information and plans between a Lead Professional and Personal Officer should have been ongoing throughout their time in custody.

76. The Lead Professional is an agreed, identified person within the network of practitioners who are working alongside the child or young person and their family.
77. In most cases, the professional who has the greatest responsibility in coordinating and reviewing the child's plan will undertake this role.
78. Throughout the journey of a child or young person, the Lead Professional may change depending on the child or young person's needs, but there should always be a Lead Professional identified when there is a multi-agency plan for a child.
79. All decision-making about support and the plan for a child should seek and act on the views of the child or young person and their family, where appropriate, in accordance with their best interests and in consideration of their full spectrum of rights.
80. Any practitioner or professional providing support to the child or young person could be identified as the Lead Professional. This includes any person working across the universal services of health, social work and education (including early years), as well as a person from a third sector organisation or specialist service.
81. A Personal Officer is allocated to be a single point of contact during an individual's time in custody and a secondary Personal Officer is also allocated to fulfil this role in the Personal Officer's absence. Personal Officers are Residential Prison Officers who provide support and provide guidance to help people meet their full potential. Their responsibilities include managing casework, updating electronic records and writing reports which involves reporting on behaviours, conduct and progression.

Induction

82. Individuals admitted into SPS care are provided an opportunity to attend induction sessions with their peers and prison staff. The purpose of these sessions is to provide individuals with an overview of the establishment and what to expect during their time in SPS care. A PowerPoint presentation is used as part of these sessions, and there is an additional one for children and young people in relation to their rights whilst in SPS care. Both presentations have been provided (TM1/020 - INQ000582420 and TM1/021 - INQ000582424).
83. During the induction period, the SPS must ensure that all in their care, including children and young people, are provided with the correct information, at the right time,

in the best ways. This is to make it more likely that they will engage with the services and opportunities on offer and so use their period in custody in a positive way to prepare for a positive future.

Daily Regime

84. All Scottish establishments have their own individual regime designed to accommodate those in their care. However, there are elements that all establishments facilitate on a daily basis as part of their regime.
85. A child (during the specified period) or young person in the care of SPS will have the opportunity to partake in a range of activities, and it is the individual's choice how much they want to engage with the regime.
86. In the current regime, all individuals in SPS care, including young people and young adults, are offered one hour of time in the open air daily, the shower facilities (at a minimum) every other day, the opportunity to engage in activity daily, for example, a designated work party, education classes, recreation (this is time out of their cell to socialise with peers in the residential hall) and any other activity that is provided by third sector partners.
87. Additionally, they have the opportunity to engage in in-person visits with their family and friends, as well as visits with their legal representatives. The timings for these sessions vary depending on the establishment.
88. If an individual requires medication from NHS Scotland, nursing staff attend the residential areas to provide this.
89. Those in SPS care are also afforded the ability to purchase items through the SPS canteen and sundry service, which includes items like food produce, additional toiletries, electrical items, etc.
90. An example of the current regime timelines as of January 2025 from HMP&YOI Polmont and HMP&YOI Grampian have been included to provide further context for those establishments (TM1/022 - INQ000582425 and TM1/023 - INQ000582426).

The Opportunities and Services for Young People and Children in HMP&YOI Polmont

91. Planning of opportunities and services within HMP&YOI Polmont is built around the principles of GIRFEC, Scotland's Curriculum for Excellence and the SPS Vision for Young People in Custody.
92. The rationale for the available range of services and opportunities is set out in the Vision. These services and opportunities are in place as a result of analysis of the needs and characteristics of the young people, together with the findings from research and experience which show what types of opportunities are most likely to lead to better outcomes for them. Young people are able to progress across the four capacities of the Curriculum for Excellence (successful learners, confident individuals, responsible citizens and effective contributors).

Education provision – National Contract

93. There are a wide variety of lessons/activities that individuals in our care can access. The learning provision across all SPS sites is currently delivered by a single contracted provider, Fife College, having been awarded the national contract in August 2017.
94. On admission to an establishment, individuals in the care of SPS are invited to the respective learning centre to engage in a screening process. This identifies the person's existing literacy and numeracy levels. The individual will be offered literacy and numeracy lessons to support their development in these areas. In addition, there are sessions available in subjects such as therapeutic arts, history, music as well as the opportunity to study for their driving theory test.
95. Individuals in SPS care have access to a range of courses ranging from introductory level through to Highers, with pathways to HNCs, HNDs and Degrees. Across all establishments, there was 65,591 prisoner learning hours (PLH) on Literacy and 57,223 Numeracy in 2023-24 (August – July). There were 5167 certifications of SQA courses and 6744 certifications of other qualifications by awarding body achieved in 2023-24.
96. Individuals in SPS care also have the opportunity to apply for any Open University course, which may ultimately lead to a degree. However, such opportunities are restricted as these courses are funded separately by the SPS. The SPS funds

approximately 80 individuals in custody a year to undertake an Open University course at any level.

97. Attendance and engagement with learning is voluntary but the SPS encourages all individuals to attend to enhance their communication skills, improve confidence and self-esteem and develop critical thinking skills.

98. As it is a person-centred approach, there is also 1:1 tuition available and support mechanisms in place for individuals with additional support needs.

Education provision for Children within HMP & YOI Polmont and HMP&YOI Grampian

99. During the specified period, children, whether remanded or sentenced, were invited to attend a core literacy and numeracy screening (Skills Profiler Scotland) and could sign up to a range of subjects including Communications, Numeracy and Modern Studies. SQA qualifications are offered within each subject.

100. The 'Do It Profiler Screening' tool is utilised to assess need for learning difficulties so that support can be offered where it is required. Children may also have been referred to the NHS for formal assessment and support for any additional needs in relation to learning difficulties.

101. The approach to screening allows the prison to capture strengths and challenges commonly associated with neurodivergent conditions alongside gaining information on the background and history, developmental, educational, and current functioning related to intellectual difficulties but also the social background. This takes a person-centred, individualised approach.

Integrated Case Management

102. The Integrated Case Management (ICM) process is a key part of the WSA to reducing re-offending and improving the transition of people returning to the community. As outlined within the ICM Practice Guidance Manual 2007 (TM1/024 - INQ000582427), ICM aims to aid in reducing re-offending by effectively identifying and managing risks through co-ordinated and sequenced interventions between criminal justice agencies. The process involves staff, social workers and other service providers, and is done through a variety of methods, including the use of case conferences (a multi-agency meeting to assess and manage risk, examine the

individual's progress and consider what interventions are required), risk assessments, and targeted interventions.

103. This is operated on a two-tier system across the prison estate, comprising standard and enhanced ICM;

- **Standard ICM** is for all individuals not subject to post-release supervision (mainly short-term). This process is delivered primarily by specialist providers who will assess and plan actions within their area of expertise but consistently updating the Community Integration Plan (CIP). This includes information about a person's progress throughout their sentence. It is a single point of information sharing for all agencies to access, update and utilise to enhance the case management process. This allows for real time information to be available to all as the main prisoner file. Prison Link Centre or residential staff will provide the administrative overview to ensure effective application of the Standard ICM process.
- **Enhanced ICM** is for all those who are subject to post release statutory supervision. This process utilises full risk and needs assessment and a case conference model for action planning. This approach brings together the person in custody, key internal and external staff, to examine the individual's progress through custody. The case conference will also examine the individual's assessed risk of reoffending and risk of harm. The case conference will decide on appropriate interventions which are aimed at reducing those risks post release. This particular approach is useful in (a) keeping the person at the centre of the ICM process, (b) maintaining a focus on issues which are external to the prison as well as internal, (c) the sharing of relevant information across agencies and (d) assessing and managing risk.

104. Family participation in the ICM process and attendance at case conferences is strongly encouraged, where appropriate, so that families can be involved and be kept informed of the progress of the young person in preparation for release and return to the community.

105. The ICM Co-ordinator oversees the entire ICM process and ensures appropriate timelines and procedures are followed. Their responsibilities include: ensuring appropriate arrangements are in place for each case conference, chairing risk analysis reviews and case conferences, tracking referral outcomes, and recording agreed upon Action Plans. They also continually liaise with Personal Officers regarding emerging issues.
106. The Personal Officer provides ongoing formal conduct reports as well as timely updates around changes relevant for case management, including developments related to behaviour, programming, incidents, sentence milestones, and transitional readiness. The Personal Officer has an integral role in the case management process and their contribution is valuable in providing updates, answering any questions and engaging collaboratively in the planning of the next stage of the Action Plan of a person. Their insights help form ongoing assessment planning and support.
107. Local Authority Prison Based Social Work (PBSW) contributes to the case management of children and young people in custody through the ICM process. The PBSW is a partner in the management of risk and public protection obligations by informing decisions of risk through formal risk assessments and relevant co-operation, liaison and information exchange with the SPS and community-based partners including Community Based Social Work, Police, relevant health professionals (for example, NHS) and the Third Sector.
108. The integration of the ICM process with National Multi-agency Public Protection Arrangements (MAPPA) Guidance 2022 (TM1/025 - INQ000582428) plays a crucial role in ensuring the seamless transition of high-risk individuals from custody to community. This integration underscores the commitment to managing and monitoring high-risk individuals effectively, facilitating their successful reintegration while prioritising public safety.

Reviews for Children in custody – HMP&YOI Polmont prior to August 2024, and HMP&YOI Grampian prior to May 2024

109. In addition to the admission, first night in custody and induction processes highlighted earlier in the statement, children entering SPS custody received further reviews if they were being held on remand for over seven days or had been sentenced.

These processes would have been carried out within 10 working days of the child being admitted to custody, although 72 hours was considered best practice. The purpose of these reviews included sharing information (including on need and risk), supporting people throughout the period in custody, continuity of planning and support (both for during sentence and release), promoting partnership working and engaging people and their families in this process (as appropriate).

Offending Behaviour Programmes

110. To access offending behaviour programmes, individuals must be referred for a generic programme assessment. Findings are presented to the Programmes Case Management Board (PCMB), a multi-disciplinary group who determine which programme is most suitable. Available programmes vary by establishment and for children and young people included the Youth Justice Programme (a modular rolling programme designed to target the risk factors associated with general offending in young men, suitable for 16 to under 23-year-olds).
111. All programmes delivered in SPS are delivered by trained programme facilitators or trained psychology staff. The team works across a number of areas, including addressing offending behaviour through programmes, assessing risk, and providing direct support to individuals in SPS care. With regards to young people specifically, clinical psychologists also currently operate within HMP&YOI Polmont and are employed by the NHS.
112. Places on offending behaviour programmes are allocated utilising a national waiting list, which is based on where individuals are in their sentence. On completion, the young person is presented back to the PCMB to review progress and any outstanding areas of need, vulnerability or risk, where interventions or supports could benefit the young person, to inform future case management.

Further Support

113. During a young person's time in custody, the period of stability this affords should be utilised as an opportunity to provide full support and interventions to build on their strengths, address their underlying needs, form relationships and encourage healthy development to promote positive outcomes and a better future.

114. Young people can access a range of further support services that may include official bodies (e.g. Job Centre; Department of Work and Pensions; Skills Development Scotland) and a wide range of third sector organisations. Supports and activities may include youth work, parenting, employability, life skills, counselling, and in respect of relationships, trauma, abuse, loss and bereavement. A range of other activities which are intended to improve the life chances of young people, such as peer mentoring, are also available in HMP & YOI Polmont.
115. Engagement in programmes and opportunities is based on motivation, consent and a facilitative ethos. The role of officers and support workers includes working with individuals to promote activities that will support their individual needs and to encourage engagement. Support in meeting needs should continue when young people return to the community or transition elsewhere within the SPS.

Health and Wellbeing

116. The responsibility and accountability for the provision of health care services to people in custody transferred from the SPS to the NHS in November 2011. As part of the transition, drug, alcohol and mental health services, as well as prison health management information records, also transferred from SPS to the NHS.
117. Section 110 of the Criminal Justice and Licensing (Scotland) Act 2010 amended the 1989 Act (by the addition of a new section 3A) (TM1/026 - INQ000582429) so as to remove the duty on the Scottish Ministers to provide medical services in Scottish establishments. As a result, the responsibility for providing medical services in all establishments falls to NHS Health Boards under general health legislation. The amendments made by section 110 required Scottish Ministers to designate one or more medical officers for each prison, and limits who can be designated as a medical officer. The amendments meant that medical officers were no longer deemed to be prison officers.
118. The Prisons and Young Offenders Institutions (Scotland) Rules 2011 confer a variety of advisory/recommendatory functions on healthcare professionals; who will be provided by the NHS. For example, healthcare professionals can advise on whether special clothing is required on health grounds, whether a person should not share accommodation with another person in custody, should not participate in specified

activities, should be excused from work or should be transferred to an external medical facility for specialist treatment.

Preparing for Community Reintegration – Children and Young People

119. Just as young people should be prepared for entering custody, they should be prepared for leaving. Planning for a young people's exit from custody and their return and reintegration to their community should start at the point of their stay in custody. Young people must be fully involved and influence decisions and plans for their future in a way that works for them, being supported to understand their rights. Supports should be provided in a timely manner, and plans should be responsive to changes in the child/young person's circumstances, needs and risk, to offer holistic and individualised support. The overall aim of reintegration and transition support is to ensure that vulnerable young people, who have experience of secure care or custody, receive appropriate support when returning to the community.

120. Prior to August 2024 : a pre-release meeting would have been held for children at least ten days prior to the child's return to the community. This meeting would have been chaired by a representative from the local authority where the child ordinarily resided and include the child, their family (where appropriate), Personal Officer and YOI staff, the Lead Professional and other relevant professionals, including those who would support the child on their return to the community.

121. Under the Prisoners (Control of Release) (Scotland) Act 2015 (TM1/027 - INQ000582430) release time to benefit re-integration in certain circumstances means an individual can be released up to two days prior to their scheduled release date. Any service or professional working with young people (including the local authority) who believes they can demonstrate that the person's Earliest Date of Liberation is problematic to their reintegration can apply, but they need to provide robust reasons and evidence for this. The SPS are responsible for considering any such request.

Moving on from custody on Licence and Home Detention Curfew

122. The Scottish Courts, the Parole Board for Scotland or SPS (in the case of Home Detention Curfews (HDC)) may place restrictions on individuals when they leave custody. With regards to restrictions that Scottish Courts can put in place, this can

include a supervised release order for those who meet specific criteria. The SPS makes decisions on behalf of Scottish Ministers about individuals who can be released on an HDC licence. In cases where someone is serving a long-term prison sentence, the Parole Board for Scotland must first recommend release on parole before SPS can make a decision about release on HDC.

123. Restrictions can include limits on movement, contact with others and behaviours for the purpose of managing the risks that a person's behaviour may pose to others. As with any conditions or sentence, it is important that licence conditions, the responsibilities placed on the person, and the consequences of non-compliance are fully explained. Given the serious consequences of breaching conditions, including the potential to return to secure care or custody, it is important to ensure that they understand the explanation provided and this is given in an understandable and age-appropriate manner.

124. The SPS undertakes a phased assessment process from screening for those who may be eligible for HDC through to the authorisation to release, including a home background report to assess whether any address identified by the individual is suitable. The decision to release a young person on a HDC is informed through an assessment framework.

Operational Changes over the Specified Period

125. The impact that the Covid-19 pandemic had on all operational management processes within Scottish establishments was significant, with all processes requiring to be adapted, with a number of alternative measures put in place during the specified period. The changes that were made are detailed in Part D of this statement.

126. Although the changes made during the specified period were done so with the intention of them being a temporary measure, some processes have not returned to pre-pandemic ways. The reason for this is due to the learning that SPS took from their experience of this time, as well as the views of users. These lessons learned and reflections are further explored within Parts C, D and E of this statement.

Key People with SPS responsibilities for Children, Young People and Young Adults

SPS Headquarters

127. The following section provides an overview of the key people who, over the specified period, had overall responsibility for the strategies and legislation in relation to children, young people and young adults.

Cabinet Secretary

- Cabinet Secretary for Justice
 - Humza Yousaf (June 2018 to 20 May 2021)
- Cabinet Secretary for Justice and Veterans
 - Keith Brown (20 May 2021 to 29 March 2023)

Ministers

- Minister for Children and Young People
 - Maree Todd (27 June 2018 to 20 May 2021)
 - Clare Haughey (20 May 2021 to 28 March 2023)

Chief Executive

Colin McConnell – (May 2012 to March 2020)

Teresa Medhurst – (March 2020 to present)

Role of the Chief Executive

128. The Chief Executive is a civil servant who is personally accountable to the Scottish Ministers for the economic, effective, and efficient operation of SPS. The Chief Executive is the Accountable Officer for the Agency and is appointed by the Permanent Secretary, who themselves are the Principal Accountable Officer for the Scottish Administration.

129. The Chief Executive has overall responsibility for the delivery of the functions of SPS, as set out in the SPS Framework Document dated July 2024, in accordance with the aims, policies and priorities of the Scottish Ministers.

SPS Operations Directorate Director

Jim Kerr – Director of Operations, SPS – January 2017 to March 2020

Allister Purdie – Director of Operations, SPS – March 2020 to August 2024

130. The Operations Directorate Director has oversight of all SPS establishments and provides direction and Governance to Governors in Charge.

SPS Strategy and Stakeholder Engagement (S&SE) Director

Kate Hudson – Director of S&SE, SPS – January 2020 to March 2020

Sue Brookes – Director of S&SE, SPS – March 2020 to June 2024

131. The SPS S&SE Director has overall oversight of SPS strategies and partnerships, including those in relation to young people.

HMP&YOI Polmont and HMP&YOI Grampian

132. The following section provides an overview of the key groups of individuals who have overall responsibility for the operational management in relation to children, young people and young adults at an establishment level. As the individuals involved within HMP&YOI Polmont and HMP&YOI Grampian are not of Senior Civil Service (SCS) level, they have not been identified individually in this statement. However, SPS can clarify that although the individuals within these roles did change, the responsibilities associated with the roles themselves did not.

Governors in Charge

133. Governors are values-based leaders working in each establishment, leading, inspiring and influencing others to develop individually and collectively in a way that supports the delivery of trauma-informed services and SPS objectives.
134. Governors work strategically and collaboratively with both internal and external stakeholders and partners to deliver the strategic aims of SPS and ensure the delivery of operational services and outputs in line with SPS policy and practice. Governors proactively support, promote and contribute to corporate change programmes and activities, and take a leading role in the delivery of SPS objectives.

135. Governors represent SPS and the Operations Directorate in an ambassadorial capacity to promote and deliver the vision and mission of SPS and support wider SPS development and resilience on a national basis.
136. SPS have 14 Governors who are responsible for their individual establishment, with the Governor of HMP Stirling also having responsibility for two Custody Care Units.
137. Over the specified period SPS managed the contracts for two private prisons, HMP Addiewell operated by Sodexo, and HMP Kilmarnock operated by Serco.

Senior Management Teams (SMTs)

138. SPS establishments have an operational Senior Management Team (SMT) where individuals within it report to either the Governor, the Deputy Governor or a head of function (Head of Operations or Head of Offender Outcomes). Establishments are split into 'I Band' and 'H Band' establishments due to size and prisoner demographics. Both HMP&YOI Grampian and HMP&YOI Polmont are classed as 'I Band' establishments due to their size and prisoner demographic.
139. Each member of the SMT has responsibility and oversight of specific areas within the establishment and will directly line manage other managers within the establishment, who then directly line manage Officers.
140. These roles have the responsibility of translating strategic and operational objectives into operational management. Additionally, SMTs are responsible for the Governance of their respective area, overall accountability for the safety of those in their care and staffing group, and to assist in supporting staff fulfil their duties.
141. The job descriptions for the Governor-in-Charge and SMT roles have been provided (TM1/028 - INQ000582431, TM1/029 - INQ000582432, TM1/030 - INQ000582433, TM1/031 - INQ000582434)
142. An organogram of SMTs found within SPS establishments can be found in Annex A.

Key Groups during specified period

143. Key groups that SPS either established or contributed to during the specified period as a response to the Covid-19 pandemic can be found in Annex A (section 6). It should be noted that the groups established were not specific to an operational response of young people and children alone. The only deviation from this was the Local Coronavirus Response Groups (LCRGs) at HMP&YOI Polmont and HMP&YOI Grampian. However, the LCRGs at those two establishments discussed the management and impact of all in their care at those locations, not only children and young people.

Part B – Planning prior to the Pandemic

144. SPS has a strong track record in agile and tactical response management for a range of significant incidents. The response of SPS to significant incidents is dynamic and tailored to the specific situation, as well as ensuring the health and wellbeing of those who live and work in their establishments is of paramount importance when making tactical and operational decisions. With regards to the Covid-19 response, the plans, policies and guidance were, in general, consistent across the estate. Although there were local arrangements (further explored in this section), there were no planning materials specific to children and young people as a whole, only specific to the establishments in which children and young people were located.

Prior to January 2020

145. There are two main considerations to highlight with regards to pandemic planning that took place prior to January 2020.

146. SPS have a set of contingency plans which provide guidance as to how certain incidents and emergencies should be managed. They include guidance on areas such as; deaths in custody, incident at height, significant impact on resources, etc.

147. A Public Health Incident contingency plan was initiated in 2014 (TM1/032 - INQ000582435) and provided to establishments at that time. This plan provided guidance for SPS SMTs on immediate actions in relation to a public health incident which could impact those in their care and staffing teams. This included the approach

to communications and establishing sufficient resources. Additionally, it identified 10 considerations for any affected establishment with regards to an infectious outbreak:

- Clinical Condition of prisoners
 - Does the individual need nursing care from the Health Centre or Hospital?
- Accommodation
 - Is there a requirement to isolate a wing or floor to reduce potential for cross infection?
- Dedicated Staff
 - To care for affected persons. Preferably persons familiar with environment and prisoners.
- Clerical Support
 - If many people are affected, to process administration forms and log specimens, is there a need for additional resource?
- Disposables/Supplies
 - Sufficient supply of gloves/aprons/paper towels/cleaning materials?
- Hand washing Facilities
 - Liquid soap (antibacterial if available)/alcohol hand rub/moist wipes
- Laundry
 - All done in machines (preferably industrial machines).
- Staff Uniforms
 - Launder on site to reduce potential for cross infection.
- Disinfectant
 - Availability/training/protective clothing, eg safety glasses.
- Exclusion of Affected Persons from Food Handling Duties
 - Requirement for staff or prisoners and clearance of specimens if certain communicable diseases are identified.

148. Contingency plans are localised for each establishment, therefore, both HMP&YOI Polmont and HMP&YOI Grampian would have had specific ones for their area prior to January 2020, but these plans would have included all aspects in the contingency plan exhibit provided.

149. Additional to contingency plans, SPS had previous experience of planning for previous pandemics. However, the guidance drafted was previously developed by

individuals with clinical experience, which the SPS did not have internally during the specified period. Furthermore, previous pandemic plans were specific to the type of infection. These plans were created and stored centrally by the SPS Health Team within SPS Headquarters.

150. Previous planning occurred in 2005 in relation to the potential threat of a bird flu pandemic specifically (TM1/033 - INQ000582436).

151. Although both contingency plans and previous guidance provided SPS with a foundation, further guidance is always tailored to the specifics of the infection/pandemic. Additionally, the Covid-19 Pandemic was of a scale that was unprecedented, therefore, although contingency plans were available, they were not appropriate for the scale of impact that was anticipated in the initial planning stages.

Between 01 January 2020 to 23 March 2020

Governance and Planning – National and Local Planning

National – SPS Headquarters

152. Throughout all planning stages, including the initial planning stage between January 2020 to March 2020, SPS was provided advice from subject matter experts in relation to clinical matters. Although SPS were able to provide context of a prison setting, the organisation required the expertise of others to navigate through the planning associated with a potential pandemic. Therefore, SPS met regularly with Public Health Scotland (PHS), Antimicrobial Resistance and Healthcare Associated Infection Scotland (ARHAI) and NHS colleagues and used their advice in the planning stages of keeping those in their care safe. The guidance received considered all those in SPS care and was not specific guidance in relation to children.

153. The ultimate aim for SPS was to keep those in their care safe from the infection, which meant decision makers and establishments needed to be dynamic and rapid in their response, depending on what new information was presented. With that in mind, all individuals in the care of SPS were treated as equally as possible when it came to the changes in operational management that were put in place. Decision-making and rationale is further explored in Part D of this statement.

154. The National Coronavirus Response Group (NCRG) was established in February 2020 and provided the link between the strategic direction and the operational estate of SPS (TM1/034 - INQ000582437). It communicated with both internal and external stakeholders to translate and direct the strategic direction into operational policy, practice and procedure. This ensured that a cohesive approach was maintained across all SPS establishments. The NCRG had the responsibility to communicate effectively with all stakeholders, escalating relevant information and decisions to Scottish Government's Strategic Oversight Group (SOG). The NCRG identified eight themes and associated leads. The identified themes were: Partnership, Communications, Prison Policy, Digital Resilience, Operational Resilience, Resource, HR and Health. This group was chaired by the Director of Operations Directorate (OD). National Trade Union Side (TUS) colleagues were also part of this group. Additionally, a senior operational Governor was also consulted within the group. More detailed information on this group, as well as other key individuals and groups, can be found in Annex A.

Pandemic Planning

155. Upon declaration of a pandemic by the World Health Organisation (WHO), a 4-point UK-specific alert mechanism is developed which is consistent with the alert levels used in other UK infectious disease response plans:

UK Alert System

- Alert Level 1 - Cases only outside the UK in a country or countries with or without extensive UK travel/trade links.
- Alert Level 2 - New virus isolated in the UK.
- Alert Level 3 - Outbreaks in the UK.
- Alert Level 4 - Widespread activities across UK.

SPS Planning

156. In February 2020, the NCRG identified three phases for responding to the pandemic.

Phase 1 – Prevention and Planning

157. During Phase 1, SPS concentrated on communications with Governors, staff and those in their care. Communications reminded staff and those in custody of the importance of good hand hygiene and how to stop the spread of infections, such as

flu. The NCRG began planning for any potential escalation in the alert by ensuring pandemic plans and arrangements were reviewed.

Phase 2 – Preparation & Implementation

158. When positive cases of Coronavirus in the UK or Scotland or a sudden increase in cases were communicated, SPS began preparations for a pandemic. If there were to be any positive cases of the Coronavirus identified in prisoners in Scotland, the pandemic and contingency plans were to be implemented.

Phase 3 - Pandemic Period

159. When there was an increased and sustained spread of the virus in the UK, the WHO announced a worldwide pandemic, and the UK implemented a pandemic response. This is when SPS implemented the pandemic response for prisons.

Scottish Government Developments

160. As guidance from the Scottish Government developed during the specified period, these 'phases' evolved into a tiered system which SPS adapted into a prison setting. However, this development was in November 2020 and is further detailed under Part C of this statement.

The Covid-19 Pandemic Plan

161. The first Covid-19 Pandemic plan was developed in February 2020 through the NCRG (TM1/035 - INQ000582438). The Pandemic Plan provided an overview of measures to be taken to ensure a consistent approach to infection control and operational standards within establishments.

162. The Pandemic Plan was routinely updated depending on further advice received by Scottish Government and PHS. A summary table of the review dates of the SPS Pandemic Plan has been included (TM1/036 - INQ000582439).

Operational Guidance

163. Utilising the Pandemic Plan as a foundation, the NCRG developed changes to operational guidance.

164. This operational guidance was implemented on 27 March 2020 (TM1/037 - INQ000582440). It was an evolved document to the contingency plans that had already been developed as it was guidance that was specific to Covid-19.
165. The SPS operational guidance developed throughout the specified based on the national changes provided by the Scottish Government. This is detailed further in Part C of this statement.
166. A summary table of the changes made to the SPS operational guidance at each stage throughout the specified period has been provided (TM1/038 - INQ000582441).

Local - HMP&YOI Grampian and HMP&YOI Polmont

167. LCRGs were organised at each establishment between February and March 2020 to co-ordinate the local response to the pandemic. LCRGs assumed responsibility for the local management of the Covid-19 response and ensured a consistent approach was maintained. LCRG meetings had a set agenda which included the following items: Staff Absence; Number of Positive Cases and Sick Level of Those in Custody; Transfers to Hospital; Prison Regime; Establishment Management Plan for Suspected and Confirmed Cases; and Catering and Health Care. LCRGs were chaired by the Governor-in-Charge who determined the membership locally. LCRGs were set up in all establishments, including HMP&YOI Polmont and HMP&YOI Grampian. This group would have considered the impact and responsibilities of all those in their care at their establishment, including children, young people and young adults.
168. During the initial stages of planning prior to lockdown, LCRGs were asked by the NCRG to provide a local pandemic plan with immediate actions in relation to contingency planning for Phase 1 of a Covid-19 pandemic. The local pandemic plans for HMP&YOI Polmont and HMP&YOI Grampian have been included (TM1/039 - INQ000582442 & TM1/040 - INQ000582443). These action plans considered the immediate needs, at this initial planning stage, of all those in their care, including children, young people and young adults.
169. Prior to the instruction given for the first lockdown on 23 March, and therefore prior to national Covid-19 operational guidance, establishments developed localised

contingency plans that were Covid-19 specific. These provided considerations and guidance on measures to be taken depending on infection status, utilising a red/amber/green assessment. The foundations of these plans had been created centrally by SPS Headquarters. However, establishments were instructed to localise them. An example of the HMP&YOI Polmont Covid-19 contingency plan from 18 March 2020 has been provided (TM1/041 - INQ000582444). These localised contingency plans would have considered the specific needs of the establishment regarding how Covid-19 could be managed locally, as well as the staffing resource available for children, young people and young adults.

Other Key roles involved in the planning and assessment of Young People prior and during the Covid-19 Pandemic

170. In addition to the Governor-in-Charge, their SMT and the LCRG, there were other key groups of individuals at HMP&YOI Polmont and HMP&YOI Grampian who were involved in the logistical and operational planning locally prior to the first lockdown:

- Case management officers coordinated planning for children and young people while they were in custody, and for throughcare under the WSA. Link Centre staff also gave advice and support for employment and transition to the community
- The Prison Officers who worked directly with the children and young people, and their managers
- User Voice from those in their care, including children and young people
- On-site health staff including primary care medical and mental health staff, forensic and addiction/neurodiversity Consultant Psychiatrists, substance and recovery caseworkers, learning disability nurse, speech and language therapist, dentist
- Social work team
- Psychology team
- Barnardo's youth work team
- Education staff (Fife College) and staff from organisations commissioned to provide specialist programmes such as Parenting (Barnardo's) and Paws for Progress.

- The commissioned partner organisations which provided specialist services (e.g. in relation to bereavement, domestic abuse).

Communication – Early March 2020 (prior to first lockdown)

171. Navigating the continuously evolving national and local changes and ensuring a full understanding of what the operational implications for staff and those in SPS care was a key challenge for all. Communication had to be clear and consistent, and all staff had to be fully appraised in their role of supporting people. Health impacts had to be clear without adding further anxiety. Changes occurred rapidly, particularly in the early months. As such, it was critical to ensure that updates were provided in a timely manner to all relevant stakeholders, including those in SPS care, SPS staffing teams, families of those in SPS care and the Scottish Government.
172. On 02 March 2020, a Governors and Managers Action notice was published which provided initial instructions on reporting any confirmed Covid-19 cases (TM1/042 - INQ000582445). Additionally, on 02 March 2020, daily updates for Governors and Directors from SPS Headquarters commenced (TM1/043 - INQ000582446).
173. The daily updates provided key information for Governors to share with their senior management teams on the current status with regards to relevant information and any immediate changes. These updates evolved from daily to weekly up until August 2022.
174. An initial notice to all in the care of SPS was published on 03 March 2020 and provided information on what Covid-19 was and information on measures they could take to minimise risk of infection (TM1/044 - INQ000582447). Further information was provided to SPS care on Covid-19 on 16 March 2020 (TM1/045 - INQ000582448).

Key Individuals involved in discussions on Pandemic Response

175. Annex A provides additional detail on the key people, groups and discussions with regards to the decision makers on the response to the pandemic for all individuals in the care of SPS, including young people and children.

Part C – Impact of Lockdown on Children and Young People to whom the SPS held responsibilities

The Prime Minister's announcement of 23 March 2020

176. At this time, SPS cannot evidence as to when they were first informed of when the Prime Minister was contemplating the initial lockdown of 23 March 2020. However, it is known that the SPS Chief Executive was in regular contact with the Cabinet Secretary for Justice, Scottish Government, at that time. The Justice Directorate in the Scottish Government may be best placed to inform on the communications strategy that they had with executive agencies.
177. A briefing paper was provided to the Cabinet Secretary for Justice, the Scottish Government, on 23 March 2020 on the immediate measures that SPS were implementing in response to the announcement of the first lockdown (TM1/046 - INQ000582451).
178. As highlighted in Part B, SPS was provided with advice from subject matter experts from PHS in relation to the infection control measures with the immediate priority on protecting the health and safety of those in the care of SPS. SPS was not provided with external advice on the impact a lockdown may have on children and young people specifically between January 2020 and March 2020. However, through the experience SPS had of children and young people in their care, the organisation was aware of the potential impact of social isolation on young people and children. The decision-making with regards to children and young people is further explored in the statement under Part D.
179. On 23 March 2020, an urgent conference call was arranged by the NCRG which all Governors across the estate attended. At this point, they were informed that to minimise the risk of the Covid-19 infection spreading, all regimes would be required to be restricted from 24 March 2020 and that a 'core day' would be implemented. A 'core day' was a national change made by SPS (through NCRG) to regime timelines within all SPS establishments. It meant that all key regime activities were required to be conducted within a more condensed timeframe to allow for appropriate resource availability during the key times of the day and to ensure legal entitlements were able to be met.

180. As explained in Part B of this statement, the first SPS Operational Guidance document in relation to the response to Covid-19 was provided to all establishments on 27 March 2020. The initial title for this guidance was *SPS Covid-19 "Lockdown" Phase Communication and Operational Policy Guidance Compendium*.

181. On 28 May 2020, the Scottish Government implemented a Covid-19 Routemap, providing updated guidance in the Scottish Government's response to the pandemic (TM1/047 - INQ000189164). The route map included a 4-phase plan for how Covid-19 would be managed, with the priority of protecting all of Scotland's people, which included those in the care of SPS. The Routemap highlighted measures in relation to coming out of the initial lockdown, utilising a considered and measured approach.

182. As Scotland entered phase 1 of the Routemap, the SPS, via the NCRG, reviewed the Scottish Government guidance document, and developed policy to ensure it reflected the both the information provided by Scottish Government, as well as PHS. This SPS policy was developed into a *SPS Covid-19 Routemap* in June 2020 (TM1/048 - INQ000078400).

183. On 15 July 2020, Scotland entered Phase 3 of the Scottish Government Routemap, and SPS continued to review their guidance, as well as continuing to take advice from PHS.

The announcement of the second national lockdown

184. On 23 October 2020, the Scottish Government published *Scotland's Strategic Framework* that set out the strategic approach to suppress the virus to the lowest possible level, whilst the country strived to return to a more normal life for as many people as possible. This involved a tier/level system and included measures that could be applied nationally or locally depending on the prevalence of the virus across Scotland (TM1/049 - INQ000339830). Each area had a Covid-19 protection level. There were 5 different levels starting from 0 to 4. The lowest level was 0 and the highest level was 4. This model came into force from 2 November 2020.

185. As local authority areas moved in and out of tier levels, prisons located within them adapted operationally to meet the local restrictions in place.

186. This meant that SPS had to respond dynamically to a changing landscape, depending on the level each local authority was in. The impact of this was that SPS was required to adapt dynamically to 32 different local authorities, and as HMP&YOI Polmont is a national facility for young people, this presented its own challenges as young people, their families and third sector support could be from any local authority.

187. Operational guidance was adapted to this change, and the new title of this guidance was *SPS COVID-19: 5 Level Temporary Arrangements* (TM1/050 – INQ000582454) and this was published within SPS on 2 November 2020.

The announcement of the third national lockdown

188. On 4 January 2021, Scotland's First Minister announced a series of fresh restrictions. SPS reviewed their guidance and updated them appropriately in line with these new restrictions. In this revision of the SPS Operational Guidance, SPS included reference to these restrictions as 'Level 4 Enhanced'. This was because the restrictions that were set down for the general population were not specifically referred to by name or by intent within the Government's Strategic Framework document.

189. On 23 February 2021, an updated Scottish Government Framework was introduced in relation to the timetable for the easing of restrictions (TM1/051 - INQ000339831). SPS developed its operational policy in line with this, and on 21 April 2021, published refreshed guidance titled, *SPS COVID-19: New 5 Level Temporary Arrangements* (TM1/052 - INQ000582455).

Transition Phase – 'Moving Beyond'

190. In June 2021, the Scottish Government published a comprehensive document providing updated pandemic guidance for all citizens of Scotland (TM1/053 - INQ000247369). This guidance provided the Scottish Government's plan for moving beyond the system of levels-based controls, and into a 'Beyond Level 0' phase of the Pandemic. It also included the 'Baseline Measures' to which all citizens were required to adhere.

191. As a result, SPS reviewed their guidance in line with this, and the *SPS COVID-19 New 5 Level Temporary Arrangements document*, and *SPS Covid-19 Routemap* were rescinded and replaced with an updated operational guidance document, titled,

SPS COVID-19: Beyond Level 0 - New Routemap and Operational Guidance (TM1/054 - INQ000582456) on 9 August 2021.

192. However, although the *SPS COVID-19 New 5 Level Temporary Arrangements* was archived at this time, it was retained as the default guidance in the event that national or local levels-based restrictions were reintroduced after this time.

193. Additionally, this guidance was to be used in conjunction with the following documents, that were also refreshed at this time:

- SPS Pandemic Plan
- SPS Physical Distancing Guidance
- SPS Face Masks and Face Covering Guidance
- SPS Test and Protect in a Custodial Setting Guidance.

194. In September 2021, SPS implemented the Restoration of Services within all SPS establishments, which saw a return to full access of purposeful activity and regime. This is explored in more detail in Part D of this statement.

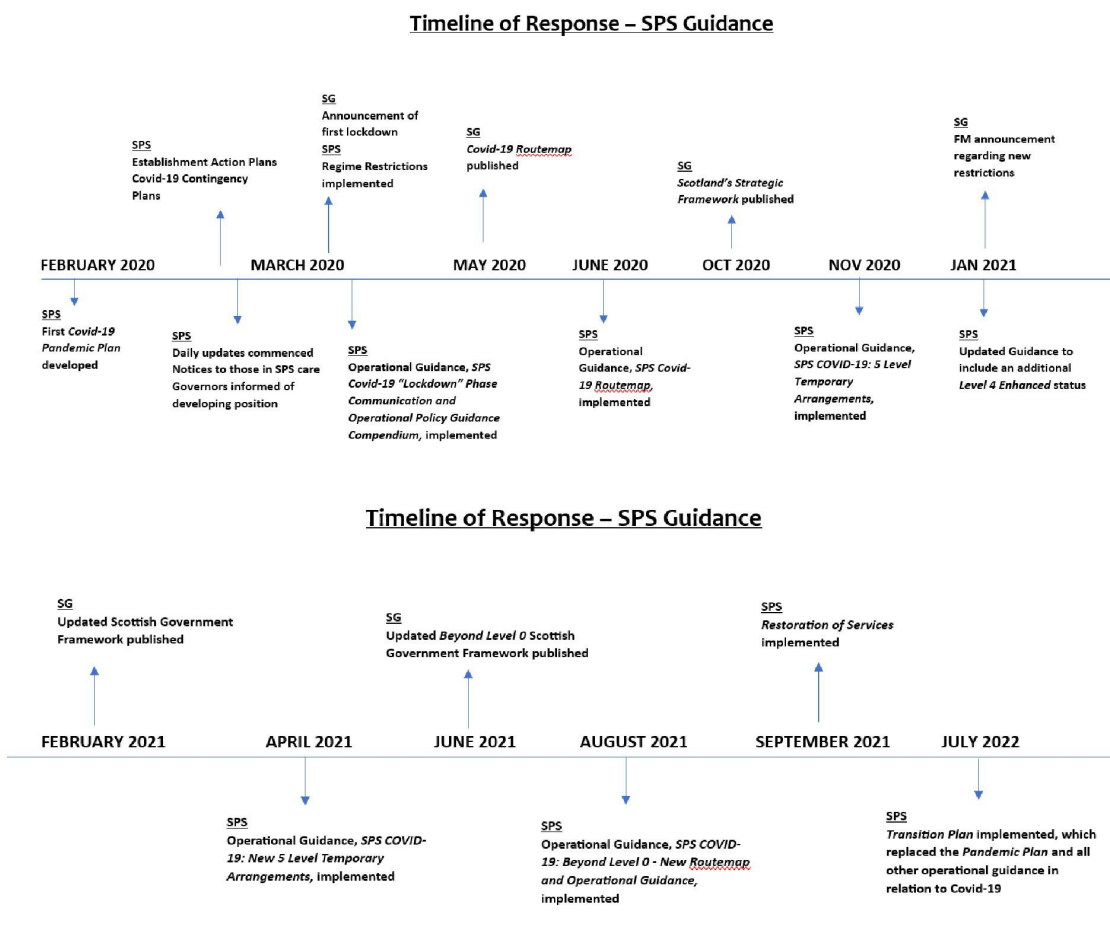
195. On 23 June 2022, the NCRG made all Governors and SPS staff aware that a Covid-19 Transition plan was in the process of being drafted, but provided an overview of immediate measures which all staff should take (TM1/055 - INQ000582457).

196. In July 2022, the first version of the *SPS Covid-19 Guidance Transition Plan* was published and replaced the Pandemic Plan and all other operational guidance in relation to Covid-19 management and response (TM1/056 - INQ000582458).

197. Although there were key stages of changes to SPS guidance in relation to purpose and content, SPS updated each set of guidance to ensure they were in line with the most recent advice. For example, there were 10 versions of the *SPS COVID-19 New 5 Level Temporary Arrangements* between April 2021 and August 2021, updated at each point that new advice was received.

Timeline of Response over the specified period

198. The following timeline provides an overview of the evolved stages of the Scottish Government strategy and the SPS operational guidance response to them. It should be noted that although the SPS Pandemic Plan was continuously updated as the Scottish Government guidance evolved, it remained consistent in format, whereas operational guidance evolved in approach, format and style.



SPS Assessment and Monitoring – The Impact of Lockdown

199. Throughout the specified period, SPS conducted a number of feedback exercises, commissioned by SPS' NCRG, requesting formal 'snapshot' information from establishments on the impact and management of those in their care, which included the impact on children, young people and young adults as establishments considered all in their care in these exercises. SPS monitoring was conducted on a 'rolling basis'. This meant that monitoring was (i) continuous in some cases, for example, the Daily Assurance Report (mentioned below), (ii) as well as periodic, i.e.

the Functional Regimes Exercise (mentioned below), (iii) and finally, by way of exception, i.e. the Covid-19 Status Report (mentioned below).

National Assessment and Monitoring

Functional Regimes Exercise

200. SPS Headquarters were in continuous discussion, both formal and informal, with Governors across the estate. Throughout the different stages of the pandemic as explained in Part C, the Operations Directorate of SPS, periodically collated information from establishments on their regime provision and asked for information on the impact of those in their care. This was called the *Functional Regimes* exercise.

201. This exercise was conducted at the following times:

- May 2020
- August 2020
- November 2020
- January 2021
- September 2021.

202. Within this request, establishments were asked to answer the following questions, in separate columns of their submission, for each sub-type of demographic of: (i) general population, (ii) those being managed under a Rule 40/41 (further explained in Part D of this statement) and shielding, and (iii) those located within the Separation and Reintegration Unit (these are individuals who have been separated from the general population for the reasons of: maintaining good order or discipline, to protect the interests of any prisoner, or to ensure the safety of other persons):

- *For each of these Covid-19 population sub-types, how long does an individual spend outside, in the fresh air, in the exercise session(s) allotted to him / her on a daily basis?*
- *For each of these Covid-19 population sub-types, is an individual able to access a shower on a daily basis?*
- *For each of these Covid-19 population sub-types, is an individual able to access family / friends via telephone on a daily basis?*

- *For each of these Covid-19 population sub-types, how much time is an individual able to be in association (but not on the exercise yard) to meet with people and undertake self-directed recreation?*
- *For each of these Covid-19 population sub-types, how much time is an individual able to be in association (but not on the exercise yard) to undertake structured recreation e.g. tournaments, quizzes?*
- *Is access to Exercise>Showers/Rec Part of a Single Time Block?*
- *Cellular isolation or general regime restriction over extended periods of time can be difficult. What kinds of countermeasures do you have in place to combat this mental threat?*
- *For each of these Covid-19 population sub-types, what kinds of general cell-based activities are available?*
- *Is the application 'Email a Prisoner' in operation and actively used within your establishment?*
- *Is the application 'Prisoner Voicemail' in operation and actively used within your establishment?*
- *Has your establishment offered prisoners the opportunity to have private letters posted free since the Covid-19 lockdown began?*
- *Does your establishment offer Physical Training Instructor / professionally led activities as part of your revised regime e.g. socially distanced group calisthenics or circuits?*
- *Total Time Out of Cell Daily (to the nearest hours)*
- *If required, is your establishment operating a system where a prisoner could access (relatively) unimpeded access to an agent on a daily basis?*
- *If required, is your establishment operating a system where the Scottish Courts and Tribunals Service can access (via appointment) a prisoner in the execution of a case?*
- *Does your establishment offer a library service whereby books are brought to the prisoner from the prison library or where some other external support service has been provided?*
- *Either through the main education contract or through external partners/volunteers, is there a structured learning programme in place at this time?*
- *Please provide a comprehensive list of the categories of your prisoner workforce; those which you have deemed to be critical at this time*

- *Is there an opportunity at this time, even with appropriate social distancing measures in place, for the establishment population to regularly attend a place of worship?*
- *With the exception of the prison Listeners, does your establishment have a formal peer support network in place?*
- *Is there a regular onsite SPS psychologist who is available to support the mental wellbeing of prisoners at this time?*
- *Is there a regular onsite professional counselling or other service which is available to support the mental wellbeing of prisoners at this time?*
- *Has the establishment arranged purchase of and deployment of electronic games to be played in-cell whether these are personal issue or for sharing by groups?*
- *Does your establishment have the capacity to routinely review Prisoner Supervision System assignments in line with SPS policy?*
- *Does your establishment operate a programme whereby any prisoner has the means to follow a structured in-cell fitness programme if they wish to do so?*
- *With the available staff resource at your disposal, does your establishment have the capability to resource caseload processing including ICM, Parole etc.?*

203. This exercise provided SPS Headquarters with monitoring of the service and regime provision by all establishments at periodic intervals and provided the NCRG with the opportunity to discuss any concerns that were raised.

204. The submissions from HMP&YOI Polmont and HMP&YOI Grampian have been included:

- May 2020
 - HMP&YOI Polmont (TM1/057 - INQ000582459)
 - HMP&YOI Grampian (TM1/058 - INQ000582460)
- August 2020
 - HMP&YOI Polmont (TM1/059 - INQ000582461)
 - HMP&YOI Grampian (TM1/060 - INQ000582462)
- November 2020
 - HMP&YOI Polmont (TM1/061 - INQ000582463)
 - HMP&YOI Grampian (TM1/062 - INQ000582464)

- January 2021
 - HMP&YOI Polmont (TM1/063 - INQ000582465)
 - HMP&YOI Grampian (TM1/064 - INQ000582466)
- September 2021
 - HMP&YOI Polmont (TM1/065 - INQ000582467)
 - HMP&YOI Grampian (TM1/066 - INQ000582468)

Intelligence Assessment

205. To ensure oversight of the Operational Risks across establishments at the beginning of the Covid-19 period, the Public Protection Unit of SPS shared a daily overview of incident and intelligence reporting with the Executive Management Group and Director of Operations of SPS.

206. This daily document evolved to a monthly National Intelligence Assessment which provided an analysis of key risk areas including good order and discipline, violence, drugs, self-harm and prisoner complaints. The document also recorded actions identified and taken to mitigate against risk. Due to the sensitive nature contained within these documents and the potential risk of harm if shared, SPS are unable to provide these as an exhibit.

Response Workshops

207. In August 2020, the NCRG were approached by the Head of Operations and Public Protection of SPS to request that reflective response workshops be facilitated in each SPS establishment to discuss operational stability, any challenges they had faced since the changes that SPS put in place on 24 March 2020, what had helped and hindered that, and a discussion on preparing for any future challenges. (TM1/067 - INQ 000582469). This was granted and the SPS College facilitated these sessions.

208. These workshops took place between August 2020 and October 2020 with all SPS establishments. The purpose of the Response Workshop was to support a facilitated discussion amongst the SMT regarding the challenges the establishment has faced/may face in the future as a result of the Covid-19 regime restrictions and to identify any contingency arrangements that needed to be adapted or developed to support the establishment in the future. The Response Workshops allowed the local

management team to discuss, plan and prepare for future events, based on a range of scenarios that could evolve as part of the ongoing pandemic.

209. Response Workshops were conducted in HMP&YOI Polmont and HMP&YOI Grampian on 18 September 2020 and 25 September 2020 respectively. A summary of both workshops have been provided (TM1/068 - INQ000582470 & TM1/069 - INQ000582471).

Health and Operational monitoring – Covid-19 Status Report

210. During the specified period, if there was a requirement to restrict any activity more than the operational guidance stated, for example, in a local outbreak situation, then a document was required to be completed by the establishment to describe the further restrictions and explain what the establishment was doing to mitigate any impact from those additional restrictions.
211. This was submitted, by exception, to the SPS Health Team and the SPS Operations Directorate, and was considered on a case-by-case basis.
212. An example of the template used has been included (TM1/070 - INQ000582472).

Health Monitoring – Daily Assurance Report

213. Throughout the specified period, the NCRG (specifically the Health Team) collated daily figures from establishments on the number of individuals in their care who were required to isolate due to Covid-19. It also included personal information on the individuals who were isolating. This was submitted to the SPS Health Team within SPS Headquarters every morning by each establishment.
214. Additionally, information on any individual being cared for within hospital was collated.
215. This provided the NCRG within SPS Headquarters with an overview of the scale of impact that Covid-19 isolation had across all SPS establishments.

216. An example of the template used has been included, titled *Covid-19 Daily Establishment Assurance Report* (TM1/071 - INQ000582473).

Health Monitoring - Covid-19 related deaths in custody

217. Early indications at the onset of the pandemic indicated that SPS were to anticipate a significant number of deaths due to the Covid-19 infection. Therefore, SPS had serious concerns of the scale of the number of deaths that were projected prior to the first lockdown in March 2020.

218. The SPS health team collated information regarding all deaths in custody, and it was confirmed that over the specified period, SPS experienced sixteen Covid-19-related deaths. The cause of death was confirmed by Medical Certificate Cause of Death.

219. The following table provides the age ranges for Covid-19 related deaths of those within SPS care.

Year	Number of Covid-19 related deaths	Age 22-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70+
2020	5	0	0	0	1	3	1
2021	9	1	1	1	2	1	3
2022	2	0	0	0	1	1	0

220. There were no children or young people who died from a Covid-19 related death over the specified period.

221. Any death of an individual whilst in the care of SPS is a tragedy, irrespective of the cause. However, on reflection, the number of deaths was significantly lower than anticipated by the health professionals who were advising SPS during the pandemic.

Research on Operational Changes

222. Research that was conducted by the SPS Research team concentrated on specific operational decisions, for example, the impact of regime restrictions and digital initiatives, rather than consistent reflections of each stage of the specified period, i.e. after every lockdown period. This research is further explored in Part D of this statement.

NCRG and Incident Management Team Meetings

223. Each SPS establishment was linked to the local Health Board and their infection control teams. This did, at times, result in some differing in practices. For example, the identification of close contacts, which meant that each establishment could have a slightly different approach.
224. As identified above, the operational response of SPS to the pandemic was overseen by the NCRG, who attended the majority of outbreak Incident Management Team meetings. This resulted in ongoing practice evaluations and the sharing of learning from the NCRG to the Governors across the estate.

Local

225. With regards to the monitoring of those in SPS care throughout the specified period, SPS staff had daily interactions with those that they cared for. Any concerns regarding the wellbeing of individuals were escalated through internal processes, for example, SPS' Suicide Prevention Strategy (also known as 'Talk to Me') or a referral to NHS colleagues.
226. Additionally, staff shared any updates with those in their care on a daily basis through a variety of methods, including face to face interaction, posters displayed in the residential areas and through media channels, i.e. prison radio and/or in-cell televisions.

HMP&YOI Polmont – User Voice Feedback

227. In May 2020, the Governor of HMP&YOI Polmont commissioned a user voice feedback exercise, which was completed on 20 June 2020 (TM1/072 - INQ000582474).
228. During a two-week period (17 May - 24 May 2020) User Voice focus groups were held with children, young people, women and staff. The approach taken was qualitative and was based on four specific questions that were asked to each of the groups. Groups were held in each residential area and covered every discrete

population group represented in HMP & YOI Polmont, including those on remand, those serving short term and long term sentences, individuals who were of an 'offence protection' status (i.e. those charged with a sexual offence) and those who were of a 'non-offence protection' status (i.e. those who required to be managed away from the mainstream population, but were not of an 'offence related' protection status).

229. The four questions Young People and Women were asked were as follows:

- What has gone well since lockdown?
- What has not gone well since lockdown?
- What have you liked about the current regime?
- What should we be doing, changing going forward?
- How are you enjoying the in-cell activity packs?

230. The total number of young people involved in the groups was 84, which represented approximately 30% of all young people in HMP&YOI Polmont at that time.

231. Feedback from the young people stated that they felt they had been communicated with well and that smaller groups (households) were beneficial for a variety of reasons, including feelings of safety and access to the telephone.

232. Conversely, some young people saw no positives from the changes to regime and, in particular, noted that the suspension of visits and lack of time out of their cell was impacting on their wellbeing.

233. HMP&YOI Polmont used the feedback and developed a list of 30 recommendations that were taken into consideration when developing their regime. With regards to fulfilling the recommendations put forward, this was done locally, where possible, and in line with PHS advice. The actions taken are further explored within Part D of this statement, for example, the actions taken to minimise the impact of social isolation.

Shared Experience - HMP&YOI Polmont and HMP&YOI Grampian

234. Through both informal and formal feedback received from SPS establishments, it was noted that many in SPS care felt that they were experiencing a 'shared experience' with their loved ones in the community. The SPS has never experienced a

time prior to this where individuals in their care were of this level of understanding and accommodating to such significant changes that were made. As their loved ones continued to share their own experiences of what was happening in the community, this provided perspective to those in SPS care and there was an understanding that the intention of how they were being cared for was with a view of keeping them safe. Further details on the feedback received can be found in Part D of this statement.

235. A timeline overview of all research, formal feedback and lessons learned can be found in Part E of this statement.

Scottish Government Assessment and Monitoring

236. SPS is not aware, and was not asked to contribute to, any monitoring, assessment or analysis from the Scottish Government on the impact that each lockdown had on children and young people during the specified period. Although, as stated previously in paragraph 176, the SPS Chief Executive regularly updated the Cabinet Secretary for Justice (laterally the Cabinet Secretary for Justice and Veterans) on matters in relation to SPS decisions regarding Covid-19 management, the impact experienced by those in their care and the conditions within establishments, throughout the pandemic.

237. Her Majesty's Inspectorate of Prisons for Scotland (HMIPS) were responsible for inspection and monitoring of custodial settings, including at that time, SPS establishments that cared for children and young people.

238. During the specified period, HMIPS full inspection visits were suspended between April 2020 to July 2021. However, HMIPS implemented a remote monitoring framework for Independent Prison Monitoring, and liaison visits were undertaken at HMP&YOI Polmont on 26 and 27 August 2020 (TM1/073 - INQ000551200), and at HMP&YOI Grampian on 04 and 05 November 2020 (TM1/074 - INQ000551201).

239. With regards to the report on HMP&YOI Grampian, children and young people are not referenced within the report. However, the report on HMP&YOI Polmont provided recommendations, as well as areas of good practice, in relation to children and young people within the establishment. Similarly to what is highlighted in paragraph 233 above, these recommendations were considered by the establishment

and, where feasible, changes were implemented whilst ensuring that they were in line with PHS advice. An example of this was the recommendation made regarding the reinstatement of offending behaviour programmes. Whilst SPS and HMP&YOI Polmont agreed with this recommendation in principle, the recommencement of this activity was dependent on the Scottish Government guidance and PHS advice. This is further explored in Part D of this statement.

Part D - Significant decisions which affected children and young people during the pandemic

240. In response to the restrictions imposed by Covid-19, the SPS put in place several significant alterations to the operational processes and procedures typically followed to manage the establishments and individuals in custody. This was to ensure the safety of all those with live, work and visit SPS prisons, against the potential for viral transmission. These processes included spatial reconfigurations of prisoner accommodation, to allow for greater physical and social distancing; limitations and suspensions of certain activities, to minimise transmission rates from outside the establishment; and the introduction of novel digital approaches to temporarily replace services impacted by the imposed limitations.

Decision Making

241. Decisions on operational processes that impacted the entire SPS estate during the specified period were made by SPS' central NCRG group. Therefore, although there may have been some local deviations due to the fabric of the building, available resources and outbreak periods, the fundamentals of the changes were universal for all prisoner demographics, including all those in the care of HMP&YOI Polmont and HMP&YOI Grampian. Any local deviations from this for these specific establishments are explained below under the relevant sections.

242. As previously highlighted, PHS were continuously consulted in relation to applying infection control measures in a prison setting. The operational management decisions were discussed and made within the NCRG, and Governors were consulted regarding decisions being made. Additionally, SPS Legal Services were involved in the decisions regarding Prison Rule changes. This is detailed in the *Legal Basis for Operational Changes* section.

Considerations and Rationale for Operational Changes for Young People

243. Throughout the specified period, all the decisions made regarding the response of SPS to the pandemic were done so with the health and wellbeing of those in the care of SPS at the forefront. The rate of decision-making was rapid and required continuous and dynamic consideration based on an evolving situation from the Scottish Government guidance, rate of infection, updated guidance from PHS and any local issues, such as an outbreak incident.

244. All of the decisions made were to keep those in the care of SPS as safe as possible, as well implementing new initiatives with the intention of mitigating the negative impact of the restrictions that were put in place. With regards to children and young people being cared for at HMP&YOI Polmont and HMP&YOI Grampian, the decisions made by SPS ensured that their needs were considered first. An example of this was when the mobile phone scheme was implemented first within HMP&YOI Polmont and HMP&YOI Grampian before other establishments. Other examples are explored further in this section.

Legal Basis for Operational Changes

245. The Prison Rules are a Scottish Statutory Instrument (SSI) - The Prisons and Young Offenders Institutions (Scotland) Rules 2011 (SSI No 331/2011) and are made under powers conferred on Scottish Ministers by section 39 of the Prisons (Scotland) Act 1989. Any amendments made to the Rules must also be made via a further SSI under the same powers. SSIs involving the Prison Rules are subject to the negative parliamentary procedure, which means they will normally be laid before Parliament for at least 28 days before coming into force and can be annulled by the Parliament up to 40 days after they have been laid. They are also subject to parliamentary scrutiny which will include consideration by the Delegated Powers and Law Reform Committee and the Criminal Justice Committee, which are multi-party committees.

246. On 07 April 2020 changes were made to The Prisons and Young Offenders Institutions (Scotland) Rules 2011 with regards to the management of those in SPS care ([**TM1/075**] - INQ000571759). These changes were designed to support SPS: (1) reduce the risks of the virus spreading within prisons; (2) to support operational stability; and (3) to protect the health of those living and working in prisons. In normal circumstances, negative SSIs are required to be laid before the Parliament for at least

28 days (not counting recess periods) before they come into force. However, due to the rapid response required by SPS to the initial lockdown, this was not possible, and the SSI was required to be laid in Parliament as quickly as possible.

247. A briefing paper was submitted to the Cabinet Secretary for Justice on 06 April 2020 seeking agreement on the proposed SSI (TM1/076 - INQ000582478), with agreement received on 07 April 2020.

248. A summary of the key changes were as follows:

- **Part 3 – Supervision Levels** - Rules 19A (Assignment of supervision levels on review– coronavirus), 20A (Maintaining or lowering a supervision level on review– coronavirus), 21A (Assigning certain supervision levels on review – coronavirus), provided SPS staff with flexibility in regards to the timescales for completing reviews of supervision levels and the administrative requirements to provide summary information to those in SPS care regarding the assignment and review of supervision levels.
- **Part 4 – Accommodation of Prisoners** – Rule 33A (Provision of clothing to prisoners – coronavirus) & 35A (Prisoners’ food and drink – coronavirus) allowed for Directions made by Scottish Ministers under these rules to be extended on a monthly basis. Rule 34A (Personal hygiene – coronavirus) provided SPS with some flexibility in regards to access for individuals to bathe or shower. Normally, individuals are provided with an opportunity to bathe or shower at a minimum every other day. This was changed to twice weekly, and was consistent with minimum requirements of the European Prison Rules.
- **Part 5 – Health & Welfare** - Rule 40A (Recommendation by healthcare professional – coronavirus) allowed a Governor, on the recommendation of a Healthcare Professional, to confine groups of individuals to their cells or prohibit them from participating in activities such as exercise or recreational activities for a period of up to 14 days. The Governor may subsequently apply to the Scottish Ministers for an extension of this 14 day period on the advice of a healthcare professional. Rule 43A (Prisoners’ welfare – coronavirus) provided some flexibility to Governors in regard to their duties to provide assistance and facilities for prisoners to maintain and develop relationships with family and friends.

- **Part 7 – Privileges and Prisoners Personal Property** - Rule 52A (Supplies of books, newspapers, etc to prisoners – coronavirus) provided some flexibility in relation to the entitlement of prisoners to receive books, newspapers etc under rule 52 (Supplies of books, newspapers, etc to prisoners).
- **Part 8 – Communications Rule** – Rule 63A (Visits to prisoners – coronavirus) allowed the Governor to suspend prison visits. In doing so, the Governor may make different provision for different purposes including different types of visit. This meant that provision can, for example, be made by the Governor for those in their care to continue to be entitled to receive a visit from a legal advisor.
- **Part 9 – Work, Education, Earnings and Recreation Rules** - Rules 81A (Arrangements for work, education and counselling – coronavirus), 84A (Purposeful activities – coronavirus), and 88A (Recreation – coronavirus) allowed the Governor to suspend or curtail work, educational activities, counselling, purposeful activities and recreation where it is necessary and proportionate to do so.
- **Part 11 – Discipline, Rules** – Rules 111A (Reporting breaches of discipline – coronavirus) to 118A (Disciplinary appeals – coronavirus) provided SPS Staff with flexibility in relation to deadlines for reporting breaches of discipline, charging for an alleged breach of discipline committed in another prison or during transfer, and for dealing with appeals for findings of a breach of discipline.
- **Part 12 – Requests and Complaints** - Rules 120A (Requests to speak to certain persons – coronavirus) to 123A (Referral of complaints to the Internal Complaints Committee – coronavirus) provided flexibility in regard to the administrative requirements and timescales to which SPS, in normal circumstances, are required to adhere when dealing with prisoner complaints.
- **Part 14 - Transfer and Release of Prisoners** - Rule 131A (Healthcare assessment prior to transfer – coronavirus) provided the Governor with discretion as to when he or she must seek advice from a healthcare professional when proposing to transfer an individual to another prison.

- **Part 15 – Temporary Release** - Rule 136B (Extension of certain periods of temporary release – coronavirus). Scottish Ministers were able to extend the period a prisoner is on home leave for up to 14 days from the normal 7 days. It was anticipated that this was to be used where individuals advised that they or someone in their home had developed symptoms of Covid-19 and, in compliance with the Scottish Government advice, they were required to self-isolate for 14 days.

249. Further rule amendments were implemented due to the introduction of mobile phones and virtual visits for all in the care of SPS on 16 June 2020 (TM1/077 - INQ000582479), 8 July 2020 (TM1/078 - INQ000582480), and 3 August 2020 (TM1/079 - INQ000582481).

250. In response to comments from the Scottish Parliament's Justice Committee and external stakeholders about the lack of consultation on the previous SSI Covid-19 amendment, SPS decided to conduct a targeted consultation on the proposals for The Prisons and Young Offenders Institutions (Coronavirus) (Scotland) Amendment (No.2) Rules 2021.

251. SPS was keen to seek the views of a range of stakeholders and therefore undertook a targeted consultation on the proposed amendments to the Prison Rules. On 19 July 2021, by way of written correspondence, SPS sought the views of the following 9 stakeholders: Children and Young People's Commissioner Scotland; Prison Reform Trust; Scottish Human Rights Commission; Scottish Prison Service Trade Unions; The Howard League (Scotland); Parole Board Scotland; Families Outside; HM Inspectorate of Prisons for Scotland and The National Prisoner Health Network Advisory Board.

252. A total of 6 responses to the consultation were received. Of the 6 responses received, 2 advised they had no comment to make, 3 were published as part of the report (Families Outside, HMIPS and The Howard League (Scotland)) and 1 of the respondents chose not to have their response published. A copy of the consultation paper has been provided (TM1/080 - INQ000582482).

253. The main concerns raised were regarding the restrictions on in-person visits, isolating individuals in their cell, and the restrictions on purposeful activity. The feedback that was received was reviewed and SPS provided a response within the consultation paper to the concerns highlighted.

254. Amendment (No.2) Rules 2021 was laid before Parliament on 30 August 2021 and came into force on 29 September 2021. It extended the application of certain amendments by amending the date set out in the definition of “for the duration of a coronavirus outbreak” to 31 March 2022.

255. Throughout the specified period, Prison Rules were under continuous review, with extensions sought at appropriate intervals and any non-applicable rule amendments revoked. Through Ministers, SPS took forward a number of SSIs to amend Prison Rules to provide some flexibility to Governors in Charge in terms of the regime and services provided to those in the care of SPS. The amendments were designed to support the response of SPS to the exceptional pressures facing prisons during the pandemic. The amendments remained in force until the 30 September 2022. The following table provides an overview of when those extensions and amendments took place:

Name	Number	Made	Laid	Came into Force
The Prisons and Young Offenders Institutions (Scotland) Amended Rules 2020 (TM1/080a – INQ000618046)	(SSI 2020/122)	7 April 2020	7 April 2020	7 April 2020
The Prisons and Young Offenders Institutions (Scotland) Amendment (No. 2) Rules 2020 (TM1/080b – INQ000618047)	(SSI 2020/264)	27 August 2020	31 August 2020	29 September 2020
The Prisons and Young Offenders Institutions (Coronavirus)(Scotland) Amendment Rules 2021	(SSI 2021/80)	17 February 2021	19 February 2021	30 March 2021

(TM1/080c – INQ000618048)				
The Prisons and Young Offenders Institutions (Coronavirus)(Scotland) Amendment (No.2) Rules 2021 (TM1/080d – INQ000618049)	(SSI 2021/289)	26 August 2021	30 August 2021	29 September 2021
The Prisons and Young Offenders Institutions (Coronavirus) (Scotland) Amendment Rules 2022 (TM1/080e – INQ000618050)	(SSI 2022/73)	23 February 2022	25 February 2022	30 March 2022

Impact on Regime

Isolation of those with Covid-19 symptoms

256. Under Rule 41 of the Prisons and Young Offenders Institutions (Scotland) Rules 2011, an individual in the care of SPS can be managed in a different way when additional support is required as a result of a health condition or concern. This may lead to them being separated from the general population, but this is assessed on an individualised basis.

257. Prior to the specified period, the reasons for a Rule 41 application were not restricted to, but was most likely to be due to:

- Communicable Disease (other than Covid-19)
- Lowered Auto-immune System

- Mental Health Issues including personality disorder, reduced cognitive capacity, learning disability or due to other significant behaviours which put them at risk

258. Legislation changes from April 2020, described in the *Legal Basis* section above, included a temporary addition to the Rule to cover Covid-19 and supported guidance in relation to isolating individuals for up to 14 days (TM1/081 – INQ000571755). In those incidences, arrangements were put in place to support meals being delivered to cells and for NHS staff to administer medication direct in cells. For individuals in the care of SPS that were required to isolate, they were offered their legal entitlements in relation to time in the open air, healthcare, meal issue, access to the telephone and washing facilities. However, there were restrictions in place from further out of cell purposeful activity. This is further explained in paragraphs 292 to 294. The frequency and duration that an individual was out of their cell varied as this was determined by a local risk assessment. The risk assessment considered staffing levels, Personal Protection Equipment (PPE) and the ability to maintain physical distancing.

259. With regards to individuals who were in an area where a Covid-19 outbreak occurred, the changes to Rule 40A of the Prisons and Young Offenders Institutions (Scotland) Rules 2011 allowed for “all prisoners within the prison, prisoners in a specified part of the prison or specified prisoners to be confined to their cell or prohibited from participating in specified activities, on the recommendation of a healthcare professional, in response to the effects that Coronavirus is having, or is likely to have on, or in relation to the prison”. Rule 40A differed from a Rule 41 in that it affected a group of individuals, rather than one individual.

260. With implementing ‘Test & Protect’ in the prison setting this did result in high numbers of individuals being isolated when an outbreak occurred, which may have reduced the spread of Covid-19. However, this also resulted in individuals potentially being in and out of isolation frequently. When SPS implemented the revised guidance in April 2022, there was an impact on SPS staff who were then tasked with observing the Lateral Flow Device (LFD) tests to allow for early release from isolation following a negative test result, this involved implementing a process of recording.

261. Testing and isolation of close contacts/households ended in July 2022 which meant that large numbers no longer had to isolate. Testing to end isolation early also ceased in July 2022, however symptomatic testing continued until September 2023

before a pause was agreed by Scottish Ministers. As a result, while restrictions were already lifting in the community, and in line with revised Public Health Scotland prison specific guidance, SPS continued to isolate those symptomatic and testing positive for at least 5 days. Those who were symptomatic, but refused testing, were also isolated.

262. These changes were in place in all establishments, including HMP&YOI Polmont and HMP&YOI Grampian.

Admissions entering SPS custody

263. Throughout the specified period, there was not a requirement for individuals being admitted into SPS custody to be tested for Covid-19.

264. Between March 2020 to July 2020 there was no requirement to isolate those entering custody unless they were symptomatic of Covid-19.

265. As of 08 July 2020, an addition to isolating was implemented where anyone entering SPS custody who had returned from outside the United Kingdom (UK) in the last 14 days were required to be isolated for 14 days from the day they returned to the UK.

266. From September 2020, when symptomatic testing was introduced, there was no requirement to isolate those entering custody unless they identified with one of the following reasons:

- Symptomatic
- Prior to admission they were sharing a household with someone who was symptomatic, and/or confirmed positive
- A close contact of a confirmed case in the community (identified via test and protect).

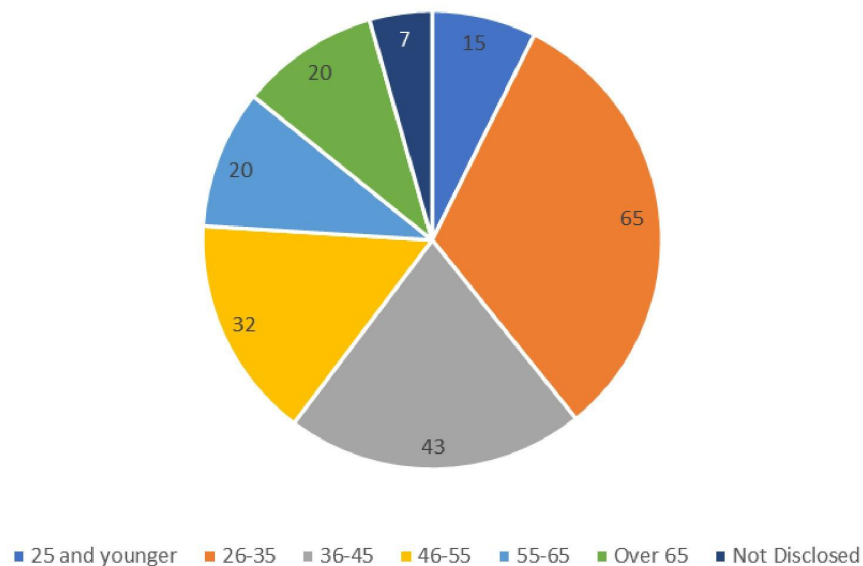
267. Prior to admission if the individual was sharing a household with someone who was symptomatic they were required to be isolated on Rule 41 for 14 days. Under Test & Protect if the symptomatic person had tested negative, the individual in custody no longer required to isolate and could be removed from Rule 41. If the symptomatic person tested positive, the individual in custody was required to continue isolating for the full 14 days from the date of symptom onset, if they then became symptomatic they were offered to be tested.

268. Additionally, if the person, prior to admission, had been sharing a household with someone who was symptomatic and it was unknown if that person was tested, the person in custody was required to be placed on Rule 41 and isolated for 14 days from the date of symptom onset.
269. Anyone entering custody who was a close contact of a confirmed Covid-19 case was required to be placed on a Rule 41 and isolated for 14 days.
270. As part of the health admission screen, NHS Scotland colleagues assessed the individual for signs or symptoms of Covid-19. Anyone who displayed signs of Covid-19 were required to be isolated and placed on a Rule 41 and tested as soon as possible by NHS colleagues.
271. Individuals who were suspected of having Covid-19 prior to admission required to be isolated within a designated residential area within the establishment. Additionally, Police Scotland had the opportunity to notify an establishment prior to arrival that a person entering prison custody is suspected of having Covid-19. In these instances, the person was not admitted via the normal Reception area. Instead, they were relocated to the designated residential area within the establishment and the admission process carried out from there by staff wearing appropriate PPE. SPS establishments were advised to create admission areas for this purpose.
272. From 6 September 2021 all Scottish establishments provided asymptomatic testing for individuals entering custody. This process was a choice for individuals to take part in. Out with the admissions testing, NHS did not routinely conduct asymptomatic testing of individuals in custody unless they had been identified as a close contact, or an Incident Management Team (IMT) had recommended mass testing where there had been a confirmed outbreak of Covid-19 in an establishment.
273. Asymptomatic testing for admissions continued until a pause was agreed through Scottish Ministers in early 2023. However, Local Health Protection Teams (HPTs) and IMTs remained able to recommend the short-term re-introduction of asymptomatic prisoner testing (including admissions testing) if required, for example, in outbreak situations or following a vaccine uptake risk assessment.

274. These changes were in place in all establishments, including HMP&YOI Polmont and HMP&YOI Grampian.

Time spent in isolation and/or alone in cells - Impact

275. As previously described, there were instances where individuals in our care were isolated for prolonged periods of time within their cell due to Rule 41 and Rule 40a isolation processes, as well as regime restrictions as described in paragraphs 179, 240, 258 and 292 - 294. The impact of this was that there were concerns in relation to the mental health and wellbeing of those in our care through both social isolation and anxiety about their health whilst in custody.
276. To better understand the experience of individuals in custody during this time, a SPS Researcher disseminated a seventeen-question survey to each establishment in Scotland and collated into a research paper in May 2021, titled *Engaging with individuals in custody about the impacts of Covid-19 on their experience of custody* (TM1/082 - INQ000582484). The questions in the survey related to individuals' experiences of the changes and increased restrictions to time that could be spent out of their cell, the changes and limitations of services and exercise time, and the impacts that these restrictions have had on their experiences of custody. 550 surveys were distributed across the 15 prison establishments in Scotland. In total, 204 responses were returned in a state which could be included in analysis. With regards to HMP&YOI Polmont and HMP&YOI Grampian specifically, 60 surveys were issued collectively, with 13 returned.
277. The following chart provides a breakdown of the age ranges that responded to this survey:



278. As part of this survey, individuals were asked about their mental health. 16.3% cited that they had felt higher levels of anxiety, feelings of depression, or general feelings of low mood as the restrictions have continued to operate, and 36.6% highlighted feeling bored and isolated from the increased amount of time spent in their cells. They mentioned that they felt separated from other individuals within prison, who they would normally chat to, or rely on for support within their establishment:

- *There is so little interaction with other human being, feels like total isolation.*
Respondent B46
- *Prisoners needing to stay 2 metres apart, even though we've not shown symptoms, is hard. It means we can't get or give hugs when one of us is upset or struggling.*
Respondent C01
- *It's hard not being able to sit with the people that I've sat with for the last 3 years.*
Respondent E30
- *Prisoners are worrying about their loved ones on the outside due to the lack of contact, and we don't know the true impact of the virus due to lack of information. That atmosphere is affecting our mental health.* Respondent P09.

279. In line with Government guidance, household bubbles were established near the beginning of the pandemic (around April 2020) to reduce social isolation between small groups. This operated similarly to the community, permitting small groups of people in custody to mix together whilst keeping them apart from other 'households'

where possible. This was in place for individuals accessing exercise periods, recreation time together and general movement around the prison where this could not be avoided. Individual assessments were done by establishments to assess what constituted a 'household' in the residential areas as they were deemed as a 'domestic environment'. These assessments were based on the differing nature of each establishment, for example, the fabric of the building, staffing levels and regime. For HMP&YOI Polmont, the household sizes ranged from 16 to 20 individuals, and for HMP&YOI Grampian, the household sizes were approximately 34 individuals (or equivalent to one section) in the men's regime and approximately 9 individuals in the women's regime.

280. For those individuals who required to be in contact with other households, the Government guidance of 2m physical distancing was put in place. This was adhered to by both staff and people in custody and where this distance could not be maintained, for example, searching, then other risk reduction measures would be deployed, for example, PPE.

281. There were also a number of resources that establishments provided for those in SPS care with regards to looking after their mental health and wellbeing, and to try to mitigate the effects and impact of long periods of social isolation.

282. These included:

- Distraction packs which contained puzzles and colouring in activities
- Resources detailing in cell workouts
- Mental Health Teams continued to provide 1:1 care for those who request it
- Exercise DVDs and additional yoga packs
- Educational and Mindfulness products from Fife College
- The Listener scheme continued in a number of establishments who had Listeners already in place
- Between June 2020 – September 2020, SPS issued mobile phones to all SPS establishments on a phased approach. These had the Samaritans number on each phone, which did not use any of the allocated minutes. This is detailed further in the statement

- Chaplaincy teams provided one to one pastoral and spiritual care including the distribution of in-cell activity packs
- Some Chaplaincy teams produced a weekly 'Chaplaincy Chat' with news, information and activities
- Some establishments that had the facility utilised the prisoner TV channel and/or radio station to provide relevant updates
- Where establishments were able to, satellite gyms were timetabled for use as per local risk assessments
- Some establishments refurbished their Hall Libraries, and created a DVD library for those in that area to use
- Local quizzes that are collated and a prize given
- Regular Prisoner Forums were conducted (within households) to gain feedback on how individuals are feeling, as well as discuss ideas that are produced.

283. All establishments actively focused on mitigating the effects that social isolation could have on those in our care.

HMP&YOI Polmont and HMP&YOI Grampian – Impact of Social Isolation

284. In May 2020, Governors of all SPS establishments were asked to provide narrative on the impact of social isolation and their comments were collated.

285. An overview from the comments from HMP&YOI Polmont and HMP&YOI Grampian have been provided below.

HMP&YOI Polmont

286. From the outset of Covid-19, and the required restrictions, the establishment were conscious of the possible impact on mental well-being and social isolation particularly given the population groups of young people and women.

287. The Governor provided a number of initiatives/working practices deployed locally to mitigate against the risks:

- Welfare checks built into residential staff tasks throughout the day
- NHS staff were working in residential areas during the strict restrictions of April/May
- Mental Health Assessment waiting lists were prioritised, and NHS colleagues were managing to see all on these lists within health care targets.
- Youth Workers remotely, and later on site, engaged with anyone identified as needing support or lacking in telephone or family support
- Support telephone lines were put into place in residential areas for remote contact with Youth Workers
- Significant focus on provision of 1:1 support from Youth Work, Chaplains and any other professional contacts/relationships
- Re-invigorated use of Polmont Radio/ Media for consistent communications
- The Governor highlighted that the impact of mobile phones and virtual visits (described later in the statement) was significant, particularly as the establishment is a national facility
- Physical Training Instructors (who are SPS Officers) developed a range of activities for both in-cell and small groups, contributing to health and well-being.

HMP&YOI Grampian

288. The Governor of HMP&YOI Grampian reported that the overall view was those that were struggling with isolation within the establishment were those that had previously had a period of being unwell due to mental health or had a previous history of self-harm or violence. However, the establishment had not experienced any significant increase in those areas during the period of regime restrictions.

289. The Governor also highlighted concerns through the feedback overview, referenced in paragraph 284, in relation to view that there was the limited access to mental health provision by NHS Grampian and they felt that this meant that it was challenging to provide an accurate overview of the impact of those in their care in relation to this.

290. It was also reported that the majority of the prison population had stated that they felt safer during this period, due to smaller numbers being out for any activities such as time in the open air and recreation.

291. Additionally, the Governor stated that the opportunity of having the facility of virtual visits was a morale boost for those in their care.

Regime Restrictions/Time spent in Cells

292. On 24 March 2020, as a response to the evolving Covid-19 pandemic, SPS establishments were required to very quickly curtail their regimes to mitigate against the risk of transmission of the virus, as well as ensuring that there were enough resources to continue legally compliant service provision for those in our care. This decision was both necessary and proportionate to protect those who live, and work, within our establishments, and support services.

293. During this time there was a focus on the legal entitlements as per the Prisons and Young Offenders Institutions (Scotland) Rules 2011. This meant that establishments adapted their regime to provide all individuals in their care the opportunity to receive at least 1 hour of time in the open air and access to showering facilities at least every other day, as well as meal entitlements, access to medication and healthcare, and access to in-person visits. This also meant that purposeful activity was restricted, with only 'essential services' continuing. 'Essential services' are work areas associated with cleaning, catering, laundry and recycling; the areas that were essential for the running of the establishment. Educational classes, vocational classes, and work areas were suspended, as well as access to physical training and establishment gymnasiums. To maximise the SPS staffing resource, all establishment working patterns were changed from a multiple shift pattern to a 'core day' pattern (as described in paragraph 179). Any changes that were necessary during the specified period are explained in more detail under the relevant headings, for example, 'Access to Time in the Open Air', 'Access to Washing Facilities', etc.

294. As the prison regime meant that only 'households/bubbles' could mix during this time there was a requirement for an increase in the number of sessions required for time in the open air to ensure all individuals had access. Additionally, all meals were consumed within the individuals' cell and medication was provided at the cell door by members of NHS staff.

Access to Time in the Open Air

295. As previously highlighted, all establishments curtailed their regimes to focus on ensuring those in their care received their legal entitlements, as described in The Prisons and Young Offenders Institutions (Scotland) Rules 2011. Rule 87 states that all in the care of SPS is entitled to one hour of time in the open air.
296. All establishments, including HMP&YOI Polmont and HMP&YOI Grampian, developed their regime to ensure appropriate time was in place to facilitate this activity for all in their care on a daily basis.
297. Throughout the specified period, individuals in the care of SPS could take part in time in the open air within their households/bubbles. Additionally, those who were positive or symptomatic of Covid-19, were also afforded the opportunity to partake in time in the open air. However, the additional measure of wearing a face mask was required for those individuals.
298. The only deviations to individuals receiving this during the specified period was that Governors could cease or restrict access to time in the open air only where it was considered necessary to do so following a local risk assessment of staffing levels, PPE and ability to maintain physical distancing. This deviation was primarily used if there was a significant outbreak locally under Rule 40A, or if there was an inability to provide a full hour due to the number of households required locally compared with the amount of time available within the regime. Deviations (if any) were decided locally by the Governor and were in exceptional circumstances, for example, significant staff absence due to a Covid-19 outbreak, and, although it would have been logged at the time, ongoing analysis and records of these occurrences have not been retained for individual institutions, including HMP & YOI Polmont and Grampian.

Washing Facilities

299. With regards to washing facilities, all those in the care of HMP&YOI Polmont and HMP&YOI Grampian have access to a toilet and sink within their cell. All children, young people and young adults during the specified period in HMP&YOI Grampian also had access to showering facilities in their cell. However, within HMP&YOI Polmont, showering facilities for children and young people were located out with their cells (but still in the same residential area within their household/bubble), which meant that access to showers required to be timetabled to ensure all had the opportunity to use the facilities. In line with the Rule amendment described in paragraph 300, children and young people within HMP&YOI Polmont were offered the opportunity to shower at

least twice weekly. However, all efforts were made to increase the availability to as much access as practicably possible. SPS do not record the number of individuals who shower, and are therefore unable to provide any further details.

300. As described in the *Legal Basis* section, the Prisons and Young Offender Institutions (Scotland) Rules 2011 were amended from the entitlement of a shower from every other day to twice a week. This did not impact HMP&YOI Grampian due to the facilities available within each cell.

Impact of Regime Restrictions

301. Within the 'Engaging with individuals in custody about the impacts of Covid-19 on their experience of custody' research paper, a number of individuals (not necessarily just young people) expressed the negative impact that the necessary regime restrictions were having at that time:

- *I think the withdrawal of many activities has led to an increase in boredom and stress. The feeling of isolation from those around you, and your family, is affecting many of us.* Respondent GR01
- *If I don't go out to exercise then I'm in my cell constantly, feeling anxious, paranoid, bored and abandoned.* Respondent GK03
- *There are no advantages as there is no daily routine. It is affecting everyone's mental health being locked in a cell with no one to talk to and not being able to see our families* Respondent K03.

302. In contrast to the negative impacts that individuals provided, there were individuals who shared that there was a sense of added safety and security with regards to how the regime was structured. 23.3% mentioned positive impacts of the restrictions, mainly the improvement that they felt the restrictions made to their own feels of safety – either in relation to their own health and keeping safe from virus transmission, or in relation to maintain distance from other individuals in establishments that they felt threatened their own safety:

- *It does people like there is less commotion between prisoners, and the 6pm lock up is fine for me. I feel safer to be honest.* Respondent K06
- *I'm not great at socialising so being behind my door suits me... Not so much socialising means not so much trouble.* Respondent B38

- *I feel like the atmosphere has been good. We are locked up a lot, but the officers have done well in keeping us as happy as possible.* Respondent GK03.

303. Although there were some advantages experienced by the restrictions, mainly in terms of feeling safe from Covid-19 and from others, the disadvantages mentioned by the respondents outweighed the advantages that were given in the survey.

The provision and frequency of physical and mental healthcare

304. As previously indicated in paragraph 116, all healthcare services for individuals in custody is delivered by NHS Scotland. SPS support the facilitation of services, and this continued throughout the Covid-19 Pandemic, but the provision, range and availability of services, and frequency was the responsibility of NHS. Therefore, it would be more appropriate for NHS Scotland to comment on the services they were able to offer to children and young people within HMP&YOI Polmont and HMP&YOI Grampian.

The provision and frequency of External Support

305. Similarly to healthcare provision, SPS supported the facilitation of third sector services, which were restricted at times during the specified period. However, SPS cannot comment on the rationale of the decisions or considerations made by partner organisations throughout the specified period.

306. However, the impact SPS experienced with regards to specific partner agencies is further explored in section of this statement in relation to Education, liberation services and NHS.

The Adjudication of Charges

307. An adjudication is a culmination of the internal prison disciplinary procedure. Its main purpose is to investigate allegations of breaches of discipline in accordance with Part 11 of the Prisons and Young Offenders Institutions (Scotland) Rules 2011 and any amendment thereof, and to impose an appropriate disciplinary award, also known as a 'Governor's Award', where such allegations are found to be proven beyond reasonable doubt. The procedures, therefore, apply to all prisons and prisoners, and to young offenders' institutions in exactly the same way.

308. A Disciplinary Hearing is not a criminal court. However, like a criminal court, its purpose is to enforce a code of conduct, namely Part 11 of the Prison Rules, by ascertaining in a particular case whether that code has been broken, and if it has, to impose an appropriate punishment. There are certain rules of procedure and general principles which it has to follow. Although the adjudicator, like a judge, is the Chair of how he or she conducts the proceedings, decisions can be overturned if the adjudicator breaches those rules and principles.

309. During the specified period Disciplinary Hearings continued to take place. However, measures in relation to social distancing and PPE was required. As described in the Legal Basis section the timeframes for Disciplinary Hearings were amended, and if an individual was being managed under Rule 41, the hearing could be suspended.

310. In relation to Covid-19 response measures, PPE and social distancing measures for Disciplinary Hearings concluded in July 2022. However, SPS continues to assess the needs of individuals if there are concerns about their presentation or behaviour when conducting disciplinary hearings.

Impact on Purposeful Activity

311. The SPS' definition of Purposeful Activity is any activity or constructive interaction which promotes citizenship; develops learning and employability skills; builds life skills and resilience; addresses well-being; and motivates personal engagement with both prison and community-based services. This includes prisoner work parties, education provision, counselling services, offending behaviour programmes, and any other activity that fulfils the definition.

312. As a result of the restrictions implemented in March 2020 in all Scottish establishments during Covid-19 that have been previously noted, this meant that there was a significant impact to the amount of Purposeful Activity that was able to be offered to those in our care. From March 2020 until September 2021 all non-essential work parties and services were either suspended or partially in place with additional public health measures, i.e. social distancing and mask wearing. Only critical services that were required to keep SPS establishments legislatively compliant continued to operate all the way through the pandemic.

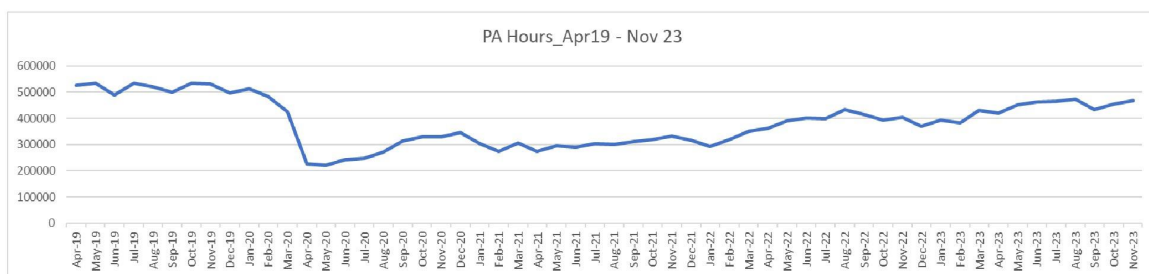
313. Due to these restrictions this meant that some of the Key Performance Indicators (KPIs) for the organisation were impacted.

314. The following table shows 3 KPIs that were particularly affected during the Covid-19 Pandemic over the specified period.

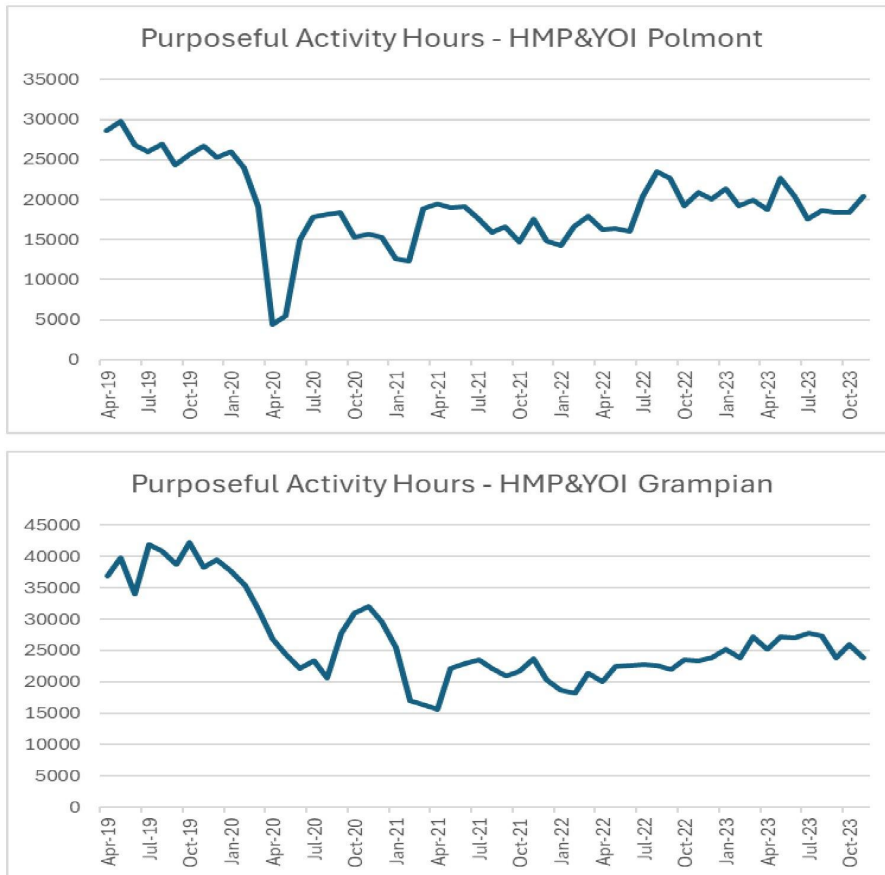
		2022/2023	2021/2022	2020/2021	2019/2020
KPI3	Purposeful Activity Hours	4,766,653	3,967,795	3,410,103	6,082,903
KPI5a	Number of Vocational & Employment Qualifications complete	19391	12327	6411	24569
KPI5b	Qualification Level 5 and above complete	926	234	143	1526

315. KPI3 is a metric where the number of hours that an individual in our care is engaged in purposeful activity is recorded by each establishment. The immediate restrictions of suspending visits, Education classes and all non-essential work parties in March 2020 meant that this measure was significantly impacted. This can also be seen within KPI5a and KPI5b, which are measures of qualifications gained by those in our care during that period.

316. The following graph provides a further visual of the significant change to Purposeful Activity hours for all SPS establishments over the specified period.



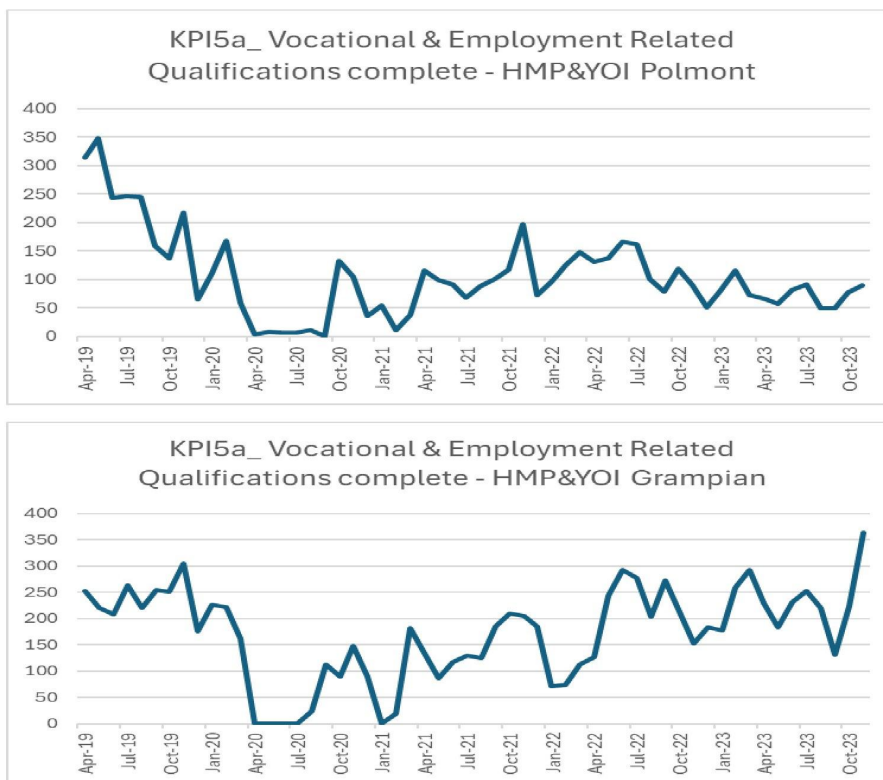
317. The following graphs provide additional context of the impact on Purposeful Activity hours specifically at HMP&YOI Polmont and HMP&YOI Grampian during the specified period. This includes all prisoner demographics in these establishments and are, therefore, not specific to children and young people.



318. Qualifications gained by those in SPS care can be both classroom-based as well as vocational. The following graph provides an overview of the impact on vocational and employment qualifications.



319. With regards to HMP&YOI Polmont and HMP&YOI Grampian, the following graphs show the impact on these KPIs for the total population of those establishments. This includes all prisoner demographics in these establishments and are, therefore, not specific to children and young people.



Physical Education

320. In line with Scottish Government guidelines, SPS made the decision to suspend access to all central gymnasium facilities within establishments from 24 March 2020.
321. On 17 April 2020, SPS made the decision to close all satellite gymnasiums within the residential areas.
322. During this time, SPS Headquarters provided establishments with resources for those in their care regarding in-cell exercises (TM1/083 - INQ000582485), with the view of encouraging movement and supporting wellbeing.
323. As part of the Scotland's Strategic Framework Update from October 2020, main and satellite gymnasiums were able to be reopened outside of level 4 local authority areas. However, this decision was made locally by the LCRG through local risk assessments regarding safety and risk of infection rates within the establishment.

324. Additionally, at this time, establishments within level 1-4 local authority areas restricted activity so that no indoor contact sports could take place. The only deviation on this was that children aged 16 and 17 years old could participate in indoor contact sport. This was in line with national Scottish Government guidance in place at the time.

325. From 26 April 2021, as part of the implementation of the Scotland's Strategic Framework Update (February 2021), all main gymnasiums in establishments in level 0-3 areas could re-open, however, to reduce the risk of viral transfer, only people in SPS care from single households could attend gymnasium sessions; either indoors or outdoors. Furthermore, establishments had to have a robust cleaning regime between sessions and complete a risk assessment which took cognisance of physical distancing, staggered arrival and departure of different households, adequate ventilation and any other relevant protective measures.

326. Where satellite gymnasiums were located in the residential areas, and only accessed by a single household, a risk assessment was conducted locally to determine the risk of spread of Covid-19 within this area, and if this was deemed as low, these facilities were kept open from April 2021 to maintain and improve mental health & wellbeing. A satellite gym in a residential area was therefore determined as a "household" facility. However, if a residential area had two designated households, but only one satellite gym, it was only used by one "household" at a time and a robust cleaning regime was put in place between sessions. This was applicable across levels 0 to 3 inclusive during the tier system; in level 4, satellite gymnasia in residential areas with more than one household level 4 had to be closed.

327. This continued until 9 August 2021 when the SPS Beyond Level 0 guidance was published.

Offending Behaviour Programmes

328. From 20 March 2020 group based Offending Behaviour Programmes (OBPs) were suspended.

329. In line with Scottish Government guidelines, initial recovery plans commenced in September 2020, with sites re-commencing high and medium intensity OBP groups.

However, additional measures with regards to physical distancing were put in place for these groups.

330. During this recovery phase, there were certain aspects of planning for delivery that impacted SPS' ability to provide the same level of delivery as pre-pandemic.

331. These were:

- Appropriate room sizes for physical distancing
- Staff re-deployment – many Programmes Officers were being re-deployed to the residential areas to support regime delivery there
- Vacancies and Training – All sites, bar one, had vacancies when OBPs were reinstated. Additionally, new staff in that role require a range of training in order to fulfil their role.

332. In response to these concerns, SPS considered a variety of options with the intention of maximising OBP delivery. At this time SPS instructed establishments to prioritise releasing Programmes Officers from the residential area to their OBP role, and to review available space so that OBPs could be delivered with appropriate numbers present.

333. Additional measures continued to be in place until the Transition Plan in July 2022. After this point, OBPs were able to resume to the pre-pandemic structure due to the removal of the additional measures.

Vocational Training

334. At the start of the initial lockdown on 24 March 2020, and for the duration of the first lockdown, SPS made the decision to suspend all work parties, apart from those which were deemed an essential service, for example, catering, recycling, industrial cleaning, laundry and residential cleaning.

335. In November 2020, although the new tier level framework was introduced based on local authority areas, SPS establishments were considered a 'high risk' environment, and all non-essential work parties continued to be suspended until April 2021.

336. From 5 April 2021, in-line with the Scottish Government Timetable for easing Covid-19 restrictions, Hairdressers & Barbers work parties for people in SPS care resumed. However, measures continued to be in place in relation to face coverings and local risk assessments.

337. From 26 April 2021, as part of the implementation of the Scotland's Strategic Framework Update (February 2021), establishments began to transition to pre-pandemic "normal work party" arrangements. However, establishments continued to review their risk assessments with a view of being able to facilitate work activity as safely as possible, which included implementing additional measures.

338. Face coverings were required to be worn, and physical distancing between households, adequate ventilation, staggered arrival and departure of households, workstation protocols and other relevant protective measures were required to be in place.

339. However, even with these measures, the SPS regime was still in a 'core day' position until 21 September 2021. At that point a full regime was able to be offered, with additional measures in place until the Transition Plan in July 2022.

Education

340. Classroom-based learning in a group setting delivered by Fife College was suspended from 24 March 2020.

341. However, Fife College (off site) continued to support SPS and those in their care through in-cell learning packs and continued to support those who were taking part in distanced learning (Open University). Fife College developed, printed and disseminated learning packs across the SPS estate for in-cell use, as well learning packs for children that were utilised to support family learning when in-person visits resumed. They created an initial list of 46 topics which included a range of subjects and curriculum areas such as: Social Sciences, History, Health and Wellbeing, Core Skills and Sports, along with hobby interest activities. These packs were developed with the aim of mitigating the impact of social isolation and as a positive distraction to the restrictions in the regime. Therefore, there was not a structured process for user feedback, and they were not part of formal learning.

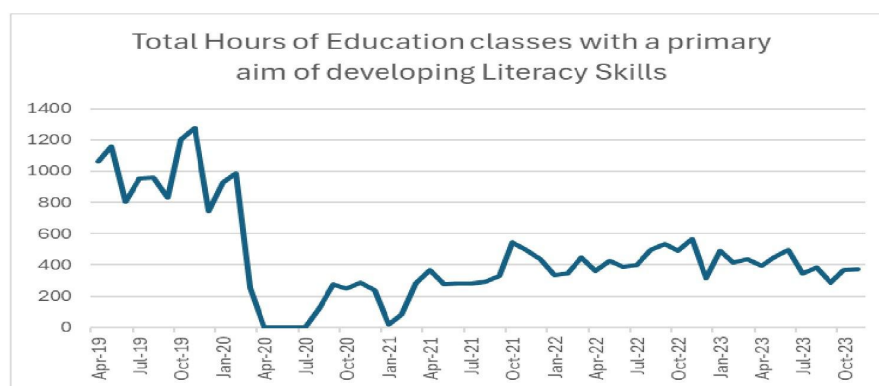
342. In line with Scottish Government's Routemap, and similarly to OBPs, learning centres for individuals in SPS care were re-opened in September 2020, with additional measures of physical distancing and limited numbers attending classroom-based learning. In relation to performance targets regarding Learning Hours provided by Fife College during the specified period, as attendance to education classes was voluntary, engagement levels fluctuated depending on the individuals in SPS care during that time. Additionally, education provision takes an individualised approach by tailoring to individual needs through offering a range of subjects, with average hours of engagement varying per individual due to their level of need. Therefore, education performance metrics in relation to Learning Hours were a retrospective representation of what has been achieved and not a target to be completed.

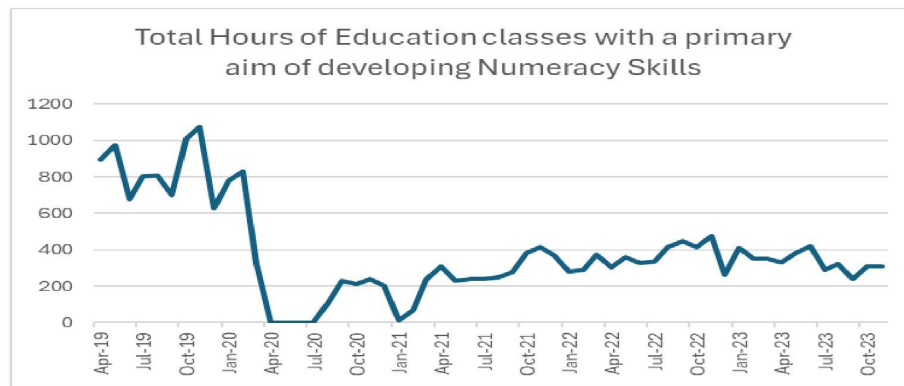
343. Scottish Government advice at this time was that across all 5 levels, a 'blended learning' approach was to be taken, i.e. a hybrid of classroom-based and in-cell activity.

344. Additional measures continued to be in place until the Transition Plan in July 2022.

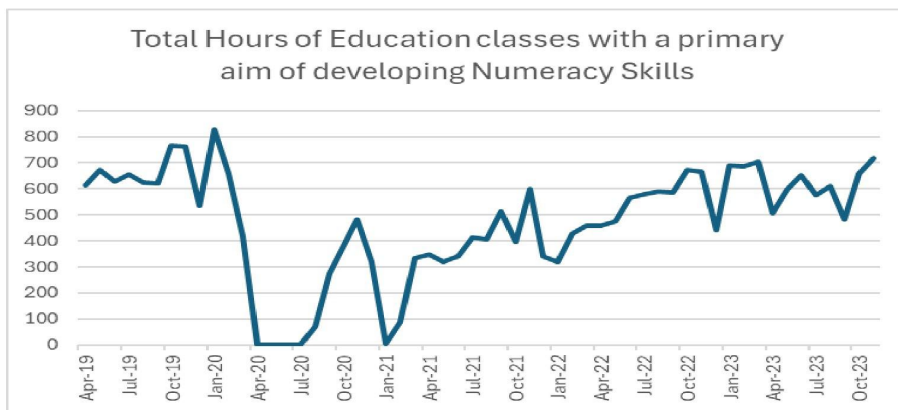
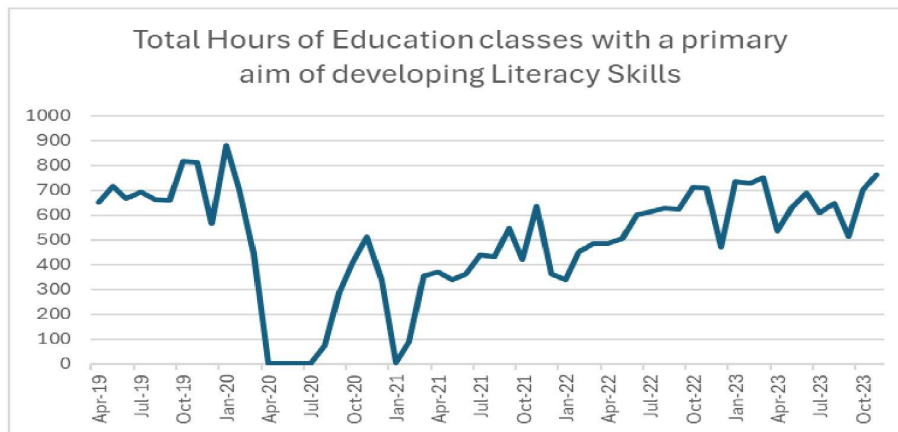
345. The following graphs provide additional context regarding the impact on attendance at education classes in relation to developing literacy and numeracy skills within HMP&YOI Polmont and HMP&YOI Grampian over the specified period.

HMP&YOI Polmont





HMP&YOI Grampian



The Restoration of Services

346. SPS gradually and cautiously lifted regime restrictions, in line with the Scottish Government guidelines, that were necessary to protect the health and wellbeing of those who live and work in our prisons. A 'Restoration of Services' project supported establishments to return to pre-pandemic regimes by the end of September 2021

(TM1/084 - INQ000582489). However, measures remained in place to allow for regime changes where this is deemed necessary, for example, in an outbreak situation.

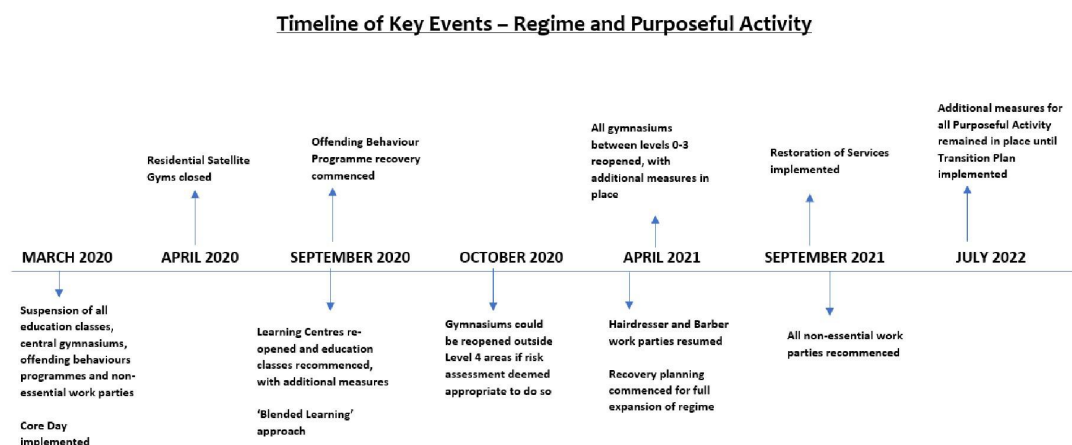
347. The Governor in Charge embraced the opportunity to review the suitability of their regime that was offered pre-Covid-19, with a focus on meeting both the business needs, as well as optimising a regime for those in their care. Additionally, some prisons introduced different activities after conducting this review and consultation locally. For example, individuals in SPS care have indicated that they have a preference for small group activity, as opposed to largescale recreation, therefore this is being taken into account when reviewing service availability.

348. Examples of the establishment regime timelines for HMP&YOI Polmont and HMP&YOI Grampian in August 2022 (one year after the implementation of the Restoration of Services) have been included (TM1/085 – INQ000582490 & TM1/086 - INQ000582491).

349. More information on an SPS Regime Review that was conducted in 2023 in response to the regime changes post-pandemic can be found in Part E of this statement.

Timeline of Key Events – Regime and Purposeful Activity

350. The following timeline provides an overview of the key events with regards to purposeful activity over the specified period:



Family Contact

In-Person Visits

351. Physical visits with families and legal representatives were suspended for all in SPS care, including children, young people and young adults, on 24 March 2020 and SPS followed Scottish Government and Public Health advice in response to how physical visits would be managed. A notice was provided to all in SPS care on 23 March regarding this decision (TM1/087 - INQ000582492).
352. There was a period of time between July 2020 to April 2021 where the suspension and reinstatement of physical visits was fluid depending on advice provided by Public Health Scotland and the Scottish Government framework regarding local authority levels from November 2020.
353. Due to the restrictions on travel and social contact, it was not possible to facilitate in-person visits between March 2020 to July 2020. On 23 July 2020, all in-person visits resumed at SPS locations, with additional safety measures and pending local risk assessments.
354. On 24 September 2020, in light of additional restrictions announced by Scotland's First Minister, SPS were required to pause all in-person visits. However, on 26 September 2020 advice provided by the Chief Nursing Officer (CNO) for Scotland stated that effective 28 September 2020, SPS establishments could reinstate in-person visits. The reason for this was that the CNO and Scottish Government were satisfied that SPS had adequate protections across all prison operations and for interface with the public. This meant that the risk assessments of visit areas were to be considered 'Public Indoor Spaces' and not as 'households'.
355. Scottish Government Covid-19 guidelines published in November 2020 allowed travel to visit a person detained in prison, young offenders institute, remand centre, secure accommodation or other place of detention. However, Scotland's First Minister asked that within Level 4 local authority areas, citizens stay as close as possible to home. In parallel, travel regulations also came into force to support viral suppression measures by Scottish Government.

356. Although general advice from Scottish Government and Public Health Scotland allowed for in-person visits to take place during this time, under Rule 63A (*visits to prisoners – coronavirus*) of The Prisons and Young Offenders Institutions (Scotland) Rules 2011, Governors had the ability to suspend visits where they considered it to be 'necessary and proportionate' to do so in response to the effects that Covid-19 posed to the prison, or was likely to do so. Suspension of visits during this time (if any) was a local decision made by the Governor and were in exceptional circumstances, for example, a significant Covid-19 outbreak, and, although it would have been logged at the time, ongoing analysis and records of these occurrences have not been retained.

357. When taking such a decision Governors were required to look at the evidence, including advice in terms of risk to the prison (both medical and practical) and make an assessment of that risk and, if necessary, apply rules on access in a way that is proportionate to that risk. The conclusion that some form of suspension was to happen had to be necessary in light of that assessment. Any decisions concerning the suspension of visits had to be communicated to those in SPS care and their visitors. Any communications were required to also reference the possibility that Governors may have had to suspend visits with immediate effect without notice if needed.

358. Therefore, Governors considered utilising the powers in Rule 63A in the following scenarios:

- They had serious concerns about the levels of Covid-19 within their establishment as a result of: (1) a localised outbreak in the establishment; or (2) increasing levels of prevalence in the community; or (3) local/national Public Health advice; or
- the potential impact within the establishment posed significant concern, for example, high rate of current infection, leading to a lack of isolation cells - or a low rate of infection, but limited space to self-isolate if there is an outbreak.

359. Visits to persons detained in Prisons or a YOI were exempt from the regulations that restrict travel between different levels. Therefore, persons from any area could travel to a Prison or YOI in any area to visit a Prisoner or Young Offender.

360. Children's visits fully resumed, with additional measures, on 05 April 2021. And in-person visits for all were fully resumed on 26 April 2021. Children's visits are a separate session from in-person visits and have less restrictions with regards to physical contact and structure. Children's visits are for those in SPS care who are

parents, step-parents and/or carers, and provide an opportunity to have more engagement and interaction with their children. Children and young people of those in SPS care do also attend in-person visits, but these have more structured procedures in place during the visit. With regards to in-person visit entitlements, as per Rule 63 and 64 of The Prisons and Young Offenders Institutions (Scotland) Rules 2011, all individuals (including children and young people) who were in SPS care on a remand warrant (i.e. awaiting court appearance) were entitled to a visit of at least 30 minutes on any day of the week, other than a Saturday or Sunday, as a minimum. Additionally, where the individual has not received a visit on every day of the preceding Monday to Friday, they were entitled to a visit of at least 30 minutes' duration on a Saturday or Sunday. For individuals (including children and young people) who were in SPS care on a convicted warrant, they were entitled to not less than 30 minutes in any period of 7 consecutive days, or not less than 2 hours in any period of 28 consecutive days. SPS establishments were provided with guidance on the resumption of this service on any additional measures that were required (TM1/088 - INQ000582493). The only deviation from this was when there was a requirement to isolate an individual under Covid-19 isolation rules.

361. On 9 August 2021, the NCRG published new visits guidance, which provided 10 procedures that establishments must adhere to when facilitating Domestic Visits; which included, but is not exclusive to: visitors' triage questionnaire, physical distancing of one metre and contact between visitors and people in SPS care.
362. On 21 December 2021, and in response to the First Minister's Statement on 14 December 2021, the NCRG published revised visits guidance which provided 14 measures / guidance that establishments should adhere to when facilitating in-person visits; which included, but is not exclusive to: visitors' triage questionnaire, physical distancing of 2-meters and contact between visitors and people in SPS care. This replaced the 9 August 2021 guidance.
363. Recognising the importance of having children re-engage with those in SPS care, there was no formal limit to the number of dependent children under 12 (up to and including aged 11) who could attend a visit when restrictions were in place regarding the number of individuals who could attend an in-person visit.
364. Additional measures remained in place until the Transition Plan in July 2022.

365. The impact to those in SPS care with the suspension of physical visits was significant and the SPS worked quickly to establish new and innovative ways in which family contact could still be maintained.

Mobile Phone Technology

366. Amongst the new approaches to managing the prison population was the introduction of mobile phones, which were distributed across the prison estate to ensure that individuals in custody could maintain contact with loved ones during this time. Rollout of restricted mobile phones to those in our care began on 15 June 2020, starting in HMP/YOI Cornton Vale and HMP/YOI Polmont, and was completed on 7 September 2020. SPS used a phased approach when implementing mobile phones across the estate. Implementation was prioritised by those who were in most need due to specific vulnerabilities, i.e. children, young people and women.
367. The regular 'pin phones', located in the residential areas, and shared across all individuals within that space, represented a potential point of transmission where individuals would come into close contact, and share the use of a telephone which represented a high-risk medium through which the virus could spread (given proximity to an individual's mouth).
368. Furthermore, the limitations which regimes had placed on time when individuals were able to leave their cells into shared recreation spaces were heavily limited to enhance physical and social distancing. This left less time to wait in line for the use of the shared phones. With face-to-face visits limited in order to prevent external transportation of the virus into the prison, the restriction of the use of the hall phones represented the removal of the easiest means for individuals in custody contacting those outside of the prison estate. The introduction of mobile phones for individuals in prison alleviated these suspended means of contact with family and friends.
369. The mobile phones which were provided to the individual in custody came with a pre-loaded set of phone numbers which they could call. These phone numbers were the same as the approved numbers that they could access from their payphone accounts; these numbers were for UK national phone lines and were for the friends and family of the individual. The mobile phones also included a number for the

Samaritans; a charity that provides emotional support for anyone who may be in emotional distress or considering self-harm or suicide, as well as a number to contact the Independent Prison Monitors within HMIPS. The mobile phones could make outgoing calls, but could not receive phone calls, nor send or receive text messages. Individuals in custody were provided with 300 minutes of phone time per month, which they could manage and use as much or as little as they wanted to across that month. For children and young people, they were provided with an additional 100 minutes, meaning their total provided was 400 minutes per month.

370. Through a survey that was conducted by a SPS Researcher in February 2021, that was collated into a research paper titled *Engaging with Individuals in Custody about the Introduction of Mobile Phones and Virtual Visits across the Scottish Prison Estate in Response to Covid-19* (TM1/089 - INQ000582494) specifically on digital initiatives in relation to mobile phones and virtual visits, it was determined that 72.9% of respondents in the survey believed that the introduction of mobile phones had improved their experience of custody.

371. Of those who believed the mobile phone improved their experience of custody, 91% highlighted that the mobile phones meant that connecting with loved ones was more convenient; they were able to phone more often, at more convenient times such as in the morning or during the evening, and that they did not need to rely on the payphones which may have been in use, or were situated in noisy areas where others could potentially overhear private conversations:

- *“Having privacy to make calls has been an advantage. Also, being able to get hold of family, as many of my family work [and can’t make visits]”* Respondent C1, HMP Corton Vale
- *“I think the use of the mobiles is brilliant. I prefer private conversations, particularly because of things I’m talking about – social work, my kids, my father’s health. It’s hard when there are others hanging around at the phones”* Respondent E10, HMP Edinburgh
- *“I feel that it has let me connect more with my family as I don’t have to rush my call of the mobile to let another prisoner onto it [like the hall phones]”* Respondent G7, HMP Greenock
- *“Longer phone calls, and we can call later so can get in touch with people after they have finished work and school. More freedom to call friends and family at times that are appropriate”* Respondent I1, HMP Inverness.

372. 36.8% of the respondents in the study believed that the mobile phones had led to improved contact with the family and friends, either through more frequent or more meaningful contact. They believed they could have more meaningful and open conversations with their family and friends which improved their experience, particularly during the period of heightened restrictions when they were having fewer opportunities to interact with others:

- *“It’s good to talk to family at night-time, it’s great to be able to say good night. It’s a lot better having the phone in the cell so we can talk to them at times that better suit them. It’s lovely”* Respondent PL1, HMPYOI Polmont
- *“Once introduced, it was great to maintain family contact, having privacy on longer calls.”* Respondent P11, HMP Perth
- *“It has improved the quality of communication with my family and especially my four-year-old son. The small freedom of having a mobile is a great incentive for rehabilitation for me and an incentive for rehabilitation for me and increased assurance that I’ll be able to speak to my family at the agree time.”* Respondent B9, HMP Barlinnie.

373. 37.8% of those who saw the introduction of mobile phones as improving their experience of custody explicitly mentioned their own mental health and wellbeing, and how they felt the introduction of mobile phones had reduce feelings of isolation, anxiety or depression:

- *“Using your mobile in your room is generally more comfortable and pleasing. It’s bringing joy to everyone that’s using them. Especially with the early dub-ups – too long behind the door alone otherwise”* Respondent S2, HMP Shotts
- *“Some people want to speak to the Samaritans, and they feel able to talk with a mobile, in private, rather than use the phones in the halls where they are holding on to their emotions”* Respondent L1, HMP Low Moss.

374. 78.2% of respondents highlighted that they felt their contact with family had been improved through the introduction of mobile phones and 61.5% of these respondents indicated that being able to contact loved ones at more convenient times (morning, evening, when they were not working etc.) meant their conversations were more relaxed, frequent, and longer. This was due to the multiple times a day when the mobile phones could be used, rather than simply relying on recreation time, and the chance to use the hall phones.

375. Although Mobile Phones were removed from all establishments at the end of July 2023, a new product of a hard-wired phone has been implemented into every cell across the estate. This has ensured that family contact in this way has not been lost, however it provides additional security measures that the mobile phones could not provide.

Virtual Visit Technology

376. In addition to the introduction of mobile phones for individuals in custody across the estate, technology was put in place to allow for 'virtual' visits from family and loved ones. As face-to-face meetings and visits between individuals in our care and those from outside the prison were suspended as part of the response to Covid-19, SPS worked quickly to look at alternatives to support family connection and contact.
377. The implementation of technology to allow for virtual visits to take place allowed individuals in custody to meet with loved ones virtually using video call technology and provided a platform through which individuals could meet with professional services which had also become limited during this time. SPS establishments were assessed, and a maximum number of virtual videos calling units were identified in each of Scotland's prisons considering the need for social distancing between units. Once the units became available, 79 units were distributed to the 15 establishments, and virtual visits began to take place in June 2020, with HMP&YOI Polmont being one of the first 'sites' to receive this technology.
378. Virtual visits were hosted using video calling technology, allowing for the individual in custody to be contacted by an approved 'visitor' from outside of the prison, linking the two using a video and audio connection. An online booking system was used to allow visitors to apply for a virtual visit, which were limited in number given the inherent restrictions associated with numbers of available video calling units. These bookings allowed for a timetable to be created in advance – to assist in the management and scheduling of visits. Visitors were required to book a least 3 days in advance of the visit, and scheduled calls could be arranged with up to 3 visitors. Family visits with children were permitted unless there was a specific reason that a child should not participate in the visit. The virtual visit service was available for use on a daily basis for children and young people within HMP & YOI Polmont.

379. Individuals in custody were then able to access the hardware to receive these calls within a room set up for multiple individuals to participate in these calls at one time. This allowed for multiple calls to take place at once under the supervision of a Prison Officer. These features of the virtual visits process, however, did raise some questions in terms of their limitations as a substitute for physical, face-to-face visitation; specifically, in relation to the access of visitors to required technology, and about individual privacy and comfort of having visits conducted in the rooms organised for virtual visits.

380. Benefits for those in custody identified by SPS:

- Offered an additional opportunity to maintain contact without impacting on visit entitlement
- Maintain regular family relationships during times when face to face visits were unable to take place such as during the COVID-19 pandemic
- Engage in positive parenting, for those in custody with children
- Improved mental health wellbeing from family contact
- Removed certain barriers to visits, i.e. family who live a significant distance away.

381. Quotes from those in SPS care below provide further insight from them on the impact Virtual Visits have had. These quotes were taken from the same survey that was conducted by an SPS Researcher titled *Engaging with Individuals in Custody about the Introduction of Mobile Phones and Virtual Visits across the Scottish Prison Estate in Response to Covid-19*:

- “I had a virtual visit after 8 months of not seeing family, it was perfect. I am a foreign prisoner, and my family are not in the UK, so, for me and my family it is the only way of seeing each other” Respondent P11, HMP Perth
- “I think they are a brilliant idea; they save my family a 4/5-hour journey from Edinburgh” Respondent D5, HMP Dumfries
- “Being able to see family during a national lockdown was amazing, and gave both me and my family a sense of normality and reassurance during tough times in and out of prison” Response B9, HMP Barlinnie

- *“One prisoner I know who used the visits was able to be at his son’s birthday party, which obviously wouldn’t have been possible before. He enjoyed the experience and was a very happy man when he came back to the hall”* Response D6, HMP Dumfries.

382. However, feedback received identified limitations of this facility regarding:

- Limited access to the required technology by visitors
- It was felt that the system for setting up, booking, and getting access to the systems through which the virtual visits were facilitated presented a barrier to the visit taking place.

383. The impact of this can be seen through the following quotes:

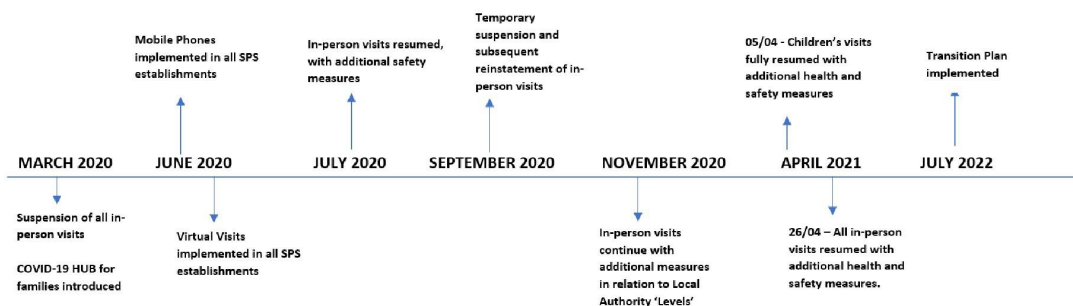
- *“It was complicated for my family to book and to get set up, and they failed to get it sorted out. It was a bit of a let down as I was excited to try it out”* Respondent GK7, HMP Greenock
- *“My family does not have any devices to do a video call. Plus, my mum is 90 and would not be able to use it unless they had support”* G8, HMP Glenochil
- *“My mother lives in an old people’s home with no personal Wi-Fi, and my wife is the ultimate technophobe and is not comfortable with the notion”* E19, HMP Edinburgh.

384. SPS have continued to use this technology since it was implemented and have been looking at ways of encouraging the use of it and how support can be provided for families.

Timeline of Key Events - Family Contact

385. The following timeline provides an overview of the key events with regards to family contact over the specified period.

Timeline of Key Events – Family Contact



Children and Young People with parents/primary carers in custody

386. SPS were mindful from the outset that the ever-evolving nature of changes must have been very challenging for families and friends of those in its care.

387. In order to ensure updates and changes were communicated to families as timely as possible, in addition to local arrangements, SPS set up a dedicated landing page on the SPS website- "the SPS COVID-19 Hub" which communicated a range of practical information for families and loved ones of those in our care, as well as weekly updates on the numbers of people with covid in each establishment to ensure open and transparency of reporting.

388. As highlighted in previous sections, due to the suspension of physical visits and restrictions within establishments, SPS issued those in our care with access to secure, mobile phones which were preloaded with 300 free minutes to enable those in SPS care and their families to remain in contact. The *Email a Prisoner* scheme was expanded throughout the specified period with an increase in its uptake from families and external agencies wishing to maintain contact. In addition, SPS activated a *Prisoner Voicemail* scheme that families could subscribe to and utilise. SPS introduced a dedicated family helpline alongside communicating regular updates through its website which was updated daily.

389. SPS increased accessibility to virtual visit terminals to maximise family contact and engagement utilising the email a prisoner facility. To support families with accessing and understanding this process SPS developed guidance in the form of a

short film and 'myth busting' information sheet all available through SPS's "COVID-19 Hub" within the SPS website and communicated through SPS social media channels.

390. The restriction in visiting made it difficult for families who wished to financially support their loved one whilst in custody. To mitigate this SPS introduced an online bank transfer system that enabled families to send money securely and quickly to their loved during this time. This process was also communicated through comms channels and the "SPS COVID-19 Hub" made available on the SPS website.

391. Once Covid-19 health restrictions were eased and visiting was reintroduced, many processes and procedures were adapted to ensure the safety of those in our care, staff and families wishing to visit. SPS provided further guidance and information in relation to visiting through its "COVID-19 Hub" and communication channels to support families who were attending socially distanced visits, whilst retaining virtual visits, mobile phones and email a prisoner as additional options for families and those in our care to engage in. Contact with family and friends has been continually achieved through hybrid use of these methods which enables greater options for both family and those in our care.

392. Further details on restrictions and implemented provisions for communication can be found in previous sections relating to visit provision, mobile phones and virtual visits.

393. Families Outside is a national charity working in Scotland that supports families that are affected by imprisonment, and during the specified period, provided coordination, development and oversight of Prison Visitor Centres.

394. As previously stated, HMIPS were responsible for inspection and monitoring of establishments during this period. Their reports regularly feature aspects of visits and/or communication with family, including children.

Transitions, Progression, Emergency Release and Resettlement Planning

Transitions of young people into the adult estate – HMP&YOI Polmont and HMP&YOI Grampian

395. For all young people turning the age of 21 in SPS care, the transfer into the adult estate is not an automatic one. During the specified period, both HMP&YOI Polmont and HMP&YOI Grampian considered the young person on an individualised basis, and made a decision, with the young person's input, whether it was in their best interests to transfer to the adult estate or to keep them in the YOI. YOI's in Scotland have the capacity to keep a young person up to the age of 23, however, the individual must transfer prior to their 23rd birthday.

396. This decision to transfer a young person was made by a multi-disciplinary case conference where all factors would be taken into account, and the decision would be based upon the best interests of the young person.

397. During the initial stages of the pandemic, there were restrictions on transfers between all SPS establishments and this affected the young men population in HMP&YOI Polmont, although due to the limited numbers, there was not a significant impact. The young women population in both Grampian and Polmont were not affected as any transfers to the adult estate were completed 'in-house' as both types of population were on the same site in the respective establishments.

Progression

398. In line with Scottish Government guidance, both inter-prison transfers and OBPs were suspended for a period of time from March 2020. This meant that both those who were awaiting transfers to both the Open Estate and National Top End as part of their Progression pathway were stalled from being transferred, thus impacting on their Progression accessibility. This was further impacted by changes to community placements and individuals in SPS care accessing 'Home Leave'.

399. Additionally, with OBP suspended for a period of time, this impacted on those who were waiting to take part in one of the courses and increased the national waiting lists. Subsequently, the maintenance of OBPs delivery in SPS is reviewed regularly to ensure that programme delivery schedules best meet the needs of those in SPS care with the resources available within the programmes and psychology teams.

The Release of Prisoners (Coronavirus) (Scotland) Regulations 2020

400. From early 2020 work commenced between teams from SPS Headquarters, Scottish Government Justice and Legal Directorates to incorporate appropriate provision within the Coronavirus (Scotland) bill which would allow for the early release

of prisoner if certain circumstances arose. This work led to Schedule 4 – Justice, Part 8 – Release of prisoner within the Coronavirus (Scotland) Act 2020 (The 2020 Act) which received Royal Assent on 6 April 2020.

401. Scottish Statutory Instrument 2020 No. 138, The Release of Prisoners (Coronavirus) (Scotland) Regulations 2020 was laid before parliament on 4 May 2020 (TM1/090 - INQ000582495). In accordance with paragraph 20(2) and (3) of schedule 4 of the Act, the Scottish Ministers were of the opinion that, by reason of urgency, it was necessary to make these Regulations without them being subject to the affirmative procedure. This piece of legislation allowed the SPS to grant early release to persons in custody who met a set of criteria as laid down in the statutory instrument.

402. Work had been carried out by the SPS' OD team to identify individuals who meet the criteria for release via a search of SPS' Prisoner Records system (also known as 'PR2') and then a manual review of each case to ensure all criteria for consideration were met.

403. The 2020 Act excludes the following categories of prisoners from being considered for early release under any regulations:

- a life prisoner
- an untried prisoner
- a terrorist prisoner within the meaning of section 1AB of the Prisoners and Criminal Proceedings (Scotland) Act 1993
- liable to removal from the United Kingdom for the purposes of section 9 of the 1993 Act
- subject to a supervised release order under section 209 of the Criminal Procedure Scotland Act 1995
- serving a sentence imposed under section 210A of the 1995 Act (extended sentences for sex, violent and terrorist offenders)
- subject to an order for lifelong restriction under section 210F of the 1995 Act
- the subject of proceedings under the Extradition Act 2003
- subject to the notification requirements of Part 2 of the Sexual Offences Act 2003

- An individual is not to be released where the Governor of the prison where that individual is being held makes a determination that, if released, the individual would pose an immediate risk of harm to an identified person.

404. A total of 445 people were identified as eligible to be considered for Early Release. 348 people were released from prison in the course of this scheme. Early release was rolled out over three tranches as outlined in the Regulation. The first early releases took place on 6 May 2020, and the final releases on Monday 1 June 2020. A summary of the outcomes can be found in Table 1 below.

405. As well as a specific set of exclusions, GiCs were empowered to veto a release if they consider that “if released, the person would pose an immediate risk of harm to an identified person”. This veto was applied 63 times during the Early Release arrangements.

406. 34 people identified as eligible for early release were released at their original Earliest Date of Liberation or on Home Detention Curfew arrangements.

407. There was provision in the Regulation to delay someone’s early release if they were symptomatic with Covid-19. This provision was not required in practice; no eligible prisoners were symptomatic.

408. Table 1 also provides information on the outcomes of GiC assessments, and the numbers of prisoners released under the scheme. This information was collated by the GiC of each prison and aggregated by SPS Operations Directorate.

Table 1: Final Overview of Early Release Outcomes

	Release Period	Total Eligible	Released Early	Vetoed	Other release*	Other non-release°
Tranche 1	04/05/2020 - 18/05/2020	204	154	23	27	-
Tranche 2	19/05/2020 - 25/05/2020	133	118	13	2	-
Tranche 3	26/05/2020 - 01/06/2020	108	76	27	5	-
Total to Date		445	348	63	34	0

* Includes cases released on their original schedule or under Home Detention Curfew

° Includes individual whose release was delayed due to showing symptoms of COVID-19

409. The following table provides an overview of the number of children, young people, and young adults released through this scheme.

Age Group	No. of Individuals
Under 18	1
18 - 20	17
21- 25	39

Liberation Process

410. During the specified period, SPS had no legal authority to hold an individual past their date of liberation, including those who were either confirmed to be positive for Covid-19 or was a close contact of someone who was. Therefore, preparations were made in advance. For those liberations who were not managed under Rules 40(a) or 41 then they were liberated using the standard pre-pandemic process.

411. Liberations of those being managed under Rules 40A or 41, where there was a confirmed case or a close contact who is isolating at the point of liberation, a case conference was convened in advance of their release date. SPS, NHS Prison Health Care, local health protection team and community services were in attendance at this case conference, and any additional stakeholders were determined on a case-by-case basis, dependent on the individual's needs and sentence type.

412. As part of the case conference, the following was discussed:

- Accommodation while isolating in the community
- Transportation to home address while isolating
- Access to essential community services including additions services and medication while isolating in the community.

413. In response to the first lockdown, SPS worked alongside Scottish Government in drafting interim guidance in relation to Sustainable Housing on Release for Everyone (SHORE) standards (TM1/091 - INQ000582496).

414. These standards provided guidance for SPS and local authorities on the expectations of supporting individuals being liberated from SPS care. It recognised the

anxiety that an individual may have on liberation, particularly if they had been isolated and/or had not experienced the impact of Covid-19 in the community.

Support for young people for liberation – HMP&YOI Polmont and HMP&YOI Grampian

415. It is important to note that individuals being liberated during this time may not have accessed the same level of support and throughcare from the SPS and partners.
416. SPS is aware that third sector services were restricted, and alternative digital measures were required to be implemented.
417. During the specified period, SPS provided additional liberation packs to children and young people that included a fully charged mobile phone and a £30 supermarket voucher.

Transition Planning for Liberation - HMP&YOI Polmont

418. A challenge during the pandemic specifically for HMP&YOI Polmont was that as it is SPS' national facility for young people, all local authorities were involved in any transitions plans for young people who were being liberated.
419. As all local authority areas were involved during the specified period this meant that HMP&YOI Polmont required to adapt its processes to ensure support could be provided prior to release. This meant utilising digital initiatives, for example, virtual meetings, phone line service and the *Email a Prisoner* scheme, to ensure third sector partners could communicate with the establishment and those in their care. This took considerable planning in comparison to other establishments who predominantly worked alongside their own local authority partners.

Dynamic Response to Individual Needs

420. SPS establishments dynamically risk assesses anyone who enters custody and SPS staff approach those in their care from an individualised needs approach. This includes an individualised assessment of the specific needs of each young person and young adult who is admitted into the care of SPS, and any child who was admitted during the specified period.

421. Individuals with specific additional needs vary significantly, and even those who may have the same diagnosis of additional needs often vary on the level of care or service required.
422. SPS works collaboratively with partner colleagues to support the health and wellbeing needs of those in SPS care. This can range from support from NHS in relation to physical and mental health care, occupational therapy, education support from Fife College, and an array of specialists on specific needs.
423. There is a spectrum of diverse requirements for those in the care of SPS. For example, there could be physical, cognitive, mental health support requirements, or a mixture of those. Therefore, SPS adopts an individualised approach to all those who enter their care.
424. Although the decisions made with regards to the changes in regime and operational management processes were consistent across all SPS establishments, the individualised approach continued throughout the specified period during the pandemic through SPS staff and partners. They provided a high level of care to those they cared for and continued to tailor support to what the individual needed.
425. With regards to sharing information on Covid-19 to those in SPS care, in addition to staff support and notices disseminated 'easy read' notices were created by NCRG and distributed to establishments to support those who had difficulties with reading comprehension. An example of these notices has been included (TM1/092 - INQ000582497).

Vulnerable Individuals and Shielding

426. SPS are aware that those being admitted to custody often come with poorer health outcomes and are affected by long term conditions, thereby increasing the risk of disease and making them more vulnerable.
427. Over recent years, there have been several national reports, needs assessments and HMIPS Inspection Reports that have identified over 500 recommendations relating to the provision of health and wellbeing interventions. Further to these reports, the wider needs of those in SPS care include

those with complex physical health and long-term conditions with a need to ensure access to on-site healthcare and secondary health service provision as well as social care support was identified.

428. There were a total of 125 people who were identified as extremely vulnerable during the start of the Pandemic and therefore identified to meet the criteria for Shielding as they received notification in line with Scottish Government guidance in May 2020. Only 35 opted to shield formally, as the remaining stated that they did not want to. However, they could at any time change their position on this. There were additional challenges for Residential Officers in supporting them given that only 15 of those individuals had access to accommodation with their own shower. However, regimes were adapted to ensure that those shielding were provided with care needs. This meant identifying a dedicated residential area within the establishment where individuals could be safely managed.

429. Any further questions on the health needs of those in the care, including physical and mental health, should be directed to NHS Scotland as SPS are not in a position to answer clinical related questions on those in their care.

Vaccination Programme

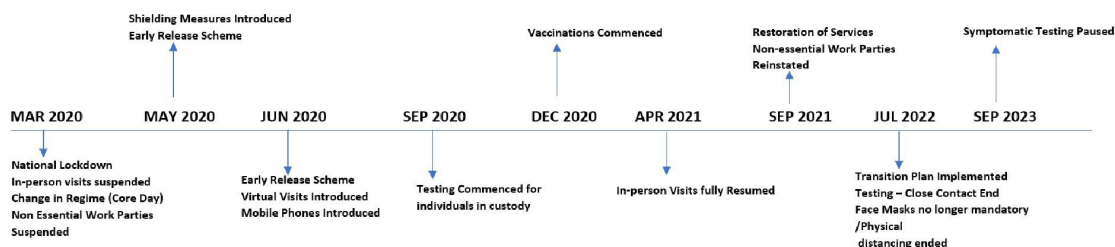
430. The roll out of vaccinations was the responsibility of NHS boards and the monitoring of totals was monitored by Public Health Scotland colleagues and reported back into the Clinical Prisons Advisory Group (CPAG). As the roll out continued, comparisons were made with the equivalent populations in the community and the rates across age groups were equivalent. While this was welcomed, it had little impact on the speed of reduction of restrictions as the prison environment was considered high risk. It was not until April 2022 when the updated policy for Test & Protect included an option for close contacts who were fully vaccinated to test for 7 consecutive days as an alternative to isolation.

431. As highlighted in Part C, the Transition Plan that allowed a relaxation in measures was introduced on 25 July 2022. These relaxation in measures were; face masks were no longer mandatory, physical distancing ended and there was no more test to end isolation unless there was an outbreak, when all would be introduced again to prevent the spread. Symptomatic testing and isolation for those affected remained in place until September 2023 when a pause was introduced.

Timeline of Key Events

432. The following chart gives a high level overview of the key milestones of SPS' response to the Covid-19 pandemic. Further details in relation to the timeline, for example, physical visits resumption and pausing, have been annotated in the relevant sections above.

SPS Covid-19 – Timeline of Key Milestones



Court Delays

433. From 24 March 2020 court delivery by the Scottish Courts and Tribunal Services (SCTS) was significantly impacted due to the suspension and/or restrictions placed in response to Covid-19. Although SPS can comment on the impact this had for the organisation, as well as the processes that SPS put in place, SCTS would be best placed to comment on the decisions they made during the specified period.

GEOAmey

434. Scottish Ministers are contracted to GEOAmey Ltd (GEOAmey), the Service Provider for the delivery of the Scottish Court Custody and Prisoner Escorting Service contract within Scotland. This includes prisoner transport from police custody to court, prison custody to court, management of court operations, escorting a range of 'non-court' appointments, including Hospital Appointments, Special Escorted Leave, and Inter-Prison Transfers etc. This also includes secure custody of those admitted and detained into hospital for a period of time (bed watches). This is managed on behalf of Scottish Ministers by the Contract Management Unit (CMU) within Operations Directorate in the SPS.

Operational Delivery

435. GEOAmeY contract performance and delivery operations were significantly impacted by the onset of Covid-19. As with the national position, all movement ceased, when Lockdown occurred, with only Police Custodies attending court, and those in Hospital as detainees, continuing to being securely escorted. Most, and in some cases all, other contractual movements were suspended.

436. Like most of Scotland, with the closure of schools etc. GEOAmeY staff were impacted by the stay at home order, with limited staff available to deliver the revised core services.

437. Once processes and agreed justice partner requirements were identified, GEOAmeY were required to deliver those limited services within the contract framework.

438. Service Delivery was routinely reviewed in conjunction with the SPS CMU team during the first lock down period and after, with the expansion of the court services allowing GEOAmeY to meet the demands of the court and some of the justice partners over time and as SPS moved out of the first lockdown.

439. The most significant issue was in relation to the impact on the NHS and requirements for secure escorting in an NHS setting.

Virtual Courts

440. The facility of Virtual Courts, whereby an individual in our care can attend a court hearing within the prison setting virtually instead of being escorted physically to the court, has been in place for some time, and was available pre-Covid-19. However, this service became far more utilised during the SCTS Recovery Phase.

441. A positive impact of this was that there was less travel between establishments and Scottish Courts during the specified period, which lessened the risk of viral transmission for those in SPS care and there was not a requirement to use the prisoner transport contractor for these court appearances.

Increase of time on Remand

442. Although HMP&YOI Polmont and HMP&YOI Grampian would not be the appropriate groups to carry out an assessment of court delays in general (this would be for SCTS and, to an extent, SPS Headquarters), since the start of the Covid-19

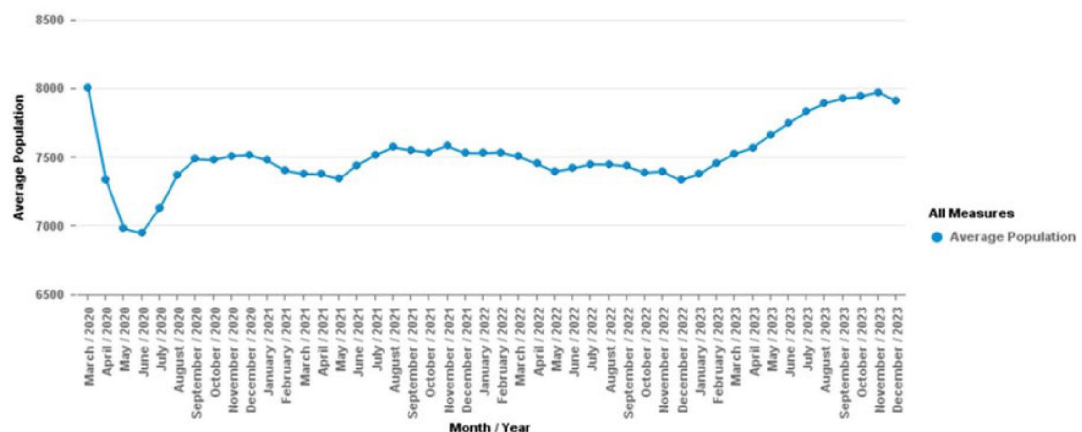
recovery phase by Justice Partners within SCTS, all establishments experienced caring for individuals on remand for longer periods. This had an impact from a population management perspective as well as impact on the individuals themselves who were spending longer in custody with the uncertainty of what would happen with their court case. Although resources and a regime were provided to those who are in SPS custody on remand, prior to Covid-19 the facilities available to them were less than for an individual who was of a convicted status. For example, under Prison Rules there is not a requirement for individuals of a remand status to work or take part in other forms of purposeful activity. Therefore, after the restoration of services and due to the increased demand for remand regime provision, some establishments reassessed regimes for remand individuals and opened up additional opportunities for that demographic, including access to work parties and increased education provision.

Population Management

443. In addition to the increase in remand length, SPS has also experienced a continuous rise in the number of people in our care since the start of SCTS recovery. This rise is projected to continue and, therefore, SPS has been required to review the current population management strategy for looking after those in their care. This has had a significant impact on SPS and continues to do so now.

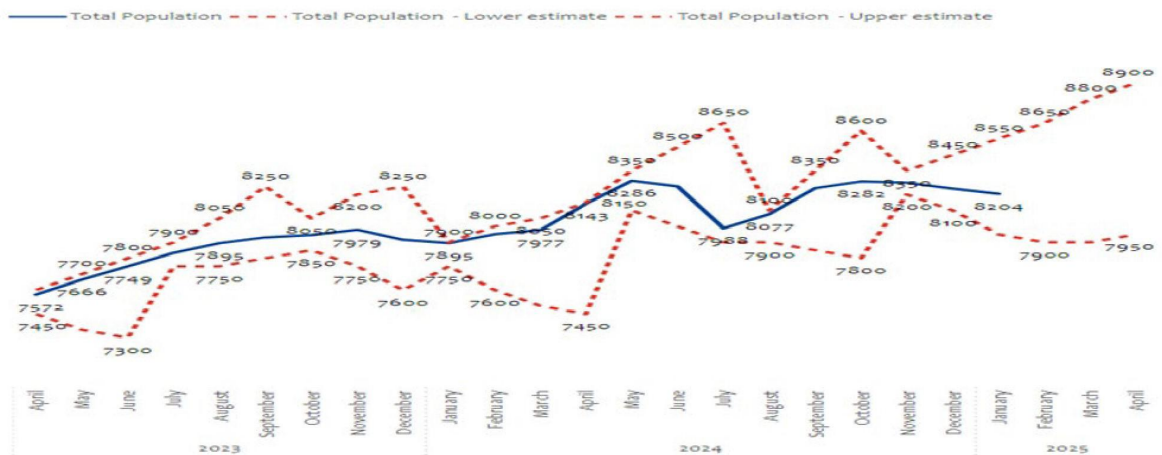
444. The following graph provides an overview of the average population figures from the first lockdown in March 2020 up until December 2023.

Average Population by Month & Year

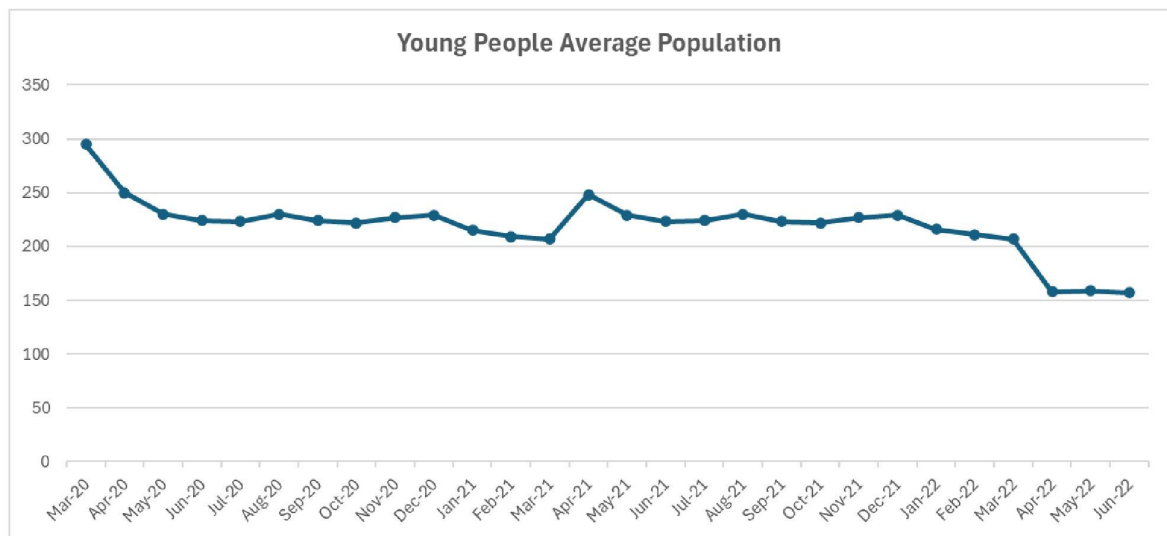


445. The following graph was provided by Justice Analytical Services and shows that the rise in SPS population is projected to continue over the coming months.

Total Population



446. The following graph provides an overview of the young people population (ages 16 to 20) over the specified period. As highlighted the background section of this statement, the young people population decreased over the specified period. In comparison the rest population for the rest of the estate dropped in March 2020 but started to rise again from July 2020.



447. Due to the population challenges that SPS has been facing this has meant that elements of the estate have been required to be reconfigured to accommodate the continuous increase in the adult population.

448. SPS continue to proactively work on internal options, as well as collaboratively alongside Scottish Government on strategic options.

Parents and Caregivers – SPS staff

449. As explained earlier in the statement in Part C, prison regimes required to be restricted quickly in March 2020. The situation was evolving at pace and SPS had to develop a contingency response to maintain sufficient staffing levels and therefore mitigate a heightened risk to staff and those in our care. Changes were made to the prison regime by utilising a 'Core Day' and the Prison Officer Association (Scotland) trade union agreed that SPS could change attendance patterns with far less notice than the 6 weeks that prison officers are normally contractually entitled to.

450. This was a significant change to our staffing teams, and they showed considerable flexibility at very short notice. SPS were also aware that this change was likely to have an impact on the home life of those who work in SPS establishments.

451. During the specified period, several support arrangements were put in place, including suspending formal performance management conversations and replacing them with one-to-one wellbeing conversations.

452. Regular communications were issued by Directors, and Human Resources issued newsletters with a range of wellbeing and resilience themed content. The SPS Connect newsletter was initially introduced as a Covid-19 initiative, informing staff of services available to them for wellbeing and other issues. Additionally, The Employee Assistance Program, available 24 hours a day, provided another avenue of independent specialist support and advice to all SPS staff.

453. Once the Restoration of Services was implemented in September 2021, most establishments returned to their previous rostered shift patterns.

Children's Rights Impact Assessments

454. During the specified period, there was no statutory obligation to conduct child rights and wellbeing impact assessments under UK or Scots law. The 2014 Act requires all Scottish Ministers to give better or further effect to the requirements of the UNCRC; take account of the relevant views of children of which they are aware;

promote public awareness and understanding of the rights of children; and report every three years to the Scottish Parliament on what they have done to fulfil these duties.

455. While SPS made efforts to understand the impact of operational decisions made to protect people in prison from Covid-19 on children and young people in custody through mechanisms such as Prisoner Forums and its complaints process, the decisions being made were in a fast-paced and dynamic context, thereby making it unfeasible to conduct impact assessments on each decision.

Young Adults in the Adult Estate

456. In relation to the management of young adults (aged 21-25) in the adult estate throughout the specified period and in response to the pandemic, young adults were managed in the same manner as the other adults in their respective establishments. Any deviations of practice between establishments regarding young adults were due to the differing fabrics of the buildings and local resources, and not between prisoner demographics.

16 and 17 year olds in Custody – The Children Act

457. The Children (Care and Justice) (Scotland) Act 2024 has ended the use of YOIs in Scotland for children who have been remanded, committed or sentenced. This Act came into force on 4 June 2024, therefore this did not happen until after the specified period. Children who had already been placed in YOIs were safely transitioned from SPS custody to secure care accommodation in August 2024. From now on, when children are still required to be deprived of their liberty, this can no longer be in YOIs or prisons.

Part E – General assessment during the Specified Period and Lessons Learned

Local - HMP&YOI Polmont and HMP&YOI Grampian

Lessons Learned Exercise

458. In addition to the user voice feedback that has been highlighted in this statement and the reflective practice sessions facilitated between September and October 2020, further exercises were conducted to ascertain reflections on lessons learned from the pandemic. Prior to the Restoration of Services in September 2021,

all establishments were contacted by the NCRG in May 2021 and asked to contribute to a lessons learned exercise that looked at the impact that the pandemic had on those in their care. LCRGs across the estate organised a reflective practice session within their establishments to discuss the areas that were felt to be of significant impact. A summary of these findings was collated as part of the Restoration of Services working group (TM1/093 - INQ000582498). More detailed feedback from HMP&YOI Polmont and HMP&YOI Grampian has also been included (TM1/094 - INQ000582499 and TM1/095 - INQ000582500).

459. This exercise was utilised by Governors locally to reflect on the impact Covid-19 had on their people and their service delivery. Governors then used this exercise to develop reinvigorated regimes utilising the feedback from those in their care balanced with the business needs of the establishment.

National – SPS Headquarters

Red/Amber/Green Feedback - Omicron Support Tool

460. As an evolved commissioning to the Functional Regimes feedback explained in Part C of this statement, SPS' Operations Directorate requested establishments to complete a Red/Amber/Green status periodically between December 2021 and June 2022. Specifically, these were requested and collated in:

- December 2021
- January 2022
- March 2022
- June 2022.

461. This document was commissioned due to the evolving Scottish Government guidelines in response to the concerns raised regarding the SARS Cov-2 (Covid) Omicron variant. The questions asked were a direct response to the series of updated risks which were considered by the NCRG.

462. Questions asked included:

- *Does the establishment have the appropriate levels of deployable staffing resource to operate safely, sustainably and effectively within the attendance patterns agreed now with local partners; and has consideration been given to those SPS staff who could work from home?*

- *Does the establishment have agreed contingency plans (shared as appropriate with partners) in place to manage a local response should there be a significant rise in infection rates of Covid-19, and/or significant changes to SG guidelines?*
- *Has the establishment fully engaged with staff, NHS colleagues and those in our care to seek views on the composition of a revised regime and / or to seek views on ideas tabled by managers should change be necessitated via the RAG tool?*
- *Are there any specific concerns for your establishment in relation to your current levels of vaccinations of the people in your care, and or, your staff and partner groups; and which might impact upon your regime preferences?*
- *Are all local COVID risk assessments up to date taking into account prisons' general status as 'high risk' areas and any available information available on the Omicron variant ?*
- *Have all partner agencies, including NHS, confirmed that they are in a position to maintain business delivery and have enough staffing resource available taking into account the updated SG guidance i.e. the encouragement of staff to work from home where possible.?*
- *Does the establishment have sufficient numbers of staff trained in necessary Core to Role training - specifically C&R and PPT - to ensure it is as safe an environment for our staff / partner groups?*
- *Is the establishment content that staff have the appropriate levels of confidence and support that will permit a safe and manageable regime were this to change/evolve at short notice?*
- *Has the establishment specifically considered Visit provision in line with current infection rates locally?*
- *Protective factors; do you have adequate stocks of PPE, is social distancing enforced, are Covid testing procedures adequately supported and is there adequate local knowledge on vaccination?*
- *Are your admission procedures ensuring that appropriate cohorting is able to take place taking into account Covid testing and optimisation of available spaces.*

463. These submissions ensured monitoring during a period where the restoration of services had been implemented, but there were concerns about an evolving position with regards to the Omicron variant. They provided oversight for SPS Headquarters and a review locally of establishment's ability to provide their expanded regime.

464. Submissions from HMP&YOI Polmont and HMP&YOI Grampian have been included:

- December 2021
 - HMP&YOI Polmont (TM1/096 - INQ000605531)
 - HMP&YOI Grampian (TM1/097 - INQ000582501)
- January 2022
 - HMP&YOI Polmont (TM1/098 - INQ000582502)
 - HMP&YOI Grampian (TM1/099 - INQ000582503)
- March 2022
 - HMP&YOI Polmont (TM1/100 - INQ000582504)
 - HMP&YOI Grampian (TM1/101 - INQ000582505)
- June 2022
 - Individual establishment submissions are not available. However, the collated overall status for all establishments from June 2022 has been included (TM1/102 - INQ000582506).

SPS' Regime Review – 2024

465. As highlighted in Part D of this statement the adaptation of prison regimes since the Restoration of Services varied across establishments, with many prisons making different decisions about operational regimes and evening activity in accordance with the changing population needs.

466. In June 2023, a scoping exercise was planned to look at Purposeful Activity provision across all SPS establishments. The aim was to explore Operational management practices and regimes to identify best practices and good value for money (in terms of efficiency and effectiveness).

467. Objectives:

- Review best practices for quality service provision
- Identify areas of focus for the workforce strategy.

468. One-day visits were made to 12 SPS establishment to interview SPS Senior Management Teams and individuals in SPS care. The majority of these were carried out between July 2023 to September 2023. The interviews were conducted collaboratively between SPS' Research and Operations functions. A copy of this report has been included (TM1/103 - INQ000582507).

469. Findings from this research was that there were concerns raised regarding resource constraints in relation to providing a full range of purposeful activities within establishments, and the motivation levels of those in SPS care to attend work and education (which appeared to be exacerbated by the pandemic).

470. However, it was noted that health and wellbeing activities were prioritised and considered significantly positive and impactful.

Next Steps

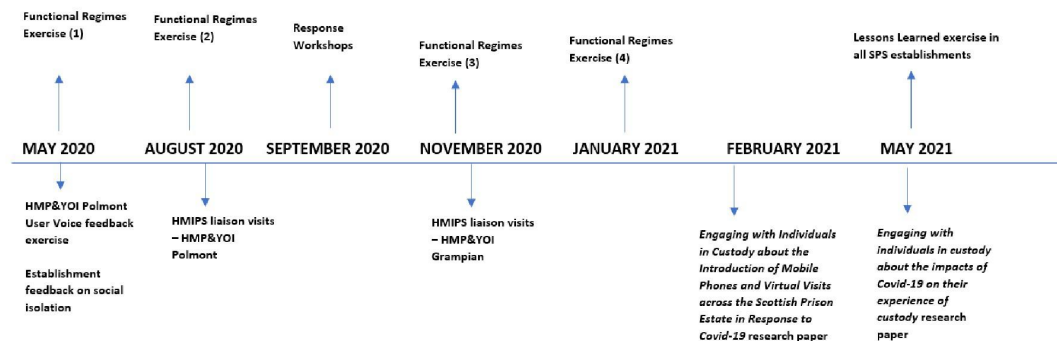
471. SPS continues to review regime provision for all in their care through an array of Governance methods, for example, monthly KPI reviews and bi-annual Business Review meetings with each establishment.

472. With the continuous rise of the population that SPS has been experiencing, individualised and holistic service provision in this challenging time continues to be the SPS' primary focus.

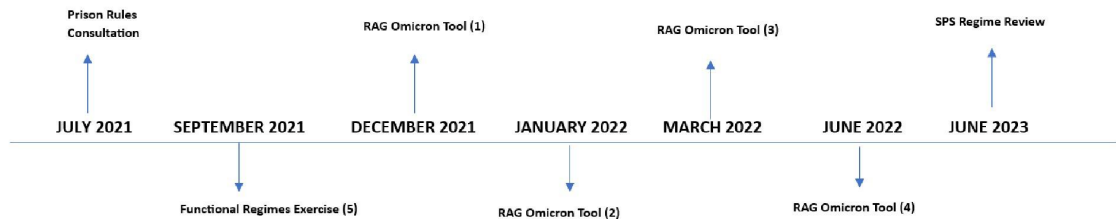
Timeline of Assessment, Research and Lessons Learned

473. The following timeline provides an overview of the assessment, research, lessons learned, and formal feedback received during, and subsequent, to the specified period that relates to the impact Covid-19 had on SPS.

Timeline of Assessment, Research and Lessons Learned



Timeline of Assessment, Research and Lessons Learned



474. This timeline does not include the daily, by exception or routine reporting that is highlighted in Part C of this statement in relation to:

- Intelligence Assessments
- Daily Assurance Reports
- Covid-19 Status Reports
- Other health related reports, including deaths in custody
- Establishment Business Reviews
- KPI reporting
- Any internal SPS routine audit related reporting.

Reflections

475. When reflecting on the impact that Covid-19 had for those who live and work in SPS prisons, it is clear that it was an extraordinary and extremely challenging time. During the pandemic, individuals in SPS care, their families, the public, and SPS staff placed their trust in the organisation. SPS remains extremely proud of the unprecedented resilience and flexibility which their staff, those in their care, and their families, have shown under such circumstances.

476. Understanding trauma and its effects on the holistic and emotional wellbeing of people, continues to be at the heart of everything SPS does. The organisation's recovery from Covid-19 was only possible thanks to the unwavering dedication of staff and the patience and understanding of those in SPS care and their families. What this recovery provided SPS with was the opportunity to adjust service delivery to better reflect the emotional and wellbeing needs of SPS people.

477. The impact of Covid-19 on children and young people during this time was at the forefront of all SPS considerations and decision making and was the reason for new initiatives being introduced at their locations prior to implementing at other sites, for example, mobile phone and virtual visit implementation. From a regime perspective, there was a proactive focus on expanding the engagement and activity for children and young people as quickly as possible, for example the reinstating of children's visits earlier than in-person visits and purposeful activity, in conjunction with ensuring decisions were in line with Scottish Government guidelines. Additionally, within HMP & YOI Polmont, Youth Workers engaged with any child or young person who were identified as needing additional support, or who lacked family support. For occasions where on-site support could not be facilitated, support telephone lines were also implemented in children and young people residential areas for remote contact with Youth Workers.

478. Collaborative and positive working with SPS partners across the justice sector, with third sector partners and the Scottish Government, continues to remain vital as the organisation continues to move forward. Critical relationships were further developed, and SPS have sustained a positive relationship with Public Health Scotland both nationally, as well as at a local level, that continues to provide direct points of contact to support the health and wellbeing of those in SPS care.

479. A significant and tangible outcome from this experience is that the SPS now has robust plans, guidance and processes in place. In addition to this, there has also been prison specific guidance that has been developed in collaboration with Scottish Government and Public Health Scotland, which will continue to aid in informing SPS practices.

480. The health, wellbeing and safety of all who live and work within SPS remains the highest priority and the efforts of all will be dedicated to continuing to keep supporting that.

Statement of Truth

481. I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made,

a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed:

Personal Data

Dated: 30 May 2025