KEY OBSERVATIONS

Prison (women)

PRIORITY TOPICS

LAW AND POLICIES – Reduce the use of short custodial sentences and recalls, which are resource intensive and generally ineffective, and invest further in effective community-based alternatives and support services, especially for women with complex needs, mental health issues, and those at risk of homelessness.

HEALTHCARE – Women in prison with an acute mental health illness requiring urgent intervention should be transferred to an appropriate mental health facility without delay.

PRISON STAFF – Introduction of more specialised, gender-specific, and trauma-informed training for prison officers working with women in prison.

GOOD PRACTICES

CONDITIONS OF DETENTION – The Mother and Baby Units (MBUs) in both prisons visited provided a high level of care for mothers and babies.

SEGREGATION AND ISOLATION MEASURES – At Styal Prison, a summary sheet at the beginning of each individual prisoner logbook provided staff with an insight into the specific needs, triggers and positive interactions for the various women held on the Care and Separation Unit.

THE CPT AND THE UNITED KINGDOM

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

Since ratification, the CPT has carried out 29 country visits to the United Kingdom – 10 periodic and 19 ad hoc – including 96 visits to police establishments, 89 to prisons, 23 to psychiatric institutions, 11 social welfare and educational-correctional establishments, and 12 to border and immigration detention facilities.

All the visit reports have been published. The United Kingdom accepted the automatic publication of the visit reports since January 2026.

EXECUTIVE SUMMARY

The purpose of the December 2025 ad hoc visit to the United Kingdom was to examine the treatment and conditions of detention of women held in prison in England and Wales. The CPT visited for the first time Eastwood Park and Styal Prisons. The co-operation received from the authorities and from the staff in both establishments was excellent.

The United Kingdom authorities have long recognised the need to reconceptualise and overhaul the women's estate, a primary focus consistently being to reduce the overall number of women arriving in custody, as well as to strengthen the "therapeutic and gender-specific approach". However, by 2025, the number of women entering prison had not decreased, and significant numbers were still being sent to prison for short periods, often due to failures in meeting probation requirements or lack of stable community housing and support.

The CPT found that the women's prison system continues to function largely as a stabilisation setting whereas women also need effective reintegration measures and efficient social and mental health care both in the prison and in the community to support them to rebuild their lives and have a better chance of staying out of prison. Many women in custody have acute social and mental health needs, often tied to substance abuse, trauma, and homelessness. Short remand and recall periods (often as brief as 14–28 days) were common but counterproductive, providing insufficient time for any substantive intervention. This "revolving door" was especially disruptive for both the women and prison operations.

While it is positive that the current recall system is being re-examined, the CPT is skeptical that simply extending the recall period by a few weeks will enable prison and probation services to address the needs of vulnerable women, especially those at risk due to lack of community support. Further, it considers that recall to prison should be applied only when all other solutions have been considered and deemed inappropriate in the specific circumstances of each case. This also implies that women need to be better prepared for reintegrating the community so that they do not feel they are being set up to fail.

Positively, at both prison establishments visited, the delegation did not receive any allegations of physical ill-treatment of prisoners by staff. The vast majority of women stated that they were treated correctly by prison officers. However, the delegation did receive some allegations of dismissive attitudes towards prisoners, especially by less experienced members of staff. Instances of inter-prisoner violence occurred in both prisons visited, but they were few in number and, as a general rule, staff intervened rapidly.

The conditions of detention were generally acceptable at Eastwood Park Prison. However, cells designed for single occupancy, measuring 8 m2, should not accommodate more than one prisoner, and toilets in multiple-occupancy cells should be fully partitioned.

At Styal Prison, urgent action is needed to bring the establishment into conformity with fire safety regulations given that the lives of women, and potentially their children, are at risk. In addition, given that most of the two-storey Houses were dilapidated and in an inadequate state of repair, steps should be taken to remedy the identified deficiencies, including the heating and poor hygiene in certain Houses.

Further, given the importance of daily access to fresh air, a shelter from the rain and sun should be installed in all of the outdoor exercise yards at Eastwood Park and Styal Prisons.

The CPT found that diverse activities are offered to women at both establishments visited. However, some women are not engaged sufficiently in these activities. The United Kingdom authorities should take steps to expand further the offer of education and purposeful activities, including vocational training (with a focus on reintegration). This should include prisoners with short stays. The aim should be to offer all prisoners the possibility to spend at least eight hours outside of their cells every day, which is not the case at present. All prisoners should be offered at least one hour of outdoor exercise.

The CPT found severe staff shortages at both prisons impaired safety, activity scheduling, and prisoner welfare, often leading to prolonged lock-ups and lack of supervision. This was notable at Styal Prison, where the Houses had no staff permanently located within them. The centralised recruitment and short, generic prison officer training did not appear to be meeting the needs of the female prison estate. Efforts to improve the prison officer to prisoner ratio should be pursued, and the training of prison officers employed in prisons for women should be re-assessed and strengthened.

In both establishments visited, the provision of somatic and mental healthcare was of good quality overall, as well as being trauma informed. However, mental healthcare was a significant challenge. The vast majority of women interviewed by the CPT reported living with mental health issues, which often required complex interventions. A thorough assessment of the mental health care needs for women in both prisons visited is necessary, as well as adapting the staffing of relevant professionals. Transfers to secure psychiatric hospitals were slow, potentially spanning weeks due to legal procedures and lack of bed space, exacerbating patient deterioration and raising concerns about inhuman or degrading treatment. The transfer of patients with an acute mental health illness to a secure mental health facility should take place without delay.

While both prisons had a number of specialised mental health units and interventions, much more needs to be done to support women, including by expanding the accessibility of programmes and support measures. Available interventions should form part of a reintegration and treatment approach, which addresses both immediate mental health needs and mental health tools to support an effective reintegration into the community.

The CPT found that admission processes generally identified vulnerabilities well, but the induction and orientation for new prisoners was inconsistent and often relied too much on peer support rather than staff.

Disciplinary and segregation procedures were applied in conformity with the relevant rules. At Eastwood Park, segregated women were confined mainly to their cells with limited out-of-cell time, and segregation negatively impacted on other prisoners' regimes. By contrast, at Styal Prison, a 10-bed Care and Separation Unit housed segregated prisoners. Steps should be taken to provide at least two hours of meaningful human contact daily for segregated women (imperatively for those women segregated for longer than 14 days) and better step-down support. Further, at the Styal CSU, safer cell furnishings (beds/mattresses) should be installed to reduce self-harm risks.