VISIT REPORT
UNITED KINGDOM
December 2025

CPT

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

AD HOC VISIT
1 – 8 December 2025

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European Committee for the
Prevention of Torture and Inhuman
or Degrading Treatment or Punishment

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Contents

KEY OBSERVATIONS

PRIORITY TOPICS

■ Prison

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

■ Prison

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 m^2, 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.

I. INTRODUCTION

A. The visit, the report and follow-up

1. In pursuance of Article 7 of the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (hereinafter referred to as "the Convention"), a delegation of the CPT carried out an ad hoc visit to the United Kingdom from 1 to 8 December 2025. The visit was considered by the Committee "to be required in the circumstances" (cf. Article 7, paragraph 1, of the Convention) and its objective was to examine the treatment and conditions of detention of women held in prison in England and Wales.[1]

2. The visit was carried out by the following members of the CPT:

- Gunda Wössner, 2nd Vice-President (Head of Delegation)
- Tom Daems
- Imants Jurevičius
- Helena Papa
- Hans Wolff

They were supported by Hugh Chetwynd, Executive Secretary, Aikaterini Lazana and Catherine O'Baoill of the CPT Secretariat, and assisted by an expert, Marrit de Vries, forensic psychiatrist, The Netherlands.

3. The report on the visit was adopted by the CPT at its 119th meeting, held from 9 to 13 March 2026, and transmitted to the authorities of the United Kingdom on 15 April 2026. The various recommendations, comments and requests for information made by the CPT are set out in bold type in the present report. The CPT requests that the authorities of the United Kingdom provide within three months a response containing a full account of action taken by them to implement the Committee's recommendations, along with replies to the comments and requests for information formulated in this report.

B. Consultations held by the delegation and cooperation encountered

4. In the course of the visit, the delegation met with James Timpson, Minister of State for Prisons, Probation and Reducing Reoffending. It also held consultations with Michelle Jarman-Howe, Director General of Operations, His Majesty's Prison and Probation Service (HMPPS), Alan Scott, Area Director (HMPPS), Carlene Dixon, Prison Group Director, Women's Group (HMPPS) and Kate Davies, Director of Health and Justice, National Health Service (NHS) England, as well as other senior officials from the Ministry of Justice, HMPPS and NHS England.

5. Consultations were also held with Charlie Taylor, Chief Inspector of HM Inspectorate of Prisons (HMIP) and his team, as well as with the Chief Executive Officers of the Howard League for Penal Reform and the Prison Reform Trust.

6. On the whole, the CPT's delegation received excellent cooperation during the visit from the United Kingdom authorities at all levels. The delegation had rapid access to all places of detention it wished to visit, was able to meet in private with those persons with whom it wanted to speak and was provided with access to the information it required to carry out its task.

The Committee wishes to express its appreciation for the assistance provided to the delegation during the visit by the management and staff of the establishments visited, as well as for the support offered by its liaison officers in Rob Linham's team and by David Raisbeck.

1. The visit reports and the responses of the British authorities on all previous visits are available on the CPT website: https://www.coe.int/en/web/cpt.

7. On 12 December 2025, the CPT transmitted the delegation's preliminary observations in writing to the UK authorities.

On 27 January 2026, the UK authorities informed the CPT of its response to the delegation's preliminary observations. This response has also been taken into account in this report.

II. FACTS FOUND DURING THE VISIT AND ACTION PROPOSED

1. Preliminary remarks

8. Of 123 prisons in England and Wales, 12 are for women; not all major urban areas have a woman's prison nearby and there are none in Wales. Women make up around 4% of the overall prison population.[2]

9. At the time of the 2021 periodic visit to the United Kingdom, the CPT was informed that within three to four years, 500 new places would be created for women in prison. This was meant to include an increase in the number of single-occupancy cells and an overall improvement of material conditions. Further, the United Kingdom authorities were preparing a policy paper on women in prison which would strengthen the "therapeutic and gender-specific approach" throughout the women's prison estate; for example, newly recruited staff would be specifically selected to work with female prisoners. The United Kingdom authorities also intended to reconfigure the women's prison estate to increase the number of women's prisons which serve the courts, to enable women to remain closer to their homes.

10. The desire to reform the women's prison estate dates back to the 2007 Corston Report.[3] In 2018, a new female offender strategy was adopted by the Government pursuant to discussions in Parliament about the need to reconceptualise and overhaul the women's estate following on from the Corston Review. The primary focus was to reduce the overall number of women arriving in custody.

In 2023, the Ministry of Justice published its 'Female Offender Strategy Delivery Plan', which set out specific commitments for 2022 to 2025, with a focus, *inter alia*, on fewer women entering the criminal justice system and reoffending, and fewer women serving short custodial sentences, with a greater proportion managed successfully in the community.[4]

In September 2024, the new Government also announced plans to reduce the number of women in custody.[5] A Women's Justice Board was established, bringing together senior leaders in the criminal justice system, charities and government departments, with a new strategy "due in spring 2025". The objective was to support the Government's goal of reducing the number of women in prison with more women supported in the community, while increasing smaller step-down facilities, including "Residential Centres for women".

11. At the time of the December 2025 visit, the number of women entering prison had not decreased since 2018 and the vast majority of women sent to prison on remand continued either to be acquitted and released or given short custodial sentences. In 2024, the percentage of women who were remanded into custody but not sentenced to prison was 54%.[6]

12. The CPT recognises that women facing serious health challenges might be sentenced to a term of imprisonment. In the absence of medical or psychiatric care and specialist services in prisons, women prisoners' mental health will further deteriorate, and they may subsequently develop new mental health issues.

The findings from the 2025 visit demonstrate the need for more organised, practical assistance to women in prison, in order to address their real and complex needs. It appears that the current focus of the prison system is the stabilisation of women while incarcerated.

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2. On 9 March 2026, it stood at 3 502 women in prison..
3. The-Corston-Report.pdf and The Corston Report – five years on - GOV.UK.
4. The same year, HMPPS published 'A review of health and social care in women's prisons' which highlighted some of the key differences between the needs of women and men in prison NHS England » A review of health and social care in women's prisons.
5. Extra support for women through the criminal justice system announced - GOV.UK.
6. Written questions and answers - Written questions, answers and statements - UK Parliament.

The lack of efficient mental health support systems for women in the community was mentioned by many of the CPT's interlocutors as a factor contributing both to the initial offending and to recidivism.[7] In fact, the vast majority of women interviewed by the delegation were in need of reintegration measures, as well as genuine therapeutic support for their social and mental health needs, both in prison, and in the community, so that they would be able to rebuild their lives and have a better chance of staying out of prison.

13. In addition, a large proportion of the women in both prisons visited were being deprived of their liberty for short periods of time, having been recalled, or serving short sentences. The CPT was struck in particular by the number of women who were being recalled to prison, often repeatedly, for 14 or 28 days. At Styal prison, 72 women – that is, 20% of the population at the time of the visit – were on recall, of which 25 were on either 14- or 28-day recall, while at Eastwood Park prison, the figure was 50 women, or 14% of the prison population, 21 of whom were on 14- or 28-day recall. The average stay at Styal prison was 42 days.

14. Recalls for 14 to 28 days serve no purpose in supporting the women as the time is too short for them to participate in any meaningful therapeutic activities or programmes. However, recalls have a socially disruptive effect on the women and do create an enormous amount of administrative work and burden for the prisons, including for security purposes. This includes arrangements on reception, induction and care, but without sufficient resources to prepare women for reintegrating in the community.

In both prisons visited, the delegation interviewed many women under the recall system. Some of them had even been recalled several times within the same year. Reasons for their recall included failing to attend a scheduled meeting with the probation service, or not showing up in the designated accommodation following their release, often due to substance use issues and other mental health concerns.

In many cases, women did not know where they would go upon release as they were homeless. This included women who were victims of domestic violence, women over 60 years of age, as well as women with somatic and mental health concerns. Several told the delegation that the system was "setting them up to fail".

15. By letter dated 27 January 2026, in response to the CPT's Preliminary Observations, the United Kingdom authorities informed the CPT that the recall provision in the Sentencing Act 2026, which had at the time received Royal Assent, aimed to address this issue. This measure would take forward the Independent Sentencing Review's recommendations for recall: replacing the short-term recalls of 14 or 28 days, and moving away from standard recall for most Standard Determinate Sentence offenders, with a fixed-term recall of 56 days in most cases.

According to the United Kingdom authorities, this policy was designed to support rehabilitation and reduce the need for future recalls, as 56 days provides more time to undertake a thorough review of an offender's release plans and licence conditions, ensuring needs and risk are managed. This balances the need to ensure that offenders can be safely managed in the community with the need to achieve a sustainable recall prison population. However, according to the United Kingdom authorities, recall remained an essential safeguard to protect the public when risk increased.

The CPT takes note of this response. While it is positive that the current recall system is being re-examined, the CPT expresses its doubts that increasing the number of days of recall to 56 days would sufficiently address the specific needs of the women on recall.

Reducing the number of women in prison and enhancing serving sentences in the community would be a significant first step, but it would not be sufficient in itself to address the issue, if women still will not have an appropriate place to go in the community. An alternative model would be to invest greater resources in small community-based centres.

7. See also: Time to care: what helps women cope in prison? – HM Inspectorate of Prisons.

16. **The CPT recommends that the United Kingdom authorities continue to develop a comprehensive integrated approach towards women entering into conflict with the law, which brings together health, social, housing and education services as well as probation, prison and police, to support the women in rebuilding their lives.**

This will require enhancing mental health support services, especially in the community but also in prisons. For many women with acute and complex needs, often associated with substance use and mental health issues, a more bespoke approach is required, whereby more robust mental health care and social care services would be offered. This might be achieved more effectively through small, community-based centres.

Further, the CPT recommends that the United Kingdom authorities review the application of the current recall system to ensure that recall is a last resort measure. Recall to prison should therefore be applied only when all other solutions have been considered and deemed inappropriate in the specific circumstances of each case.

17. In the course of the 2025 visit, the CPT visited for the first time Eastwood Park and Styal Prisons.

Eastwood Park Prison, located in South Gloucestershire, near Bristol, opened as a prison for women in 1996. It has a design capacity of 415 places. At the time of the visit, Residential Unit No. 7, which had 40 places, was closed[8] and the 343 adult women present (239 convicted and 104 untried) were being accommodated in the remaining nine residential units. Consequently, the effective occupancy rate was 91.5%. Residential Units 2, 3, 5 and 6 were being used for standard accommodation, while Residential Unit 1 was an Independent Substance Free Living Unit (ISFL), Residential Unit 4 (Cherry Blossom Unit - CBU) was used to accommodate prisoners with complex needs requiring significant mental health care, Residential Unit 10 (the NEXUS Unit) was an offender personality disorder unit, while Residential Unit 8 included an induction and a detoxification unit.

Styal Prison, originally a children's home built around 1890 and opened as a prison for women in 1962, is located near Manchester airport. It has an operational capacity of 454 places across 16 individual Houses,[9] and a two-storey cellular block, known as Waite Wing with two Sides, Y and X. The Houses provided small dormitory-style accommodation for approximately 20 prisoners each, with shared bathrooms and toilet facilities, and were part of the old structure. Waite Wing, which was added at a later stage, was being used for newly arrived prisoners, prisoners who were detoxing, and prisoners who were assessed as not suitable for the more independent living accommodation in the Houses. On the day of the visit, the prison was accommodating 379 adult women, of whom 232 were sentenced and 147 were untried (an 83.4 % occupancy rate).

2. Ill-treatment

18. At both 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.

19. The delegation observed firsthand positive staff-prisoner interactions. However, in both establishments, the delegation also observed distant behaviour by staff and received some allegations of dismissive attitudes towards prisoners, especially by less experienced members of staff. This included inappropriate remarks during episodes of self-harm.

8. The delegation was informed that Residential Unit 7 had been closed due to fire safety concerns, and the prisoners housed there had been relocated to Residential Unit 5.

9. Including a community house outside the secure perimeter (O1-Bollinwood) which offers open accommodation for up to 25 prisoners categorised as suitable to live in open conditions. At the time of the visit, it was accommodating 10 women.

By letter dated 27 January 2026 in response to the CPT's Preliminary Observations, the United Kingdom authorities informed the CPT that dismissive attitudes from staff were not acceptable, and that HMPPS was committed to promoting good practice and addressing such issues when identified or reported. The CPT welcomes the response of the United Kingdom authorities.

> **The CPT recommends that the authorities take effective action, via prison management, to remind custodial staff that all forms of disrespectful behaviour vis-à-vis prisoners are unacceptable. It is also important that staff are appropriately supported through training and, as required, counselling supervision to ensure that they can function professionally at all times within the challenging environment of a prison.**

20. The CPT considers that the development of a gender-responsive and trauma-informed violence prevention policy, grounded in a dynamic security approach,[10] is of utmost importance in prisons accommodating women.

In the two establishments visited, the delegation observed, on occasion, that the shortage of operational staff did not allow sufficient time and energy to identify and address the complex needs of the prisoners, or to engage in meaningful exchanges (see also paragraphs 54 to 59 below).

21. Recent initiatives to improve communication and positively impact on staff-prisoner relations are to be welcomed. For example, in both establishments visited, trauma-informed approaches were being embedded,[11] in particular through the "Behind the Behaviour" one-day training, created by the Women's Estate Psychology Service (WEPS). The training aimed at assisting staff in understanding the complex needs of women and responding accordingly. In addition, at Styal prison, "Staff Space", gave staff the opportunity to speak about their own experiences. However, while the "Behind the Behaviour" training is positive, it is insufficient and the overall training for prison officers, both initial and ongoing, did not appear to be adequate and tailored to the requirements and challenges of working in the female estate (see also paragraph 62 below).

22. In the cases examined by the delegation in both establishments, the use of force during control and restraint operations was not disproportionate. At Eastwood Park Prison, even though there were many incidents,[12] efforts were being made to prioritise de-escalation and support plans. At Styal Prison, the main reason for using force was a prisoner's refusal to locate to their cell.[13]

The CPT trusts that staff in the establishments visited will remain vigilant as to the potentially retraumatising impact of the use of force, and will strengthen their efforts to reduce resort to the use of force, including the provision of continuous staff training to promote and improve skills in communication and de-escalation.

23. Instances of inter-prisoner violence occurred in both prisons visited. However, serious incidents were few in number[14] and, as a general rule, staff intervened rapidly to end physical conflict.

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10. Dynamic security is based on the principle that proactive and positive staff-prisoner relationships help to ensure safety and security, compared with approaches based on coercion and surveillance alone. For this approach to be effective in women's prisons, it must be gender-responsive and trauma-informed. Women's experiences of socialisation, trauma, and power dynamics shape how they communicate, build trust, and respond to authority.
11. See, also "My Experience" Plans (ME Plans), through which the experiences of some newly arrived women were registered (paragraph 105 below).
12. 1 884 incidents between January 2024 and 15 November 2025, including 1 064 control and restraint incidents. It is worth noting that 280 of these incidents involved repeated issues with two separate prisoners.
13. For example, at Styal Prison, in October 2025, out of 105 incidents of use of force, 48 took place following a prisoner refusing to locate to their cell.
14. For example, at Eastwood Park Prison, in October 2025, out of 18 incidents concerning inter-prisoner violence, no serious incidents were registered. At Styal prison, in October 2025, out of 22 incidents, 3 were classified as serious.

24. At Styal Prison, the Challenge, Support, and Intervention Plan (CSIP) was being used to support and manage prisoners who posed an increased risk of being violent, and was to be initiated in the event of bullying between prisoners.[15] More generally, Styal Prison had an extensive Safety Strategy, which aimed to ensure that the prison provided safety for all who lived, worked and visited there.[16] The CPT welcomes such practices.

3. Conditions of detention and regime

a. material conditions

25. The infrastructure at *Eastwood Park Prison* was adequate and the conditions were generally acceptable.

Cells were generally of sufficient size and were equipped with beds, a kettle, a TV, a sink and a toilet.

However, standard cells in Residential Unit 5 measured some 8 m^2, including the partly-partitioned toilet, and were at times accommodating two prisoners. In-cell toilets should be fully partitioned up to the ceiling from the rest of the cell, especially if accommodating more than one person. Showers were either communal, or in-cell.

Cells had sufficient lighting (including access to natural light) and ventilation. Prisoners complained that in Residential Unit 6, and on the second landing of Residential Unit 8, the showers did not always have sufficient hot water. In Residential Units 6 and 10, there were cells which were very hot as the heating could not be regulated by the women, and prisoners were obliged to use a fan, or to put towels and clothes on the pipes to try to cool their cells. In addition, the delegation observed mould in Residential Unit 8.

The delegation also observed that some cells in the mainstream Residential Units (3, 5 and 6) were dirty and unhygienic; in nearly all cases, the women accommodated in these cells had poor mental health and required support to maintain their hygiene. It is important that proper hygiene conditions are maintained throughout all units, including by regular cleaning of the accommodation areas and, when necessary, by assisting prisoners in maintaining proper hygienic conditions in the cells.

26. **The CPT recommends that at Eastwood Park Prison, cells designed for single occupancy accommodation, measuring 8 m^2, do not accommodate more than one prisoner.**

Further, it recommends that the United Kingdom authorities ensure that all toilets are fully partitioned in multiple-occupancy cells.

The CPT would like to be informed about the action being taken to better regulate the heating system in Residential Units 6 and 10 as it is uncomfortable for the persons accommodated in the affected cells. It also wishes to be informed whether there is an adequate supply of hot water in Residential Units 6 and 8.

27. The delegation was informed that works for a full in-cell fire detection system, as well as a new call bell system was supposed to start at Eastwood Park Prison in April 2026.

The CPT would like to receive confirmation that these works are underway and an indication of when they will be completed.

15. For example, at Styal prison, in October 2025, 102 referrals for CSIP took place, and bullying was the reason in 22 of them.
16. See, also, the nationwide Prison safety Policy Framework, Implementation date: 1 January 2025, Re-issue date: 14 January 2026.

28. At *Styal Prison*, the delegation was informed that the prison was non-compliant with fire safety regulations. There was neither compartmentalisation inside the Houses, nor the necessary five-metre fire break between them, which would prevent a fire from spreading quickly.

The Crown Premises' Fire Safety Inspectorate had repeatedly expressed concerns about this situation since 2021. It had underlined that prisoners in the Houses would be at risk in the event of a fire and indicated that action was necessary to ensure their safety and potentially that of the staff. Currently, prisoners were locked in the Houses without a member of staff inside and in the event of a fire, they were meant to press a call bell. However, the doors of the Houses being locked and the windows barred, prisoners would need to wait for a member of staff to unlock them in order to be evacuated. Fire mitigation plans drawn up by the establishment required additional staff to reinforce patrols and to have a greater presence in the Houses.

By letter dated 27 January 2026 in response to the CPT's Preliminary Observations, the United Kingdom authorities informed the CPT that historic underinvestment and paused projects driven by a rising prison population had worsened the maintenance backlog and left the estate vulnerable to sudden capacity losses. Around £300 million would be invested for maintenance throughout the prison estate in 2025/26, up from £225 million in 2024/25. This is positive but given the maintenance investment backlog was close to £3 billion, it is clearly insufficient. While reference is made to HMPPS having risk management systems to ensure structured fire safety mitigations were in place across the estate, it was not made clear what specific measures were being taken to address the critical situation at Styal Prison.

29. **The Committee recommends that the United Kingdom authorities take urgent action to bring Styal Prison into conformity with fire safety regulations given that the lives of women, and potentially their children, are at risk. If it is not possible, the United Kingdom authorities should consider closing down either those parts of the prison not in conformity or the whole establishment.**

Efforts to bring the prison into conformity with fire safety regulations may require inter alia knocking down some of the existing Houses, building new accommodation or reducing the current capacity in the meantime (or for good).

30. The 16 Houses at Styal Prison each had two floors, with women accommodated in single and multiple occupancy rooms. They were suitably equipped, with several communal spaces. As a rule, there was a living room with sofas, a TV and board games, a kitchen, a dining room with tables and chairs, as well as a laundry room. Phones and call bells[17] were also installed in the common areas. The rooms were furnished with beds or bunkbeds, chairs, a sink, bedside tables and cupboards. Showers were either situated in the communal areas, or were occasionally en-suite[18].

With the exception of House A1[19] the buildings were dilapidated and in an inadequate state of repair. For example, in House E1, the delegation observed that the wallpaper in the bathroom was peeling off, that the suspended ceiling in the toilet corridor was damaged, soaked with moisture and swollen, and that there was a missing lid in a shared toilet. In House E2, five rooms were locked and out of use, as they needed to be renovated and there were security concerns. On the roof of the same House, a pile of household waste had accumulated. The delegation also received complaints that in Houses B3, C3, and D2 the heating system and/or hot water supply frequently functioned badly.

31. The prison management and the women held in the Houses made efforts to keep the premises clean and undertake small repairs, where possible. However, these initiatives were clearly insufficient, and much more substantial refurbishment was necessary in order to ensure appropriate conditions. The delegation was informed that the prison premises had not undergone major renovations in the last 50 years, and that only cosmetic repairs had been carried out in that time. Future renovation projects included

17. The delegation received complaints that pressing call bells during the night did not lead to any response and that during the day it took 25 minutes for an officer to arrive.
18. For example, in House D1.
19. This House had undergone refurbishment and repair works. New windows had been installed, and the shower room, bathroom and toilet facilities had been renovated.

the construction of a new Health Centre, to be completed by June 2026, "decency works" in all the Houses, starting from the MBU and House B4 (the Youth Hub), to be completed by March 2027, and fire safety improvement.

32. **The CPT recommends that the United Kingdom authorities ensure that at Styal Prison:**
- **the heating systems are functioning properly and the temperature in the Houses is always appropriate;**
- **the deficiencies relating to the damaged ceiling in E1 House and the poor hygiene in E2 House be remedied;**
- **prisoners have access to shower facilities with a constant supply of water, at an appropriate temperature.**

More generally, the CPT recommends that, if Styal Prison is to remain open, the United Kingdom authorities provide a timeline for the renovation of the individual Houses, bearing in mind the Fire Safety requirements referred to above.

33. Waite Wing at Styal prison provided cellular accommodation in single and double-occupancy cells on both X and Y Sides. Cells were of sufficient size and were equipped with beds, a kettle, a TV, a sink and a partly-partitioned toilet. The ground floor landings on both Sides each contained a servery and were furnished with tables and chairs for communal eating, and an area with several sofas where the women could associate together. The noise on X Side was particularly loud, with one woman constantly banging on her cell door and provoking certain other women with complex needs to do likewise. Several of the women interviewed by the delegation complained that incessant noise was making them angry and affecting their mental well-being.

The CPT recommends that all toilets in Waite Wing be fully partitioned in shared cell accommodation. Further, additional efforts should be made to address the noise levels on the Wing.

34. Prisoners were given an individual laptop, which they could use to prepare and submit applications to the prison. The women particularly appreciated having a laptop. Applications could also be introduced through the "digital kiosks" available in the Houses.[20] The delegation was informed that prisoners submitted a very large number of applications; the women could not submit a second application on the same topic until they had received a response. The Committee considers the distribution of laptops to prisoners a positive step to encourage autonomy and responsibility. The delegation did, however, receive a few complaints from women that the use of the computers for making applications had not been properly explained to them.

The CPT recommends that women receive clear information on the use of computers for making applications, in a language and format that they understand.

35. Concerning food, in both prisons visited, the delegation received several complaints about both the quantity and quality of the food provided. At Eastwood Park Prison, after receiving complaints from prisoners in Residential Unit 6, the delegation observed for itself that there were insufficient portions of the hot meal and that the last five to six women served were expected to eat sandwiches. This was apparently a common problem. The delegation also received complaints from prisoners at Styal Prison that the provision of meals in Side Y of Waite Wing was inadequate.

The CPT recommends that hot meals be distributed in sufficient quantity and quality to all prisoners.

20. "Digital kiosks" are standalone devices for women to submit applications or make a complaint.

36. The CPT considers that it is important for the wellbeing of all prisoners to have the opportunity to access fresh air every day. To encourage access, it is necessary to ensure that outdoor exercise yards are equipped with a shelter to protect prisoners from the rain and sun. None of the yards in the two prisons visited had any shelters in place.

The CPT recommends that a shelter from the rain and sun be installed in all of the outdoor exercise yards at Eastwood Park and Styal Prisons. The provision of shelters in outdoor exercise yards should be a standard design for all prisons.

b. regime

37. At *Eastwood Park Prison*, in Residential Units 2, 3, 5[21] and 6 ("standard accommodation"), as a rule, prisoners who neither worked nor attended education or activities had three and a half to four hours out of cell time. Those in education or work had up to seven and a half hours out of cell time on weekdays. However, the delegation received complaints from prisoners in Residential Units 3 and 6 that the regime was unpredictable, as morning exercise could be restricted, and the evening unlock could be completely curtailed due to staff shortages. This situation resulted in women often feeling a sense of uncertainty and arbitrariness, which, according to them, had consequences both on their behaviour and their mental health.

In addition, the delegation received numerous complaints from prisoners that if they did not work or attend education, they did not have sufficient out of cell time. The Committee notes that the lack of purposeful activity on offer could have a negative impact on the prisoners' already distressed state of mental health.

38. At *Styal Prison*, prisoners accommodated in certain Houses, such as B3 and C3, were only offered one hour of exercise time per day in the mornings. By contrast, women accommodated in Houses E1, E2 and E3, who were on the enhanced regime, are offered one hour of exercise time per day, and an additional hour as an incentive during the summer months, if staffing allowed.

39. Prisoners working part-time and accommodated in the Houses where outdoor exercise was only offered for one hour in the morning did not actually get any outdoor exercise. Prisoners who worked or attended education full-time told the delegation that they had half an hour of outdoor exercise in the morning, unless this coincided with medication time. They added that, in any event, the outdoor exercise time was not always respected. Outdoor exercise consisted of walking along an external lane outside the house.

The CPT recommends that the United Kingdom authorities ensure that all prisoners are offered access to at least one hour of outdoor exercise daily, irrespective of their status.

40. Prisoners who lived in Houses[22] and were engaged in education or work spent up to seven hours out of the Houses from Monday to Thursday. From Friday to Sunday, most work, as well as education, were not taking place, and the delegation received several complaints from women that they were feeling bored and had very little to do.

41. At Waite Wing, according to the official prison regime, if they did not work, prisoners on both X and Y Sides, had 5 hours and 45 minutes out of cell time. Activities, such as arts and crafts, knitting, mindfulness, prayer, board games, quiz night, and bingo were organised mostly on the X side of Waite Wing. Prisoners on the Y side complained of extended lock-in periods, at times of up to 21 to 23 hours per day.

21. The delegation was informed that prisoners in Residential Unit 5, and in particular those who had been transferred from Residential Unit 7, had more out of cell time. In addition, Residential Unit 1, a drug-free unit, provided for more free movement.
22. With the exception of B1 (MBU), B2 (Bruce), and O1 (Bollinwood) which had a different regime.

42. At both prisons visited, the women who were working or attending activities spoke positively about their experience, explaining that it gave them a sense of fulfilment and increased their feeling of self-worth. Prison management did their best to accommodate different activities. However, the recent cuts in the education budget[23] had particularly affected certain categories of prisoners, and most especially those who were illiterate, or were lacking English language skills.

43. Numerous women on recall or on short-term sentences did not have access to many of the work or education opportunities on offer, and others were not in a position to engage in any of the purposeful activity due to their mental health. In general, the available out-of-cell regime depended on the Incentives and Earned Privileges (IEP) scheme,[24] and whether women were on the basic, standard, or enhanced level, as well as on the residential or special unit in which they were being accommodated. At Eastwood Park Prison, ten prisoners were on basic level, 206 on standard, and 127 on enhanced. At Styal Prison, 19 prisoners were on basic level, 230 on standard, and 116 on enhanced.

44. Prisoners at Eastwood Park Prison had access to seven educational courses,[25] each consisting of 55 hours of guided learning. 10 to 12 prisoners[26] were enrolled in each course, at the end of which, after approximately three months, a qualification was awarded. However, if a women's sentence was too short to complete a course, they would not be able to attend. Prisoners could also attend courses lasting two hours and 15 minutes each via the "Virtual Campus Training" system, which, at the time of the visit, was offering three modules (in health and safety at work, manual handling, and food safety).[27]

The Virtual Campus Training (VCT) system had been recently introduced following the decrease to the education budget as a means of mitigating the loss of places available for in-person classes. The education cuts had also seen Entry-level Mathematics and English reduced from full-to part-time courses, while English for Speakers of Other Languages (ESOL) was now only available online, and one art class had been cancelled completely.

45. At the time of the visit, 212 prisoners were registered as working at Eastwood Park Prison, with most working only a few hours a day as cleaners and servers or at the cafeteria of the prison visitor's centre.[28] Those working as cooks, maintenance staff, or in peer support had busier schedules.

46. The sports premises at Eastwood Park Prison were well equipped and spacious. There was a large sports hall which served both for gym classes and other activities, including yoga, wellbeing, tabata, CrossFit classes, and first-aid courses, as well as a fitness suite. Prisoners in the basic and restricted regimes had one session per week, while prisoners in enhanced regime had three to five sessions per week. There was also a library with a variety of books which was well-attended by prisoners.

47. Concerning education, prisoners at Styal Prison were offered courses in Art and Design, Beauty, English, Mathematics, Essential Digital Skills Qualifications (EDSQ), Hairdressing, and Hospitality and Catering. Prisoners could also attend non-accredited courses in Business, Support Financial Skills and Support for English.

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23. The delegation was informed that, in the prisons visited, there had been significant cuts in the education budget: at Eastwood Park prison, it had been almost halved, from £1 000 000 to £600 000, while at Styal prison the budget had been cut by 30%.

24. The Incentives and Earned Privileges Scheme (IEPS) consists of three levels (basic, standard and enhanced) with all persons entering prison starting out on the standard level. Through good behaviour prisoners can attain the enhanced level which allow them prisoners to earn extra privileges, such as having more out of cell time or having more visits from family and friends. By contrast, poor behaviour will result in more restricted rights. See HMPPS 2025 Incentives Policy Framework.

25. Hospitality and Catering, English, Mathematics, Beauty, Customer Service, Peer Mentoring, and Art.

26. That is, 77 women in total, or approximately 22% of the prison population.

27. Although they did not offer a formal qualification, the courses qualified their graduates to work in different functions within the prison (such as cleaning and servery).

28. 32 prisoners were employed by SAA industries, and 180 in prison jobs as different types of orderlies, most of whom (67) worked as cleaners, in the kitchen (22), in the café (five), in maintenance of the grounds (11) as wing painters (three). The remaining 72 were employed in carious orderly positions in which they basically provided peer support to other prisoners in different programmes or parts of the prison.

The delegation was informed that reductions in the education budget translated into a loss of the equivalent of 55 places in education. Classes in Business, Support Financial Skills and Support for English had been reduced.[29] At the same time, the offer of Entry-level Mathematics and English had been reduced from two to one session per day.

48. Some prisoners who were already educated at a higher level, as well as those who had received a long-term sentence complained to the delegation that they did not have access to education commensurate to their level of academic potential. More generally, women serving long-term sentences complained about the lack of purposeful activities and felt that the prison had an exclusive focus on prisoners serving short-term sentences. They added that they were disqualified from studying for a degree, as this was only available to prisoners in the last eight years of their sentence.

The material conditions of the educational facilities were adequate.

49. The delegation was informed that Styal Prison was obliged to prioritise receiving prisoners immediately following court proceedings, which meant that prisoners who were considered low risk had to be transferred to other prisons,[30] in order to free up spaces for the new arrivals. Following a prisoner's transfer, the continuity of their education could not be guaranteed, as the receiving prisons did not necessarily offer the same courses.

The CPT would like to be informed about the measures in place to ensure that women who have started an educational course are able to complete it.

50. At Styal prison, 38 % of the prisoners worked full-time, that is eight sessions Monday to Thursday and one session on Friday mornings. A further 50% of women were engaged in part-time work equivalent to four to eight sessions per week. A variety of workshops and activities was offered, including "Recycling Lives", a workshop where ten women broke down electrical components for recycling, and "Remade with Hope", another workshop in which 14 women removed labels from clothes for resale.

51. Styal Prison had a well-attended sports hall, which was adequately equipped and offered a range of activities, such as yoga, fitness programs, and mother and baby sessions. The state of the premises was affected by the age of the building. One section of the fitness suite had been cordoned off due to a plaster fall from the ceiling. There were also sports fields and a volleyball court.

52. Prisoners spoke positively of the Young Adult Hub (YA Hub) at Styal Prison, which, according to the prison management, was a pilot project aimed at improving safety and outcomes for women aged 18 to 25. Co-designed by WEPS and the Women's Group, it provided a non-residential, whole-prison approach with a central hub and outreach support. It aimed, *inter alia*, to reduce segregation, address trauma holistically and prepare young women for life beyond custody.

53. The CPT notes that diverse activities are on offer at both establishments visited. However, some women are not engaged sufficiently in these activities.

The CPT recommends that the United Kingdom authorities take steps to expand further the offer of education and purposeful activities in place to ensure that all women can access education, including vocational training (with a focus on reintegration), work, recreational activities and sport, in line with their progression and sentence plans. Moreover, the aim should be to offer all prisoners the possibility to spend at least eight hours outside of their cells every day.

The CPT also recommends that prisoners with short stays be offered access to educational recreational and sports activities, including online educational opportunities. In addition, women who serve long-term sentences should be supported in their work and educational goals.[31]

29. The delegation was informed that cancelling the reduction in Support for English (ESOL) course particularly impacted foreign nationals, some of whom did not speak any English.
30. Notably Drake Hall Prison or New Hall Prison.
31. See Recommendation Rec(2003)23 of the Committee of Ministers to member states on the management by prison

Further, the CPT recommends that every effort be made to ensure that foreign national prisoners or prisoners with a low level of education are supported in their educational goals.

4. Custodial prison staff

54. In both prisons visited, the delegation found that there were shortfalls in staffing levels, which impacted the running of the prison and particularly the delivery of the regime.

At *Eastwood Park Prison*, there were 130 operational prison officer positions, of whom 105 were present at the time of the 2025 visit. There had been no new recruitment for the last six months.

At *Styal Prison*, there were 133 operational prison officer positions, of which 120 were filled at the time of the 2025 visit. In addition to 23 staff vacancies, there were also justified absences and sick leave, resulting in approximately 90 prison officers being present in the prison on any given day.[32] 70% of staff were female and 30% male. The CPT considers mixed staffing by men and women custodial officers in a prison to be positive.

55. The numbers of staff present were clearly insufficient to cover the complex needs of the prison population in both prisons. For example, the delegation observed for itself that on Side Y of Waite Wing, at Styal Prison, which was also the induction unit, three officers and a senior officer were responsible for 55 women. While such staffing levels were ordinarily acceptable, the complex nature of the population on the wing, with several women detoxing, 12 women on an ACCT and a number of new arrivals, meant that the regime could be impacted.

56. Initial recruitment to the prison service is organised centrally; several interlocutors met by the delegation were critical of this centralised online recruitment system as it could not ensure that persons with the right life skills and temperament were being recruited. Following this, the lengthy vetting procedures, combined with the high number of vacancies, had an immense, negative effect on the daily functioning of the prisons visited. In addition, at the time of the visit, there were real concerns about the impact of the foreseen visa policy and other impediments, such as the increase of the minimum salary requirement for a skilled worker visa, on staff retention.

The CPT notes that a considerable shortage of staff can undermine all aspects of prison life, from the conditions of detention, to regime, healthcare, violence, and timely and efficient incident reporting and record keeping. In both prisons visited, the negative impact of the staff shortages was evident.

57. The insufficient number of staff also caused security and safety risks. For example, at Styal Prison, one prison officer was responsible for overseeing two to three Houses during the day, and at times the number dropped further due to staff shortages. Women locked into Houses should not be left unsupervised. This is all the more unacceptable given the serious fire safety concerns in the prison (see paragraph 28 above).

In the Valentina Unit at Styal prison, one afternoon during the CPT visit, there was only one prison officer available, when there should normally be three. Consequently, the women prisoner-patients were locked in their cells when according to the official regime, they should have been out of their cells. In addition, in the event of emergency, two prison officers were required in order to open each cell door. Therefore, if a patient self-harmed while only one prison officer was present in the Unit, a direct intervention would not be possible, and efforts to dissuade the woman concerned would have to be conducted through a locked cell door.

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administrations of life sentence and other long-term prisoners to alleviate the damaging effects of long-term imprisonment (Adopted by the Committee of Ministers on 9 October 2003 at the 855th meeting of the Ministers' Deputies).

32. The CPT was informed that the prison management had been campaigning for additional staff for over two years, but that no additional staff recruitment was foreseen. A Workforce Delivery Model had identified that at Styal prison, even without providing any additional work, a further 25 staff officers positions were required (beyond the 133).

58. By letter dated 27 January 2026, in response to the Preliminary Observations, the United Kingdom authorities informed the CPT that substantive recruitment efforts would continue at all sites where vacancies existed or were projected, with targeted interventions applied to those prisons with the most need, including sites with acute local recruitment and retention problems. HMPPS had worked with the Home Office to consider the impact of the reforms and the options to ensure the safety and stability of UK prisons. A specific, time-limited exemption was given to visa rules for prison officers who were already in the country. A retention strategy and a relevant toolkit had been introduced, so that local, regional and national interventions would be identified against the drivers of attrition.

59. **The CPT recommends that the United Kingdom authorities pursue their efforts to recruit more prison officers, in particular operational staff, with the aim of improving the staff-prisoner ratio at Eastwood Park and Styal Prisons.**

60. The CPT concurs with the criticism voiced by prison mangers and operational staff that the current initial ten-week training provided to prison officers is too brief, and that the one-week add-on course to the initial training for those prison officers designated to work in the female estate is clearly insufficient. Staff need more support and training to face their challenging work.

61. By letter dated 27 January 2026 in response to the CPT's Preliminary Observations, the United Kingdom authorities informed the CPT that gender-specific prison officer training was introduced in January 2022 for new starters joining the Women's Prison Group. For those unable to attend this specific course 'Working with Women' e-learning, introduced in September 2024, was available on induction. The Enable Programme, a psychologically- and operationally-informed workforce transformation programme within prisons, aimed to transform prisons over the medium term, through a series of workforce and regime changes which would impact how HMPPS trained, developed, lead, and supported prison staff to ensure that they felt safe, supported, valued, and confident in their skills and their ability to make a difference.

62. **The CPT recommends that the training of prison officers employed in prisons for women is re-assessed and strengthened notably regarding the specific requirements and skill set needed to work with women in prison. Initial training should also sufficiently address LGBTIQ+ issues.**

5. Healthcare services

a. General healthcare in the prisons visited:

63. At both Eastwood Park and Styal Prisons, the provision of somatic and mental healthcare was of good quality overall, as well as being trauma-informed. Screening upon admission was thorough and comprehensive, including assessments for reproductive and mental health issues. Moreover, access to healthcare was generally prompt and unhindered.

The healthcare team at *Eastwood Park Prison* included GPs (1.6 FTE), nurses (8 FTE for somatic health care and 9.3 FTE for mental health care), a psychiatrist (three days per week), a clinical psychologist (1 FTE) and a dentist (0.5 FTE).

At *Styal Prison*, the healthcare team was composed of 3 doctors (1.6 FTE), nurses (including 8 FTE for somatic health care and 5 FTE for mental health care, a psychiatrist (eight sessions a week), a clinical psychologist (1 FTE) and a dentist (0.4 FTE), as well as a dental nurse (0.2 FTE).

64. At Styal Prison, the healthcare centre was run down, with poor material conditions and plans were proposed to build a new healthcare centre for the general healthcare team only. The CPT considers that these construction plans miss the opportunity to bring together the somatic and mental healthcare teams under one roof, which would better support an integrated approach to healthcare.

65. Integrated electronic medical files existed for both somatic and psychiatric care, and they were well kept and structured. The access to NHS England care records was granted whereas this was not possible for care records of women who were previously followed by NHS Wales.

For NHS Wales records, the health care team had to send a formal request to the patient's GP which created delays in access to care and inequalities between women followed at NHS Wales compared to those at NHS England.

The CPT recommends that the United Kingdom authorities put in place systems to enable healthcare teams in the prisons visited to also have equitable and prompt access to health care data from NHS services in Wales.

66. At both Eastwood Park and Styal Prisons, the delegation found that there was no clear leadership on healthcare issues, due to the fact that there were separate trusts covering somatic and mental health care, as was the case in the CBU.

For operational optimisation and effectiveness, it would be preferable for both general healthcare and mental health teams to be integrated within the same trust, under a single hierarchy, and ideally physically located together within a prison. The new healthcare centre at Styal Prison represents an ideal opportunity to bring both general healthcare and mental health teams together under one roof, as an integrated healthcare centre will facilitate cooperation and coordination.

67. The delegation received a few complaints from prisoners that, when they were transferred to a hospital for outside treatment, the escorting officers were present in the room during the examination, and that they were handcuffed during the examination and during their surgery.

68. Prisoners accommodated in a hospital or visiting one for outpatient purposes should not be systematically restrained for security reasons (for example, with handcuffs). Other means of satisfactorily meeting security requirements can and should be found. When recourse is had to a civil hospital, security arrangements and ethical considerations should be discussed by the management of the prison and the hospital. For example, secure rooms or wards in community hospitals for patients deprived of their liberty allow healthcare professionals to provide adequate inpatient care in a manner which respects human dignity. Such secure facilities should have features such as a separate entrance and waiting room, segregated from civil patients, to ensure privacy and should be guarded by prison officers or security staff.

69. Further, as a general rule, all medical consultations of prisoners should be conducted out of both the sight and the hearing of anyone not involved in the therapeutic relationship with the patient (such as prison staff, other prisoners or civilians), and under conditions that fully guarantee medical confidentiality. The presence of others can undermine the establishment and maintenance of a trusting doctor-patient relationship. Moreover, the presence of anyone not involved in the therapeutic relationship with the patient during medical consultations may discourage the person concerned from disclosing sensitive information to the healthcare professional (for example, experiences of ill treatment, substance use, or transmissible diseases).

Taking due account of the need to ensure the safety of healthcare staff while exercising their duties, the presence of non-healthcare staff during the consultation at the request of the healthcare professional may be warranted in exceptional cases. Any such exception should be specified in the relevant regulations and should be limited to those rare cases in which, based on an individual risk assessment, and after due consideration of less intrusive security measures, the healthcare professional considers the presence of prison officers necessary to fully contain the perceived risks posed by the prisoner. For instance, consideration should first be given to ensuring the presence of additional healthcare personnel. Another option may be the installation of a call bell system, whereby healthcare staff would be in a position to rapidly alert prison officers in those exceptional cases when a prisoner becomes agitated or threatening during a medical consultation.

70. **The CPT recommends that the United Kingdom authorities ensure that the precepts set out in paragraphs 68 and 69 above, regulating the use of means of restraint and confidentiality of medical consultations for prisoners in a hospital setting, are applied accordingly. Further, means of restraint during the transfer of prisoners to a hospital or an external specialist should not be applied in a systematic manner, but only on the basis of an individual risk and needs assessment.**

b. Recording and reporting of injuries

71. In general, injuries and suspected cases of ill-treatment were noted in the medical file.[33] Frequently, the injured person was only seen by a nurse. The healthcare teams worked with Datix, a system for injury reporting, which highlights a clinical incident of concern. A Datix entry was to be submitted if the healthcare team became aware of a Use of Force incident. A description of the injury was made, and a body chart was drawn, of which the patient could get a copy. The injury was reported to the management of the prison on an F213 form.

c. Mental health care

Introduction

72. Mental healthcare was a significant challenge in both establishments visited. The vast majority of women interviewed by the CPT reported living with mental health issues, which often required complex interventions. This included women who were self-harming or had previously attempted suicide.

73. By letter dated 27 January 2026 in response to the CPT's Preliminary Observations, the United Kingdom authorities informed the CPT that their findings would be used to work with HMPPS and Ministry of Justice partners to enable and improve quality and care. They accorded high priority to women's health and mental health needs, self-harm, and substance use. Domestic and sexual violence and the roll-out of Women's Health Hubs in all women's prisons for 2026 were also a priority, alongside working with new legislation for the NHS and the new Mental Health Act.

74. The CPT notes that some positive changes have taken place in the applicable legal framework. The Mental Health Act (1983) allowed for patients to be taken to a place of safety until an assessment of their mental health could take place. In addition to hospitals, police stations and prisons could also be designated as places of safety. In December 2025, the new Mental Health Act received Royal Assent in Parliament. The Act would end the use of prison as a place of safety for people who meet the criteria for detention in hospital under the Act.

By letter dated 27 January 2026 in response to the CPT's Preliminary Observations, the United Kingdom authorities also informed the CPT that the Act would also end the use of 'remand for own protection' when the court's sole concern is the defendant's mental health under Schedule 1 to the Bail Act 1976, as amended by section 49 of the 2025 Act (under this reform defendants do not have to meet the criteria for detention under the Mental Health Act).

The CPT welcomes the new Act and wishes to be kept informed of any further developments concerning its application.

75. Mental health care was being provided by various actors in the establishments visited.

At *Eastwood Park Prison*, there were four teams involved in psychological care: the mental health team, which consisted of 9.3 FTE mental health nurses, 1 FTE Psychiatrist and 1 FTE Clinical Psychologist,[34] the NEXUS team (see paragraphs 92 and 93 below), the Enhanced Support Service (ESS) team, and a team belonging to the Women's Estate Psychology Service (WEPS), employed by HMPPS.[35]

33. At Styal Prison, women were informed that they could have the note and use it, if they so wished.
34. The team was present in the prison from 08:00 to 20:00. Appointments were generally held within two days, while the longest waiting time for routine appointments was six days.
35. The WEPS team was primarily involved in staff training, consulting staff on individual use of force cases, as well on

At *Styal Prison*, Greater Manchester Mental Health was contracted to provide mental healthcare. There were 20 Full-Time Equivalent (FTE) posts, which included 1 FTE clinical psychologist, 0.5 FTE consultant clinical psychologists, 0.2 FTE art therapist, 3 FTE "psychological wellbeing practitioners", 1 FTE "health and wellbeing practitioner", 2 FTE "mental health coaches", and 5 FTE mental health nurses.
The team was providing a seven-day service, from 09:00 to 17:00, which included eight sessions a week with a psychiatrist.[36] The separate WEPS team consisted of 11 members of staff, including principal, senior and trainee forensic psychologists. The ADAPT team was run by the NHS and focused on the prisoners with the most disruptive behaviour (see paragraph 94 below). A clinical meeting with all the psychologists took place once a week. However, the delegation received information that collaboration between the two teams was not optimal, and closer working relationships should be developed.

76. While, overall, the prisons visited placed particular emphasis on mental health care, and did employ dedicated teams, the CPT notes that, for women in mainstream accommodation, there was only one clinical psychologist available in each establishment. Given the duty of care for women in detention, as well as the potentially very serious consequences for their integrity and lives if serious mental health conditions are left untreated, both pharmacotherapy and psychotherapy could be essential in the treatment process. A sufficient number of psychologists and psychiatrists trained in a specific therapeutic approach is thus essential, in order to address the patient's underlying issues and patterns.

77. **The CPT recommends that the United Kingdom authorities undertake a thorough assessment of the mental health care needs for women in both prisons visited and adapt the staffing of relevant professionals, including psychiatrists, psychologists, and in particular, clinical psychologists, mental health nurses, social workers, and occupational therapists.**

ii. Transfer for external psychiatric treatment

78. An ongoing challenge for mental health teams in both prisons visited related to the delays and difficulties in transferring women with acute mental health concerns to an appropriate facility in the community. In both establishments, there was a high number of women in need of such transfer, as well as a significant number of self-harming incidents, at times 30 per day, which very often required placing women in an acute wing and or/under constant supervision (see also paragraph 87 below).

At both prisons visited, the delegation met with women who needed a higher level of psychiatric and psychological care in a therapeutic environment, which could not be realistically provided by the prison. The CPT notes that prisons only offer primary mental healthcare and are not, by their nature, equipped to offer care at a secondary level. Many of the women with whom the delegation spoke required complex interventions and assistance, and not merely the stabilisation of their mental state. Therefore, a mental health institution would, in many cases, be a more appropriate place to address their needs.

79. Even in the event of an acute mental health crisis, in particular at Styal Prison, the mental health team were not able to immediately refer these women to acute psychiatric hospital care, due to the process of referral under the Mental Health Act, sections 47 to 49. The applicable procedure allowed an initial 14-day period for assessment, then another 14 days for admission. The delegation was informed that this might then be delayed by a further 14 days, if the placement were contested for any reason, leading to a potential delay of 42 days or more. Such delays in accessing acute psychiatric hospital care leads the women's mental health to deteriorate further and may cause damage to their general health. Further, prison staff are not trained to care for women with serious mental disorders, particularly when they are in a state of psychosis. Such situations and delays put serious stress on prison establishments and may lead to a situation of inhuman and degrading treatment.

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sentencing reviews and offender management. During the 2025 visit, the WEPS team was delivering Integrative Trauma Therapy to one prisoner, and a Relationship Intervention programme to three prisoners.

36. Appointments were generally held withing two days, with the longest waiting time for routine appointments being six days. The waiting time to see the psychologist was up to 16 weeks.

80. The delegation observed that most of the interventions could be considered as mere stabilising measures and often had no lasting impact. The CPT notes that prolonged mental health conditions are corrosive to a patient's overall health, and delays make treatment more difficult, the consequences of the illness graver and the long-term prognosis worse. In addition, at Styal Prison, delays could mean that a woman with serious mental health issues could be held in the segregation unit (Care and Behavioural Unit), which is totally inappropriate.

This could potentially have fatal consequences for the patients.[37] In addition, a prison environment is not the best suited one for psychiatric observance and a diagnosis in proper clinical conditions. It should also be recalled that involuntary medical treatment, if necessary, cannot be provided in prison.

81. The delegation was also informed that, due to the lack of availability of beds in the community, there were cases in which clinics asked women to start taking medication in the prison setting, in the hope that a referral would no longer be necessary.

This included patients with severe mental health conditions. On some occasions, a patient who had been stabilised in a mental health facility would then be sent back to prison, where, the prison not providing a therapeutic environment, she once again became destabilised.

82. By letter dated 27 January 2026 in response to the CPT's Preliminary Observations, the United Kingdom authorities informed the CPT that the Mental Health Act 2025 would introduce a statutory 28-day time limit for the transfer of prisoners to hospital if they met the relevant criteria under the Act. The United Kingdom authorities were committed to commencing this reform between 18 to 24 months after Royal Assent, and HMPPS was working with health partners to implement this safely.

In the same letter, it was noted that section 47 of the Mental Health Act 2025 covered removal to hospital of persons serving sentences of imprisonment. Under section 47, most prisoners transferred to hospital for treatment require the approval of the Secretary of State for Justice (SSJ) to be transferred. Before they can make a transfer direction, the SSJ must be satisfied, by the reports of at least two medical practitioners, that: the patient is suffering from a mental disorder of a nature or degree which makes detention in a hospital appropriate; appropriate treatment is available; and the need for the treatment is urgent. 'Urgent' does not mean 'immediate'.

The United Kingdom authorities also referred to the equivalence of prison healthcare with that offered in the community, emphasising that secondary healthcare could be delivered in a community setting as well as in inpatient settings.

83. The CPT recalls that the 2009 Bradley report recommended that prisoners requiring hospital assessment and treatment should be transferred from prison to hospital within 14 days. In 2011, the Department of Health issued guidelines for the transfer and remission of adult prisoners under sections 47 and 48 of the Mental Health Act with the intention that a prisoner should be transferred to a mental health unit in England and Wales. The 14-day Bradley recommendation was never achieved. By letter of 27 January 2026, the UK authorities informed the Committee that the new Mental Health Act introduces a statutory 28-day time limit for the transfer of prisoners to hospital if they meet the relevant criteria under the Act. There was a commitment to commence this reform between 18 to 24 months after Royal Assent and HMPPS was working with health partners to implement this safely.

Nevertheless, it remains that, while a patient in prison with an acute physical illness (e.g. myocardial infraction) can quite rightly get an immediate referral to a specialist or a hospital without discussion,[38]a person with a severe mental illness will still be made to wait for weeks on end. The CPT notes that leaving a person with an acute mental health condition without urgent medical treatment is unacceptable. The absence of proper treatment for the mental health problem diagnosed and the lack of suitable medical supervision could amount to inhuman or degrading treatment.

37. See also, Alex Davies: inquest concludes neglect contributed to death at HMP Styal | Inquest.
38. As was witnessed by the delegation when a woman was sent to hospital concerning cardiac complaints.

84. **The CPT recommends that the United Kingdom authorities reconsider the current criteria for transfers to a secure mental health facility to ensure that patients with an acute mental health illness and in need of urgent interventions are transferred to such without delay.**

To this end, it is crucial that sufficient secure mental health beds are available in the community.

iii. Substance use

85. The national prison drugs strategy was being implemented in both establishments visited. In cases where substance use was discovered within the prison, the focus of the strategy in both establishments was on rehabilitation rather than punishment. 25 to 30% of the women were receiving Medication for Opioid Use Disorders (MOUD). As syringes were, on occasion, found at Eastwood Park Prison, the United Kingdom authorities should explore the introduction of needle and syringe exchange programmes as a harm reduction measure.

86. In both establishments, detoxification was possible, either in a dedicated unit,[39] or a Wing.[40] Both establishments visited have developed a multilayered drug treatment strategy and dedicated drug-free units, where prisoners were voluntarily admitted and consequently underwent unannounced voluntary drug testing, and enjoyed freer movement and a more relaxed regime.[41] At Eastwood Park Prison, a formalised support group, the drug recovery community (DRC), worked on a 12-step programme with 12 women at a time, while Alcoholics Anonymous and Narcotics Anonymous each held at least one group session every week.

iv. Self-harm and suicide prevention programmes

87. Both establishments visited placed emphasis on understanding and addressing self-harm. This was perhaps not surprising, given the number of self-harm incidents, which could reach up to 30 per day. Eight women at Eastwood Park Prison accounted for 67% of the incidents, between 1 January 2024 and 30 November 2025, while at Styal Prison, in October 2025 only, there were 348 cases of self-harm, 200 of which by one person.

88. The identification of those women most prone to self-harm is the responsibility of all staff members, initially through screening on admission, and therefafter through the possibility to place a vulnerable individual on Assessment, Care in Custody and Teamwork (ACCT), a case management process for prisoners at risk of suicide and/or self-harm. The ACCT process is a means whereby staff can provide individual care to prisoners who are in distress in order to help defuse a potentially suicidal crisis, to support their long-term needs, and better manage and reduce their distress. In this context, when necessary, constant supervision and engagement by a member of staff was in place for women assessed as being in acute self-harming situations.[42]

At Styal Prison, the ACCT documents were comprehensive, the patient was involved in the process, and weekly assessments involving a multidisciplinary team were held. A relevant ACCT folder would be opened[43] and would accompany women through any transfer within the prison.

39. In Eastwood Park Prison, this was on the second floor of Residential Unit 8.
40. At Styal prison, detoxification took place in individual cells in Waite Wing.
41. Residential Unit 1 at Eastwood Park Prison, and House B2 (Bruce), at Styal Prison.
42. For example, at Styal Prison, at the time of the visit, two women were placed under constant supervision in the constant observation cells (one in the CSU and one in Waite Wing, X Side).
43. At Styal Prison, 53 ACCTs were opened in October 2025.

89. The delegation interviewed several women who had recently self-harmed, as well as members of staff. Women told the delegation that, during incidents of self-harm, prison staff first tried to deescalate by convincing them to stop, and only rarely used force and/or restraint. Most of the women interviewed had severe mental health issues. A few women complained about the lack of activities on offer to them, explaining that keeping their mind occupied would help the state of their mental health.

90. In the prisons visited, there was no punitive approach to self-harm, and it was positive that the priority of staff was to deescalate rather than to use force and/or restraint. Nevertheless, the CPT is of the view that, for women who self-harm frequently, their management calls for a much more robust therapeutic environment. Despite the best efforts of management and prison staff, it is questionable whether such an environment can be provided within prison. Moreover, a lack of activities and long lock-up times may trigger self-harming.

91. **The CPT recommends that the United Kingdom authorities ensure that women who are most prone to self-harm are accommodated in an appropriate environment with the necessary care and psychological support adapted to their needs. This may well require placement in a specialised unit outside a prison establishment.**

Further, efforts should be made to provide more regular and meaningful contact with staff, and to offer suitable activities, geared at catering to these women's needs, in a time of crisis.

v. Specialised Units in the prisons visited

92. At *Eastwood Park Prison*, the NEXUS Unit,[44] or Offender Personality Disorder Unit, was a well-organised, psychologically-informed unit, which offered enhanced care to sentenced prisoners diagnosed with personality disorders through a therapeutic community approach. At the time of the 2025 visit, it was accommodating 15 prisoners for a capacity of 16 beds. Women in this unit could work and participate in various activities and interventions, such as art therapy and Dialectical Behavioural Therapy (DBT), while different groups were available to them, including a mood group and a "substance misuse group".

93. Women interviewed by the delegation spoke positively of the Unit and its staff members. The delegation heard first-hand that women felt empowered there, where their achievements were acknowledged.

The delegation was struck by the significant difference between the mental health of women accommodated in the NEXUS Unit and that of some of the women housed in the standard Residential Units across Eastwood Park Prison. The women accommodated in the NEXUS Unit were in a more stable condition and served a longer sentence. They were able to engage, follow questions and conduct a proper interview.

94. By contrast, at Styal Prison, there was no dedicated Unit to accommodate prisoners diagnosed with personality disorders. Instead, a dedicated team of prison officers and NHS staff,[45] called ADAPT, focused on stabilising prisoners whose offence was linked to a personality disorder, and whose behaviour was disruptive. Multidisciplinary interventions, focusing on the psychological needs of women, including Dialectic Behavioural Therapy (DBT), schema therapy, Eye Movement Desensitization and Reprocessing (EMDR), compassion-focused therapy and a "relational group", took place in a dedicated space. At any given time, 18 women from the whole prison could benefit from the programme. Efforts were being made to guarantee both a smooth reintegration into the community and the continuity of mental health care: a care coordinator from the community held joint sessions with the ADAPT team, and the ADAPT team also saw women in the community a few months after their release.

44. Located on Residential Unit 10.
45. 1,6 FTE prison officers, one day per week of a clinical psychologist, two days per week of a forensic psychiatrist (who works for the mental health team), one full time mental health nurse and one full-time assistant psychologist.

95. The delegation spoke with several prisoners participating in the programme. They all spoke positively of ADAPT and its facilitators and planned to continue attending it for as long as necessary. Women felt that the programme was a safe space and focused on people rather than their offences. They added that it offered them a release from their negative emotions and thoughts, noted that they felt that they were making real progress, and explained how it assisted them in creating meaningful relationships.

96. The CPT welcomes the implementation of the NEXUS and ADAPT programmes. It is positive that women with personality disorders can benefit from such meaningful interventions, and that the programme seeks to maintain links with the community in order to support women following their release.

The CPT encourages the United Kingdom authorities to enhance such programmes and promote them elsewhere, so that they implemented in more prison establishments in the United Kingdom.

97. The Cherry Blossom Unit (CBU) at Eastwood Park Prison[46] was a specialised Unit admitting prisoners with acute mental health concerns, neurodevelopmental disorders and poor coping behaviours, or prisoners for whom concerns had been raised by external agencies.

The Unit contained 10 cells, each equipped with a bed, and a fully partitioned sanitary annex, including a toilet and a basin. The Unit also contained common showers and a bathtub. In principle, cells were open for approximately seven and a half hours per day. However, women accommodated in the Unit told the delegation that they were only offered one and half hours of out-of-cell time in the mornings and two hours in the afternoon. In addition, due to the shortage of staff, there were days when they mostly remained locked up in their cells. The average stay in the CBU was three months, and the maximum stay six months.

98. In the afternoons, women in the CBU engaged in a few organised activities, such as jigsaw puzzles, movies, board games and crafts. The activities were organised by the prison officers, who seemed motivated but lacked the professional tools and experience to tailor the activities to the specific needs of the women present in the Unit. Therefore, participation in the activities was subject to the severity of the women's mental disorder.

99. Healthcare staff came to the unit every working day but interacted with the women only for one hour. The delegation was informed that women consulted a psychiatrist at least weekly, and that there were regular multidisciplinary treatment plans for all women. However, women interviewed by the CPT complained that they saw a psychiatrist only once a month, at most.

100. From the findings of the delegation, the CPT considers that the CBU does not constitute a suitable therapeutic environment to properly support the women accommodated there.

The CPT recommends that, given the complex profile and mental health needs of the women accommodated in the CBU, the United Kingdom authorities should ensure that the level of professional healthcare staff in the CBU is increased. A sufficient number of nurses, educators, psychologists, and occupational therapists should be present for six to eight hours every working day and four hours per day on weekends.

Further, the CPT recommends increasing the tailored activities on offer to prisoners in the CBU, tailored to the needs of women accommodated there, to ensure that they are offered at least eight hours outside of their cells on weekdays. To this end, specialised educational staff should be present in the unit.

46. Residential Unit 4.

101. The prison's general mental health team (Avon and Wiltshire Mental Health Partnership NHS Trust) limited their work solely to those activities for which they had been commissioned and lacked the proactivity to address the evident healthcare needs at the CBU, which required the full-time presence of health and social care staff. When the delegation raised the issue with the general mental health team, the answer was that they were not commissioned for the CBU, except for ambulatory care.

The CPT notes that the adequacy of mental health care staffing, as well as the delivery of adequate mental health services in each prison establishment, fall within the centralised responsibility, incumbent upon the United Kingdom authorities. In this context, clear leadership and efficient management of the various mental health structures within a prison is crucial, in order to ensure the timely delivery of adequate services to all patients.

The CPT recommends that coordination between the prison's general mental health care team and the CBU team be improved, and that arrangements are put in place for the mental health care staff to take more responsibility for the delivery of mental health care at the CBU of Eastwood Park Prison.

102. At *Styal Prison*, the Valentina Unit, located in in House H1, was dedicated to those prisoners who had special mental health needs, and for whom living in open Houses was considered to be too challenging. At the time of the 2025 visit, it had a capacity of 10 beds.

All the women on the unit with whom the delegation spoke had severe mental health issues. If the women became too disruptive on the Valentina Unit, they were transferred to the Care and Separation Unit (segregation unit), then back to the Valentina Unit. Detailed files, including their diagnosis, mental health assessments, and health and wellbeing plans, were in place for each of the women. The delegation was informed that if there was a lack of secure beds in hospital units in the community, prisoners were sent to the Valentina Unit.

103. Special sessions took place in Valentina Unit with the aim of improving the women's skills in different fields, for example in speaking and listening, English language, building confidence and creative thinking. In addition, the official regime envisaged various activities during the afternoons, such as a debate club, arts and crafts, games and quizzes.

vi. Other programmes and interventions

104. At both prisons visited, "HOPE", a short psychosocial education programme, was offered to women. The programme was delivered soon after women were admitted to prison and focused on self-soothing techniques and emotional regulation. Lasting for two weeks (four sessions), it was held in small groups. Sessions were led by a WEPS psychologist together with one more staff member. At Eastwood Park Prison, the room where the HOPE programme was facilitated was spacious, clean, pleasant, and colourful. Women with whom the delegation spoke shared positive experiences from the programme.

105. In the context of "My Experience" Plans (ME Plans), some newly arrived women filled out forms about their experiences, values, signs of distress, as well as identifying approaches which would be helpful to them in moments of crisis, and those which would be likely to trigger challenging behaviour in them. The aim was to assist staff in responding more effectively to the needs of individual prisoners and to prevent escalating dynamics. The ME process was designed by the Women's Estate Psychology Service (WEPS). Both the women and the prison staff found the use of ME plans effective and helpful.

106. Prisons also facilitated other programmes and courses,[47] such as an anger management programme at Eastwood Park Prison, or a listener scheme, whereby prisoners were trained by the Samaritans to provide confidential emotional support to peers.

47. See also paragraphs 37 to 53 above.

107. The CPT welcomes the interventions on offer, as well as the efforts and commitment of staff in the implementation of these interventions. Indeed, prisoners who had taken part in such interventions spoke very highly of their experiences. However, it remains that not a significant number of prisoners benefited from those interventions, due to the limited number of available places.

The principal aim of these programmes, namely, stabilisation of the prisoners concerned, intervention in situations of acute crisis, reduction of self-harm, and improving safety within the prison is, indeed, crucial. Nevertheless, much more must be done for mental health in terms of supporting prisoners with their reintegration into the community.

With the exception of the NEXUS unit at Eastwood Park Prison, release planning and the implementation of long-term programmes is not the focus of the relevant interventions, to the detriment of women who are more mentally stable but still in need of mental health support.

Women's resettlement in the community was supported by trained custodial officers and probation officers from the community using a computer-assisted offender management programme. A comprehensive analysis of the prisoner concerned and a sentence plan was drafted, including inter alia a pre-sentence report, offender assessment, risk assessment and needs and vulnerabilities assessment. The resulting complexity of needs and risk categories function as a guideline for the level of contact and intervention with/by either the probation officer or the prison offender management.

108. **The CPT recommends that the United Kingdom authorities expand the accessibility of programmes and support measures such as the ME plans to all women entering the prison system who require this support.**

Further, it recommends that the United Kingdom authorities expand accessibility of support measures and structured programmes to assist more female prisoners to successfully resettle in the community. 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.

6. Mothers and babies in prison

109. In September 2021, HMPPS published an operational policy for prison staff supporting women through pregnancy, birth, the post-natal period, Mother and Baby Unit (MBU) placements, and separation from children up to two years old.[48] In the United Kingdom, mothers can stay in MBUs with their child for up to 18 months, with a further extension of up to six months being the maximum possible, taking into account the best interests of the child.

110. At *Eastwood Park Prison*, the MBU was located in Residential Unit 9, a two-storey house which had a capacity of 12 women and their babies. At the time of the visit, four mothers and four babies were accommodated in the MBU where the material conditions were excellent. The bedrooms, located on the second floor of the building, as well as the common spaces, were sufficiently equipped and nicely decorated. While working or participating in education and other activities, mothers could entrust their children to the care of an un-uniformed MBU staff in the prison nursery, a large, child-friendly space featuring an indoor play area with age-appropriate toys, as well as an outside yard with a playground.

111. At *Styal Prison*, the MBU was located in House B1. The material conditions were generally good but affected by the age and general state of the Houses at Styal prison. The MBU, which had a non-carceral environment, had a capacity of nine single rooms and one room for a mother with two babies. At the time of the visit, five women with four babies were accommodated there. There was a large communal area, equipped with sofas, a TV, toys and a play carpet. The rooms were pleasantly decorated in a personalised way. The House also had a large garden area equipped with a children's playground.

48. Pregnancy, MBUs and maternal separation in women's prisons Policy Framework - GOV.UK. The policy was last updated in January 2026.

In the mornings, the mothers worked and the children were cared for in the nursery, while in the afternoons the women stayed in the MBU, where courses concerning child development were taking place. During the day, prisoners were, as a rule, not locked in and could go outside with their babies.[49] There were cooking classes, mother and baby yoga classes, and crafting activities. In addition, during the weekend, nursery staff took the babies to various activities outside the prison. Every two weeks there was a meeting with the healthcare team, the midwife, the "Pregnancy, Mother and Baby liaison officers" (PMBLO) and drug counselling. With the exception of one male prison officer occasionally coming to the MBU, all staff were female. Mothers told the delegation that, as a consequence, the children were not used to meeting men.

112. At Styal Prison, House C1 (known as Oak House) was also part of the perinatal pathway concept: it accommodated, *inter alia* women who were pregnant or had recently been separated from their child, due to death, or adoption. The women interviewed by the delegation were generally very satisfied with the level of antenatal and post-natal care provided.

113. In both prisons, puericulture items such as nappies, wipes and milk were provided free of charge and in sufficient quantities. PMBLOswere present and implemented the prison policy. The vast majority of women interviewed by the delegation spoke very highly of the staff assisting them, as well as, more generally, of their experience in the MBU units and the perinatal pathway, explaining that they felt supported and encouraged. The CPT considers that the two MBUs visited could be considered as examples of good practice, and it welcomes the approach taken at Styal Prison to support women who are pregnant or have recently been separated from their babies.

7. Transgender prisoners

114. At *Eastwood Park Prison*, there were eleven prisoners who identified as male at the time of the visit.[50] They were supported and accepted, with access to gender affirming resources. Shortly after their arrival, a meeting chaired by the safety governor was held to address any safety needs that the transgender persons might require.

At *Styal Prison*, at the time of the visit, there were six prisoners who identified as male. Staff were made aware of the importance of supporting transgender individuals during their early days in prison, including with information sheets posted in Reception.

The delegation met with several transgender prisoners at both prisons during its visit. They were accommodated in different residential blocks, mixed with the general population, and did not complain about their treatment. In both establishments visited, prison authorities allowed and respected the use of preferred names, titles and pronouns. At Styal prison, efforts were made to provide transgender prisoners with single cells and to ensure private access to the showers, where these were communal.[51]

8. Other issues

a. Admission procedures

115. The reception and induction processes into prison play an important role in identifying the needs and risks associated with each woman and for ensuring their safe and secure custody. At Styal Prison, the reception process was welcoming and informative, and included an initial healthcare interview with a nurse, a cell sharing risk assessment, an opportunity to make a phone call, the provision of clothes, food and a drink and an exchange with a trusted prisoner. If necessary, the ACCT process could be opened already during the interviews. All new arrivals were then placed on Waite Wing – Y side, where the induction programme took place. The induction session started the next working day and was delivered by an officer and the peer workers from reception.

49. The front door is locked from 12 to 13:30 and from 16:30 to 07:45, otherwise it is open.
50. Without having a "Gender Recognition Certificate" (GRC), a legal document validating gender identity.
51. See also, the 33rd General Report of the CPT published on 25 April 2023, CPT/Inf (2024) 16.

For the general information provided, a few women who were entering prison for the first time stated that staff had not explained certain prison processes such as how to make an application, what hygiene products were provide by the prison, who was their key worker or how the Listener system functioned. They felt there was too much reliance on other prisoners telling them how the prison operated.

The CPT trusts that the management of Styal Prison is vigilant in ensuring all women newly inducted into the prison are provided with full and accurate information by staff and know how to seek information regarding prison processes. Particular care should be taken to ensure that detained persons are actually able to understand their rights, and that the information is provided in a simple and accessible language, taking into account any particular needs of vulnerable persons.

b. Contact with the outside world

116. According to Article 35 of the Prison Rules, convicted prisoners are, as a rule, entitled to receive a visit twice in every period of four weeks.

117. The official visit entitlement for the prisoners on the standard regime was three visits per month. Prisoners on the enhanced regime could have one additional visit per month. At Styal Prison, the delegation received complaints that actual visits were often significantly shorter, due to staff shortages. In addition, women complained that the visits were often overbooked.

118. At Eastwood Park Prison, in 2025, 13 family days had been organised, for up to 10 women per session. Child-friendly visits, whereby children were supported to visit their mother in prison, were also organised twice a week. Children could visit their mothers outside regular visiting hours. Prisoners at Eastwood Park Prison told the delegation that a deterrent factor in receiving visits was the cost for their families to reach the prison. In this respect, the CPT welcomes the initiative at Styal prison, whereby the Prison Advice and Care Trust (PACT) reimbursed the cost of petrol to families in need.

The CPT invites the United Kingdom authorities to introduce such a scheme in all women's prisons.

119. The CPT notes that while it is positive that prisons applied a less strict regime than provided for by the Prison Rules, the visit entitlement could be further improved.

The CPT recommends that all prisoners (whether sentenced or on remand), irrespective of their regime, should benefit from a visiting entitlement of at least one hour every week. Further, any reduction in contact with the outside world should not be the subject of the incentives and privileges scheme.

120. Women were allowed to make paid phone calls from their cells[52] or, in Styal, from the common phones in the Houses. In both prisons, it was also possible to make a video call in case a prisoner did not make use of a regular visit.

c. Discipline

121. The discipline and adjudication process within the prison system was described in previous reports and remained substantially unchanged (see Rules 51 to 61A of the 1999 Prison Rules (as amended)). It should be recalled that, where the alleged offence is so serious that additional days in prison should be added to the prison sentence, the charge is referred to an independent adjudicator (a district judge or deputy district judge), who may impose up to 42 additional days in prison (as well as any other less serious punishment). Other, less serious, cases are heard by a staff member of governor grade in the prison.

52. With the exception of the CBU, where there were no phones in the cells.

122. As regards the situation in the two establishments visited, the information gathered through examination of the relevant records and through interviews with prisoners and staff alike indicates a proportionate approach towards the imposition of sanctions for a disciplinary offence. The maximum period of cellular confinement (solitary confinement) as a punishment cannot exceed 14 days, and the delegation noted that it was almost always lower. For example, at the time of the visit, two women were serving a punishment of cellular confinement of eight and 10 days, respectively, at Styal Prison.

Further, it remains the case that the adjudication process is accompanied by appropriate safeguards which are respected in practice. In particular, the prisoner concerned is informed in writing of the charges against them ("Notice of report"), is heard in person during the adjudication meeting, may be represented by a lawyer and receives a copy of the written decision informing them of the disciplinary punishment, as well as the available legal remedies.

d. Segregation

Under Rule 45 of the 1999 Prison Rules, prisoners may be segregated from other prisoners ("removed from association") where this appears desirable for the maintenance of good order or discipline ("GOoD") or in their own interest. The initial decision of the duty governor to segregate a prisoner must be reviewed after 72 hours and may be extended by the governor in writing for a (renewable) period of up to 14 days. Segregation beyond 42 days must be authorised by the Prison Group Director (that is, an authority independent of the establishment).

This procedure appeared to be duly applied in the establishments visited and prisoners were given an opportunity to be heard in the context of the 72 hour/14-day reviews and received a copy of the relevant decisions. The review forms summarised the current situation of the inmates, any progress made and set new targets to be achieved.

123. At *Eastwood Park Prison*, there was no dedicated Care and Separation Unit (CSU), and prisoners were mostly segregated in their own cells for both disciplinary and good order reasons.

These prisoners were offered a poor regime overall and had, as a rule, only one hour out of cell time daily. During this hour, they had to shower, and take exercise in the yard, and the delegation observed that they could also engage in an exchange with a prison officer.

In addition, the delegation observed how the segregation of one person had an impact on the regime of all the other prisoners as, during the time that that segregated prisoner was out of her cell, the other women on that wing had to remain locked in their cells. At the time of the 2025 visit, three women were being segregated. At Eastwood Park Prison, 400 segregation measures had been imposed from 1 January to the end of November 2025,[53] totalling at least 1963 days of segregation.

For 2024, there was a similar number of segregation measures.[54] Between 1 January and the end of November 2025, four women were each under a segregation measure of over 100 days.[55] The CPT considers that any woman who is segregated for reasons of good order should be offered two hours of meaningful human contact every day to avoid them being held in conditions akin to solitary confinement and to support them reintegrating back onto the wing.

53. The main reason being assault to staff or other prisoners.
54. 396 segregation measures had been imposed for over 1400 days.
55. In particular, one of them was under a segregation measure for 138 days, including 103 days for disciplinary reasons, one for 111 days, including 20 days for disciplinary reasons, one for 109 days, including 89 days for disciplinary reasons, and one for a minimum of 106 days, all for Good Order.

124. At *Styal Prison*, at the time of the 2025 visit, the Care and Separation Unit (CSU) was holding 10 prisoners, six of whom were segregated under Rule 45 of the Prison Rules and one under Rule 49 of the Young Offender Institution Rules 2000.[56] The CSU was operating at full capacity. Prisoners were offered access to the exercise yard for one hour per day, as well as time out of their cell to shower. The women were permitted to keep their laptops, and each cell was equipped with a television. There was also an electronic kiosk on the CSU landing to which the women were granted access upon request. Three of the women were on an ACCT, one of whom was attending activities outside of the CSU.

In the course of the first ten and half months of 2025, there had been 74 placements in the CSU, with four women spending prolonged periods of between 39 and 48 days in the CSU and one woman over three months (105 days). At the time of the visit, two women had been held in the CSU for periods of 22 and 44 days respectively. Both of them had a severe mental illness. However, it was extremely difficult to diagnose the woman who had been there the longest, as her illness caused unpredictable and often violent behaviour.

The CPT would like to be informed of how long these two women spent in total in the CSU at Styal Prison and of their pathway after leaving the CSU.

125. **The CPT recommends that the United Kingdom authorities ensure that all prisoners segregated for good order, imperatively when the segregation extends beyond 14 days, are offered at least two hours of meaningful human contact every day, and preferably more.**

Further, for women placed in segregation for longer than 14 days, increased proactive efforts should be undertaken to support these women coming out of segregation. Ideally, a step-down unit to ease their transition back on to an ordinary wing should be in place. Where a woman in segregation has a serious mental illness, she should be transferred to an appropriate care facility (see paragraphs 78 to 84 above).

126. The CSU at Styal Prison was staffed by three officers and a senior officer and the delegation observed that they made efforts to interact with the women. All interactions and activities concerning each woman were noted down in an individual file. A summary sheet at the beginning of each file provided staff with an insight into the specific needs, triggers and positive interactions for the various women held on the unit. Given the complex needs of these women such a summary sheet was a useful aide-mémoire for staff and is a good practice example.

127. The conditions in the CSU were acceptable, and the cells were in an adequate state of repair, with sufficient access to natural light. However, apart from two cells with fixed beds, the other eight cells had free standing metal bedframes, which could potentially be used as ligature points.

The CPT recommends that steps be taken to remove and replace the metal-framed beds, for example, with thick mattresses, or moulded furniture (if funding allows), in order to reduce the number of ligature points in the cells. This is all the more urgent given the complex needs of the women held in the CSU, including women with severe mental illness.

d. Body scanners

128. The delegation was informed that body scanners would be rolled out in five of the 12 prisons for women in England and Wales. Both Eastwood Park and Styal Prisons were expecting to receive a body scanner.

56. Of the other three, two were serving a disciplinary punishment of cellular confinement and one was awaiting adjudication.

The CPT welcomes the decision to introduce body scanners in prisons for women which should replace the need for full searches (i.e. strip searches) and thus avoid the potentially traumatising effect that such measures have on women.[57]

The CPT would like to be informed when these scanners are introduced at Eastwood Park and Styal Prisons and when the other prisons were expecting to receive such a scanner. It would also like to receive the applicable regulations for their use and the corresponding revised regulations regarding full searches (i.e. strip searches).

57. See also the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders *(Bangkok Rules)*, Rule 20.

I. APPENDIX – List of the Authorities met during the visit

National authorities

Ministry of Justice

- James Timpson, Minister of State for Prisons, Probation and Reducing Reoffending
- Rob Linham, Deputy Director, Rights and Public Law, International, Rights and Constitutional Policy Directorate

His Majesty's Prison and Probation Service (HMPPS)

- Michelle Jarman-Howe, Director General of Operations, HMPPS
- Marie Southgate, Director of Prison Policy, HMPPS
- Alan Scott, Area Director, HMPPS
- Dave Raisbeck, Assurance Intelligence Manager, HMPPS
- Carlene Dixon, Prison Group Director, Women's Group, HMPPS
- Jude Kelman, Head of Women's Estate Psychology Services (WEPS, HMPPS)
- Helen Carter, Deputy Director (Women's Group, HMPPS)
- Rosie Howard, Head of Operational Policy and Strategy (Women's Group, HMPPS)
- Philip Bramham (LTHSE Staff/Operational Manager, HMPPS)

Ministry of Justice Prisons Directorate

- Sally Grocott, Head of MoJ Scrutiny
- Paul Norris, Deputy Director, MoJ Scrutiny Performance and Engagement

National Health Service (NHS)

- Kate Davies, Director of Health and Justice, National Health Service (NHS) England
- Marie Southgate, Director of Prison Policy
- Sally Grocott, Head of MoJ Scrutiny
- Paul Norris, Deputy Director, MoJ Scrutiny Performance and Engagement

His Majesty's (HM) Inspectorate of Prisons

- Charlie Taylor, Chief Inspector
- Martin Lomas, Deputy Chief Inspector
- Sandra Fieldhouse, Lead for women's custody

Howard League for Penal Reform

- Andrea Coomber, Chief Executive

Prison Reform Trust

- Pia Sinha, Chief Executive

"NO ONE SHALL BE SUBJECTED TO TORTURE OR TO INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT"

Article 3 of the European Convention on Human Rights

Established in 1989 by the Council of Europe Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, the CPT's aim is to strengthen the protection of persons deprived of their liberty through the organisation of regular visits to places of detention.

The Committee is an independent, non-judicial preventive mechanism, complementing the work of the European Court of Human Rights. It monitors the treatment of persons deprived of their liberty by visiting places such as prisons, juvenile detention centres, police stations, immigration detention facilities, psychiatric hospitals and social care homes. CPT delegations have unrestricted access to places of detention, and the right to interview, in private, persons deprived of their liberty. They may access all the information necessary to carry out their work, including any administrative and medical documents.

The CPT plays an essential role in promoting decency in detention, through the development of minimum standards and good practice for states parties, as well as through coordination with other international bodies. The implementation of its recommendations has a significant impact on the development of human rights in Council of Europe member states and influences the policies, legislation and practices of national authorities regarding detention.

Secretariat of the CPT
Council of Europe
67 075 STRASBOURG Cedex – FRANCE
+33 (0)3 88 41 23 11
cptdoc@coe.int – www.cpt.coe.int

ENG

www.coe.int

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