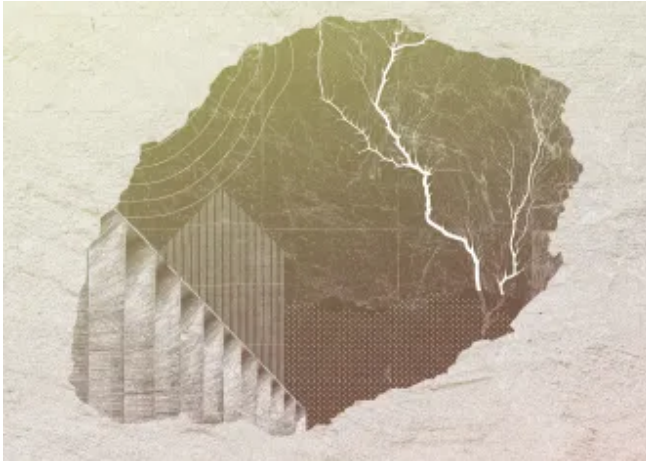


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NOVEMBER 15, 2023

## Scotland: "You go to prison as punishment, not to be punished"

Community Custody Units: Scotland's new small-scale detention facilities

< image © Valentin Lombardi.

- ["Changing the scale" \(https://www.prison-insider.com/en/articles/changer-d-echelle\)](https://www.prison-insider.com/en/articles/changer-d-echelle) series (7)

In 2022, a new type of detention facility was introduced into the Scottish prison system: Community Custody Units (CCUs). These are *"founded on the principle that all aspects of the care of women in custody should be designed for women and take account of their likely experience of trauma and adversities"*. The two existing CCUs accommodate a limited number of women – up to 16 in Dundee, and 24 in Glasgow – and focus on contact with the community and local services.

John Docherty works as Deputy Programme Executive for the Scottish Prison Service. For the past five years, he has been involved in developing CCUs and trauma informed programmes. **Prison Insider** asked him three questions.

## **It's about meeting their needs, safety, and implementing an effective plan to help them.**

**Prison Insider. The approach in Community Custody Units is described as gender-specific and trauma informed. What exactly does that entail?**

**John Docherty.** Most women in prison have experienced significant trauma, and physical, sexual or psychological abuse in their past. We know that trauma affects how people think, feel and behave. This can cause people to behave in unexpected or disproportionate ways, which can be perceived as troublesome, aggressive or violent in a prison environment. The Community Custody Units (CCUs) have been designed according to trauma informed principles: safety, trust, empowerment, collaboration and choice. These five principles are recognised in academic literature and underpin everything that we have done across our new female custodial estate. They are reflected in the physical environment and design of the facilities which are intended to feel less custodial and more domestic or therapeutic depending on their purpose.

Staff undergo trauma informed training sessions that were developed by National Health Service (NHS) Education Scotland for NHS employees, social workers and other sectors such as justice. The CCUs remain custodial environments. We can't remove every potential trigger. But through staff training, physical design and new operational practices, we can minimise the potential for re-traumatisation.

Many of our staff were brand new to the prison service. We use value-based interviewing to make sure we get the right people for the job. All CCU staff underwent a competitive recruitment process and were specifically selected for the unit. We also set gender staff ratios. CCUs are about 70 to 75% female. We find there are still benefits in having male staff working with the female prisoners. For example, one woman formerly incarcerated at Polmont described a male staff member as being the first man who ever did anything for her without wanting something in return. It let her see that non-transactional relationships with men are possible. Not all women will want to work with them, which is understandable.

All women are eligible for placement in a CCU. For those serving less than 4 years, we look at whether a CCU will be able to meet their needs, the degree of support they need, their readiness to live independently, and whether there are other more suitable options for them elsewhere in the prison estate. We try to place women in the facility best equipped to meet their needs.

For women approaching the end of a long-term sentence (over 4 years), CCUs are intended to prepare them for transition back into society. For those serving short sentences, CCUs focus more on maintaining ties with the local community. There are very few factors that fully disqualify women from being eligible. For example, women with substance abuse issues are eligible and receive support inside, with both NHS and various third-party providers, and/or outside of the facility, both of which may continue to provide support upon release. We recognise that recovery is not linear and that people will have setbacks along their journey. There is no strict rule that immediately initiates a transfer back to an ordinary prison. It can happen if their needs escalate beyond what we can provide, but these decisions are individualised and made by the risk management team (RMT). Someone returning from the community under the influence of a substance may be placed in a secure bedroom in the CCU pending the RMT decision. We don't need to refer to ministers or senior directors in order to proceed or make a decision. It's not a punitive measure either. It's about meeting their needs, safety, and implementing an effective plan to help them.

## **When you walk into one of the CCU houses, it's like walking into a domestic home.**

### **PI. How do you implement rehabilitation and community integration programmes in CCUs and how do they differ from in ordinary prisons?**

**JD.** When you walk into one of the CCU houses, it's like walking into a domestic home. They are designed to promote and support independent living. There are four bedrooms upstairs, each with a private bathroom. Downstairs, there is a communal living and cooking area. Women are expected to maintain their personal and communal living spaces. They are given a weekly shopping allowance and they are expected to budget, shop for themselves and prepare their own meals. We have quality assurance procedures to ensure that the women are qualified to cook safely and prepare nutritionally balanced meals. The use of modern technology also allows us to make security arrangements much less obtrusive and visible. Our staff have access to all the living spaces. They are expected to knock before entering bedrooms, unless there is an emergency. Certain tasks, such as Welfare checks, require going into the living space each morning and evening. The women carry a key card that enables access to their

bedroom, the house, and other facilities depending on their regime. We can control when a key works for a specific location. The women must stay in the house at night but are free to associate with the others who live there.

They are also empowered to take control of their sentence through our new case management approach. Each woman entering custody has an individualised plan which she develops with her personal officer. Together, they identify her specific needs, as well as her skills or assets and the types of support services and interventions that would be helpful to her.

The women are responsible for managing their own time by planning ahead and communicating with their caseworker in the event of any scheduling conflicts. National policy sets out risk management and progression guidance for levels of community access. It's a stratified process where they must work their way up, for example, from escorted to unescorted leaves. This may entail work or home leave, each of which can vary in frequency and duration. The decision-making process happens through a multidisciplinary risk management team (RMT), chaired by the deputy governor, and receiving input from psychology, health, social work and other relevant professionals. The RMT determines and regularly reviews the level of community access, or ad hoc in case of an adverse development. The personal officer and incarcerated woman can be present as well.

National policy on mothers and babies allows women who give birth while in custody to keep their child with them for a certain period to forge the initial mother-child bond. Both HMP Stirling and HMP Grampian have mother and baby units. Whether the baby is allowed to stay with the mother is determined by a risk assessment carried out by social workers with the child's family.

CCUs also provide more open facilities for family visits. They differ from traditional prison visits that take place in a very controlled environment. CCUs feature a community hub where women can see their family and where learning events and drop-in sessions are also organised by service providers. It's a more child and family-friendly environment, with a garden space and the ability to move around freely. It's a space where family contacts for women are promoted.

**We were asked to develop a model that would be transformative and world leading.**

## PI. How did this cultural shift within the prison service take place?

**JD.** I joined the prison service as an operations officer in 2007, working in a Victorian prison that had been built in the late 1800s: HMP Aberdeen. It is now demolished as a large proportion of our prison estate has been rebuilt in the last two decades. We have similar models to the CCUs, such as Community Integration Units (CIUs), but they exist within secure custodial environments in two facilities: HMP Grampian and HMP Greenock. There has been a cultural shift in the last decade or so.

We published a full organisational review in 2012 where our stated mission, vision, values and priorities were redefined. The principle was: You come to prison as punishment. You don't come to prison to be punished. We're here to support and promote rehabilitation. Our mission statement became about unlocking potential in helping people transform their lives to contribute to society upon release.

For women, the shift towards current policy was initiated in 2012 when the Commission on Women Offenders published the Angiolini Report making approximately 37 recommendations on how women should be managed in justice. Eight of those recommendations applied to the Scottish Prison Service, and the work that I've been involved in for the last five years has been devoted to realising and delivering our commitment to them. When we started in 2012, there were around 430 women in custody. The plan put forward in 2012 was to demolish Cornton Vale, the only women's prison at the time, and replace it with a single prison on the West Coast for all women in custody across Scotland. That was met with a fair bit of opposition from various stakeholders who argued it didn't align with the Angiolini report recommendations.

In 2015, a new plan set out to build a smaller national prison for the most high-risk and need women. Up to five CCUs are to be built to allow women to live closer to home and maintain relationships with their community. Before opening the CCUs, we initially encountered some challenges and objections from the local community. For example, the Dundee community was concerned about the impact it would have, especially considering the CCU was being built in a residential area.

Face-to-face community engagement was done with local authorities and community members to get their approval and start building the units. We did a lot of presentations at the local community centre to explain what we were trying to build and answer questions. That continued during the whole construction process right up until we opened the facility and people were able to come in and see for themselves.

In Glasgow, a lot of the questions asked by community members were actually about how the women would be kept safe. Currently, an evaluation period is underway, for the two already existing, until 2025 to determine whether CCUs are effective, if the remaining three should be built, and to identify good practices which could be applied to other population groups. We've had support and investment from the highest levels of government and organisations. We were asked to develop a model that would be transformative and world leading. Today, they have become an integral part of our new model and complementary to other existing facilities. The goal is to have a range of models suitable for different contexts and needs. We're in the early stages of thinking about how we can widen the reach of CCUs to more women without increasing risk profiles.

*Interviewed by Inès Boivin and Mehdi Faiez*



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