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

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Response

of the the United Kingdom Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to the United Kingdom

from 1 to 8 December 2025

The Government of the United Kingdom has requested the publication of this response. The CPT's report on the 2025 visit to the United Kingdom is set out in document CPT/Inf (2026) 29.

Strasbourg, 24 September 2026

This response sets out the relevant legislative frameworks, policy, investment and practice across England and Wales on the matters raised by the CPT. It has been compiled by the UK Government (Ministry of Justice) with contributions from associated agencies including HMPPS, DHSC, NHS England and Wales.

July 2026

Table of Contents

Acronyms

ABI – Acquired Brain Injury

ACCT – Assessment, Care in Custody and Teamwork

AMBIT – Adaptive Mentalization-Based Integrative Treatment

CBU – Cherry Blossom Unit

CIAG – Careers Information, Advice and Guidance

COMs – Community Offender Managers

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

CSIP – Challenge, Support and Intervention Plan

CSU – Care and Separation Unit

DBT – Dialectical Behavioural Therapy

DHSC – Department of Health and Social Care

DRC – Drug Recovery Community

EDSQ – Essential Digital Skills Qualifications

EMDR – Eye Movement Desensitization and Reprocessing

ESOL – English for Speakers of Other Languages

ESS – Enhanced Support Service

FSI – Fire Safety Improvements

FTE – Full-Time Equivalent

GFSL – Government Facilities Services Limited

GMS – General Medical Services

GP – General Practitioner

GP2GP – General Practice to General Practice

HMP – His Majesty's Prison

HMPPS – His Majesty's Prison and Probation Service

HSCNA – Health and Social Care Needs Assessment

HWPV – Help with Prison Visits

ICB – Integrated Care Board

IEP – Incentives and Earned Privileges

ISFL – Independent Substance Free Living Unit

MAPPA – Multi-Agency Public Protection Arrangements

MaPs – Mobility and Progression plans

MBU – Mother and Baby Unit

ME Plan – My Experience Plan

MHLDA – Mental Health, Learning Disability and Autism

MoJ – Ministry of Justice

MOUD – Medication for Opioid Use Disorders

NHS – National Health Service

NHSE – NHS England

NICE – National Institute for Health and Care Excellence

OPD – Offender Personality Disorder

PACT – Prison Advice and Care Trust

PBSW – Prison Based Social Worker

PCSE – Primary Care Support England

PGD – Prison Group Director

PICU – Psychiatric Intensive Care Unit

PMBLO – Pregnancy, Mother and Baby Liaison Officer

PPG – Practice Plus Group

PTSD – Post-Traumatic Stress Disorder

SASH – Suicide and Self-Harm

SIM – Safety Intervention Meeting

SMARG – Segregation Monitoring and Review Group

SSJ – Secretary of State for Justice

TEDS – The Early Days Service

UKG – United Kingdom Government

UKHSA – UK Health Security Agency

VCT – Virtual Campus Training

WEPS – Women's Estate Psychology Service

XRBS – X-Ray Body Scanner

YOI – Young Offender Institution

A. Introduction

The UK Government welcomes the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) following its visit to England and Wales from 1 to 8 December 2025 to examine the treatment and conditions of detention of women held in prison. The delegation visited two women's prisons in England - HMP Eastwood Park and HMP Styal.

The UK Government strongly supports the mandate of the CPT and was pleased to facilitate the delegation's visit to England and Wales. The delegation met with Lord Timpson, Minister of State for Prisons, Probation and Reducing Reoffending. The delegation 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);
- Kate Davies, Director of Health and Justice, National Health Service (NHS) England; and
- and senior officials from the Ministry of Justice, HMPPS and NHS England.

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

The delegation noted the excellent cooperation from the UK 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 UK Government notes that, in both HMP Eastwood Park and HMP Styal, the CPT received no allegations of physical ill-treatment of prisoners by staff and found that the great majority of women considered they were treated correctly by prison officers. It is welcome that the CPT found that the provision of somatic and mental healthcare was of good quality overall. The delegation's recognition of good practice, such as the Mother and Baby Units, provides useful opportunities to reflect on what works.

The CPT's report has been reviewed carefully and the evidence provided in this response describes the steps and actions being taken by the UK Government. This response has been produced by the Ministry of Justice and HMPPS, with contributions from the Department of Health and Social Care, NHS England and NHS Wales.

In preparing this response, the UK Government has sought to address each of the CPT's points fully while also reflecting, as appropriate, what might be practical and feasible within the current legal, policy and operational framework.

Many recommendations have been accepted and acted upon.

Where the UK takes a different approach to the one recommended by the CPT, the response sets out the reasoning of the UK authorities. In other areas, where the CPT identifies issues and challenges, the UK Government does not underestimate them and is committed to working with the CPT to improve the conditions and care of women in detention and to support them to rebuild their lives on release.

To conclude, the UK Government values the CPT's role in monitoring the treatment of those deprived of their liberty. This monitoring is an important contribution supporting participating states uphold their obligations under the European Convention for the Prevention of Torture.

B. Prison establishments for women

1 Preliminary remarks

Para 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.[1]

Para 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.

Para 10. The desire to reform the women's prison estate dates back to the 2007 Corston Report. 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. In September 2024, the new Government also announced plans to reduce the number of women in custody. A Women's Justice Board was established, bringing together experts from across the sector, with a report setting out recommendations for government published in March 2026. The objective was to support the government's goal of reducing the number of women in prison with more managed in the community, while increasing smaller step down facilities including residential centres for women.

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Para 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%.

Para 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. 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.[2] 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.

Para 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.

Para 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".

Para 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,

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

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.

Recommendation(s)

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.**

Response

1. **The UK Government (UKG) recognises that women in or at risk of contact with the criminal justice system often face distinct and complex challenges.**
2. In 2024, we established the Women's Justice Board to advise on reducing the number of women going to prison with more managed in the community. On 16 March 2026 we published a report by the Board, setting out recommendations to reduce the number of women in prison and to ensure women receive the support they need across the system. **We are now carefully considering these recommendations and how we are best able to deliver reform in this vital area.**

3. Alongside publication of the report, we also announced a **significant uplift in funding to women's community and voluntary organisations and will provide an additional £10 million over the Spending Review Period, bringing total funding over this period to £31.6 million.** This multi-year investment will support sustainable service provision and strengthen diversion pathways.
4. In addition, since 2021, His Majesty's Prison and Probation Service (HMPPS) has sustained contracts with voluntary and community sector providers to deliver rehabilitative services for women, with £24.5m of annual funding in 2026/27 for a dedicated Women's Service focused on housing, employability, finances and substance misuse and overall wellbeing. These services are currently being recommissioned and the **future 'Community Support' service will commence in circa. September 2028.**
5. **Intensive Supervision Courts are designed to break the cycle of reoffending** by diverting women away from short custodial sentences and into enhanced community support. **Early results from the women Intensive Supervision Court in Birmingham are promising, and we have committed to expanding this approach.**
6. **A new women's court has recently been announced in Liverpool, with implementation set to begin this year.** We know that continued engagement with treatment and recovery is vital to address the underlying causes of offending. That's why we want to divert offenders with mental health or substance misuse needs away from custody and into community treatment, where appropriate.
7. The Independent Sentencing Review also recommended the UKG should ensure female offenders receive appropriate support by (1) expanding the use of liaison and diversion and (2) considering a women's specific pathway as part of Drug and Alcohol treatment requirements and this recommendation has been accepted in principle. **MoJ works closely with health partners to ensure that treatment pathways are accessible for offenders and aligned with probation services.**

Recommendation(s)

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.

Response

1. **The UKG agrees and is absolutely clear that recall should be used only where it is necessary and proportionate.** Current guidance makes clear that recall must be considered as a last resort. It is a public protection measure used when an offender's risk appears to have increased and should be used only where it is necessary and proportionate. Recall should be initiated only where licence breaches or other evidence indicate increased risk, all appropriate alternatives have been considered, and the Probation Practitioner judges that the offender can no longer be safely managed in the community even with alternative enforcement action.
2. Judgements draw on structured risk assessment tools and are subject to oversight and scrutiny at multiple levels, including by a Senior Probation Officer and the Public Protection Casework Service who check that the threshold is met and that alternatives have been considered.
3. **The Sentencing Act 2026 replaced the standard recalls for most offenders on standard determinate sentences with a single 56-day period from 31 March 2026. It also replaced the existing 14- and 28-day fixed term recalls,** aiming to make recalls easier to administer. Public protection remains a priority. Those who pose the highest risk, including those charged with further offences and those subject to MAPPA, will continue to receive a standard recall.
4. **The changes took effect from 31 March 2026, with releases in tranches through April and May.** These are existing releases brought forward, not additional releases. The change also permanently replaced the 14- or 28-day recall period with a standard 56-day period for people recalled after 31 March 2026.

Para 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[3] 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

[3] 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.

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,[4] 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

Para 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.

Para 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. 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.

Recommendation(s)

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.

[4] 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.

Response

1. **We recognise that prison officers are at increased risk of experiencing highly stressful situations and traumatic events at work**, compared to many other occupations, whilst pressures at work and home sometimes mean they need extra support to assist with demands of everyday life. As such we offer a wide range of staff care and support through peer support colleagues, mental health allies and chaplaincy as well as signposting staff wherever helpful to an Employee Assistance Programme, which offers them free counselling and confidential advice and support. At HMP/YOI Styal specifically, all operational staff have access to a 'staff space' and monthly one-to-one sessions with a registered forensic psychologist, which provide reflective practice in a therapeutic environment away from the prison, supporting staff wellbeing and helping them feel supported.
2. In October 2024, HMPPS launched a new Professional Standards and Behaviour Guide, setting out the expected standards of behaviour for all staff working within HMPPS. The aim of this guide is to help create a positive, professional, and supportive work environment where everyone understands the professional standards and behaviour expected of them. HMPPS recognises that our frontline staff are at the centre of the prison system, and that having sufficient and skilled staff is fundamental to delivering safe, secure and rehabilitative prison regimes. The Enable Programme has recognised the need to develop specific Professional Standards learning packages for colleagues at all levels, with a view to supporting knowledge, capability and confidence building. These include 'Professional Behaviours Matter' and 'Professional Standards Matter' for Officers and a 'Professionalisation' package for Middle Managers. The 'Introduction to Professional Standards' workshop for Senior Operational Leaders will equip new to post Governors to confidently and consistently challenge and address unprofessional standards and behaviour at a local level.

Para 20. [5] 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 upmost 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).

[5] 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.

Para 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,[6] 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).

Para 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,[7] 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.[8] 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.

Para 23. Instances of inter-prisoner violence occurred in both prisons visited. However, serious incidents were few in number[9] and, as a general rule, staff intervened rapidly to end physical conflict.

Para 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.[10] More generally, Styal Prison had an extensive Safety Strategy, which aimed to ensure that

[6] See, also "My Experience" Plans (ME Plans), through which the experiences of some newly arrived women were registered (paragraph 105 below).

[7] 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.

[8] 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.

[9] 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.

[10] For example, at Styal prison, in October 2025, 102 referrals for CSIP took place, and bullying was the reason in 22 of them.

the prison provided safety for all who lived, worked and visited there.[11] The CPT welcomes such practices.

3. Conditions of Detention

a) material conditions

Para 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 m2, 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.

Recommendation(s)

The CPT recommends that at Eastwood Park Prison, cells designed for single occupancy accommodation, measuring 8 m2, 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

[11] See, also, the nationwide Prison safety Policy Framework, Implementation date: 1 January 2025, Re-issue date: 14 January 2026.

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.

Response

1. **The UKG agrees and is clear the safety and decency of our prisons is paramount.** HMPPS continually monitor prison conditions and take places on and offline depending on safety, stability, staffing levels and maintenance needs. In prisons where we have crowding in place, we have a cell certification process that ensures that use of cells is subject to a formal assessment of safety and decency. HMPPS recognise that crowding can make it harder for prisons to deliver safe, stable and rehabilitative regimes and we will not take decisions that create unacceptable risks to prison safety. That is why we are increasing capacity at record rates, and the Sentencing Act will place the prison population on a more sustainable footing, paving the way for further reform of our prison systems so we can create better conditions and outcomes for our prisoners. At Eastwood Park prison cells are certified for use by the Prison Group Director (PGD) in accordance with the published Certified Prisoner Accommodation Policy Framework - GOV.UK. This framework states that all accommodation must be of adequate size for the maximum number of prisoners it will hold.
2. Eastwood Park will identify all cells requiring toilet partitions and submit an additional works request for costings and feasibility of work within current budgets.
3. The heating regulation valves on Residential Units 5 and 6 have been replaced allowing the prison to better regulate the heating. The cells on Residential Unit 10 have an in-cell fan system which can be manually regulated by occupants.
4. **The project to deliver a new low-carbon heating system for the entire site completes in August 2026.** Government Facilities Services Limited (GFSL) the maintenance provider has confirmed that there is sufficient hot water being supplied to all the residential units, including Residential Units 6 and 8.

Recommendation(s)

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.

Response

1. HMPPS have confirmed work is now programmed to commence delivery in June 2026, after being slightly delayed due to capacity pressures.

Para. 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.

Recommendation(s)

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).

Response

1. HMPPS have confirmed that Fire Safety Improvements (FSI) at HMP Styal commence delivery in June 2026.
2. Additionally, refurbishment of the Victorian houses will take place in tandem with fire safety improvements.
3. HMPPS are also considering options to increase capacity elsewhere in the women's estate in the northwest, to enable the closure of some of the Victorian houses at Styal that are in the worst condition.

Para. 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[12] 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.[13]

With the exception of House A1[14] 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.

Para 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 the construction of a new Health Centre, to be completed by June 2026, "decency works" in all the Houses, starting from the MBU

[12] 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.

[13] For example, in House D1.

[14] This House had undergone refurbishment and repair works. New windows had been installed, and the shower room, bathroom and toilet facilities had been renovated.

and House B4 (the Youth Hub), to be completed by March 2027, and fire safety improvement.

Recommendation(s)

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.

Response

1. **HMP Styal recognises the need to maintain safe, decent and functional living conditions across all residential Houses and accepts that, while systems are in place, further improvement is required.** A structured facilities management process is in operation, whereby all maintenance issues are logged, prioritised and tracked through a central reporting system. Heating faults and water supply issues are responded to promptly, with escalation routes in place for complex repairs. Where necessary, residential areas are decanted to allow safe completion of works.
2. **HMP Styal is a priority site within the Departments FSI programme, and the Victorian houses are planned to receive substantial refurbishment as part of this, including boiler replacement and shower facilities.** The Department continues to review options for the site with delivery of the safest and fastest approach the priority.
3. Water temperatures are monitored routinely in line with water safety requirements, with records maintained by the Facilities Management team. Immediate actions have been taken to address the identified ceiling damage in E1 House and hygiene concerns in E2 House, with remedial works either completed or scheduled.
4. Planned actions include:
    a. Continued prioritisation of critical maintenance through regional estates oversight.
    b. Strengthened monitoring of heating and water systems, with assurance checks reported locally.

c. Delivery of wider decency and refurbishment works as part of the planned estate improvement programme. When there have been instances whereby complex repairs have been required, houses have been decanted and taken offline whilst the required work is carried out.

5. **The FSI works are due to commence in summer 2026 with Automated Fire Detection delivered first. Full FSI and refurbishment work is projected to commence from summer 2027.**

Para 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.

Recommendation(s)

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.

Response

2. **A programme of improvement has been commissioned with Estates colleagues to review current provision and identify required works. To address this, actions include:**

• Survey of all shared cells to assess the extent of partial partitioning.

• Development of a prioritised works schedule to install full-height partitions, subject to estate constraints and funding.

• Interim mitigation through allocation decisions, ensuring where possible that prisoners sharing cells are risk assessed appropriately.

3. This work will be incorporated into ongoing decency and refurbishment planning, toilet partitioning work will be completed as part of the FSI and refurbishment programme, with Waite wing being at the front of the programme.
4. **We appreciate that the complex and dynamic population on Waite Wing can contribute to elevated noise levels, which may affect wellbeing. To address this the following actions have been taken or planned:**

a. Increased staff supervision and engagement during unlock periods to address disruptive behaviour promptly.

b. Enhanced use of the Assessment, Care in Custody and Teamwork (ACCT) process, Challenge, Support and Intervention Plans (CSIP) and behavioural management plans for individuals whose behaviour impacts others.

c. Review of cell allocation and cohort management to better balance the needs of vulnerable and complex individuals.

d. Reinforcement of staff expectations regarding dynamic security and early intervention.

e. PGD commissioned noise survey with recommendations for sound absorption or reduction investment options

Para 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.[15] 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.

Recommendation(s)

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

Response

1. **The CPT’s recommendation reflects feedback received during on-site visits, including complaints about how women are informed about the use of digital systems for making applications. HMPPS welcomes this feedback and recognises its importance in informing ongoing improvements.**
2. In the women’s estate, in-cell laptops are currently available at HMP New Hall and HMP Styal. At these prisons, women can use laptops, alongside wing kiosks, to submit applications digitally rather than relying on paper-based processes.

[15] Digital kiosks” are standalone devices for women to submit applications or make a complaint.

3. Information on using laptops and kiosks is provided through local induction arrangements, including verbal explanation, practical demonstration, and access to written, visual and video-based guidance hosted on the Launchpad Content Hub. Both prisons also use trained prisoner Digital Orderlies to provide informal, one-to-one peer support, particularly for women with low digital confidence or additional support needs.
4. For women whose first language is not English, support is provided through staff assistance, peer support and visual content. Translation functionality is available within prisoner-facing digital systems, and work is underway to improve the accessibility and translatability of guidance where this is currently limited.
5. Digital application routes complement, rather than replace, staff support. Women can continue to seek clarification from staff as needed. **Reflecting the CPT's findings, HMPPS will continue to review and strengthen induction, guidance and support arrangements at women's prisons with in-cell laptops, informed by feedback and independent scrutiny.**

Para 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.

Recommendation(s)

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

Response

1. **All prisons are required to ensure prisoners receive three nutritionally balanced meals a day as set out in Food in Prison policy framework.** Prisoners are to be provided with a substantial hot meal, chosen by them from a multi-option pre-select menu, as either lunch or the evening meal. Prison Rules require that prisoners are provided with food that is wholesome, nutritious, well prepared and served, reasonably varied, sufficient in quantity and reflective of the population mix. **HMPPS continues to work closely with catering managers to understand any current challenges, and to share good practice ideas with our food suppliers**.
2. HMPPS is also working closely with the Office of Health Improvement and Disparities and other partners, to provide advice to prisoners and staff on eating

healthy meals and the continued development of nutritious menus. Pregnant women in prison are provided with additional, nutritionally appropriate food in line with the National Institute for Health and Care Excellence (NICE) guidance, with provision tailored to individual need and not dependent on ability to pay.

3. At Eastwood Park kitchen staff will continue to confirm that adequate portions are allocated to each residential unit prior to departure from the kitchen. **This will be verified jointly by the unit officer and servery staff to ensure accuracy and allow any discrepancies to be rectified immediately.** Following a review, portion sizes have been identified as the contributing issue; therefore, serving sizes have been standardised and reinforced. All servery workers have been reminded and instructed on correct portion control to ensure all individuals are fully accounted for and to prevent reoccurrence.
4. HMP Styal also recognises the importance of ensuring that all prisoners receive meals of an appropriate quality and quantity, in line with national catering specifications. All meals are prepared and served in accordance with HMPPS approved portion standards, using calibrated serving utensils to ensure consistency. Menus are designed to meet required nutritional and calorific guidance, with oversight from Catering Management. Daily quality assurance checks are conducted by both the Catering Manager and Duty Governor to ensure compliance and address any emerging issues in real time.
5. **Actions taken/planned to ensure that food provision is subject to continuous oversight and improvement, with mechanisms in place to respond effectively to prisoner concerns include:** • Reinforced supervision at meal service points to ensure equitable distribution and adherence to portion control standards. • Ongoing monitoring of food quality and prisoner feedback through established consultation forums and complaints processes. • Prompt investigation and resolution of any concerns raised regarding food provision. • Continued staff training within catering services to maintain consistency and compliance with national expectations.

Para 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.

Recommendation(s)

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.

Response

1. **HMP Eastwood Park has ordered shelters for the exercise yards that are due to arrive in May.** Once they have arrived, installation dates will be confirmed and monitored at the tri-partite between the Prison, Facilities Maintenance Provider and the MOJ Area Property Operations Manager.
2. **HMP Styal has initiated a review with Estates colleagues to identify suitable locations and designs for shelter provision within exercise yards. Planned actions include:**

    a. Feasibility assessment to ensure compliance with security and safety requirements.

    b. Submission of a bid for capital funding as part of wider estate improvement works.

    c. Interim mitigation through regime flexibility, ensuring access to outdoor exercise is maintained where weather conditions allow. This will be progressed as part of longer-term estate development planning.

b) Regime

Para 37. At Eastwood Park Prison, in Residential Units 2, 3, 5[16] 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.

Para 38. At Styal Prison, prisoners accommodated in certain Houses, such as B3 and C3, are scheduled exercise on a rota basis over two weeks, to ensure fairness and access to one hour of exercise every day. Women accommodated in Houses

[16] 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.

E1, E2 and E3, who were on the enhanced regime, are allocated one hours exercise every day, and an additional hour as an incentive during the summer months, subject to staffing availability.

Para 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.

Recommendation(s)

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.

Response

1. **Clear expectations have been set by the PGD around daily exercise**, and all women's prisons have confirmed they offer women a minimum of one hour in the open air daily. All prisoners at Styal are scheduled to receive a minimum of one hour of outdoor exercise daily; however, delivery can be impacted by operational pressures and seasonal factors.
2. **Actions already taken / planned include**:
    a. A structured exercise rota is in place to ensure equitable access across all residential areas.
    b. Enhanced regime oversight by Duty Governors to prioritise exercise during periods of restricted regime.
    c. Monitoring of regime delivery and exercise provision through local assurance processes.
    d. Continued focus on improving staffing stability to support consistent regime delivery. Additional exercise opportunities are provided where possible, particularly during summer months.
3. As part of the daily regime at Eastwood Park, a period of 1 hour's fresh air is offered to all prisoners. This is monitored by the regime tracker and as part of the local residential assurance process for residence. Additionally, the Head if Residence is ensuring that a weekly assurance check by the Supervising Officer and a monthly Custodial Manager check forms part of this.

Para 40. Prisoners who lived in Houses[17] 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.

Para 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.

Para 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[18] had particularly affected certain categories of prisoners, and most especially those who were illiterate, or were lacking English language skills.

Para 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,[19] 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.

Para 44. Prisoners at Eastwood Park Prison had access to seven educational courses,[20] each consisting of 55 hours of guided learning. 10 to 12 prisoners[21] were enrolled in each course, at the end of which, after approximately three months, a

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[17] With the exception of B1 (MBU), B2 (Bruce), and O1 (Bollinwood) which had a different regime.

[18] 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%.

[19] 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.

[20] Hospitality and Catering, English, Mathematics, Beauty, Customer Service, Peer Mentoring, and Art.

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

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)[22].

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.

Para 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.[23] Those working as cooks, maintenance staff, or in peer support had busier schedules.

Para 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.

Para 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. 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.[24] At the same time, the offer of Entry-level Mathematics and English had been reduced from two to one session per day.

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[22] 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).

[23] 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.

[24] 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.

Para 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.

Para 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,[25] 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.

Recommendation(s)

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.

Response

1. The new Prisoner Education Service launched on 1 October 2025 enables improved continuity of learning. Learners' progress is now recorded in a digital Learning and Work Progress Service, which follows them wherever they are in prison. Common Awarding Organisations have been contracted in five key subject areas to enable prisoners to continue courses when they transfer, and the new Core Education contracts set clear expectations for suppliers to facilitate uninterrupted learning. HMPPS Education Group have also renamed prison education, skills and work to "Skills Academy" to make clearer the connection between education, skills development and employment outcomes, and to support clear development pathways for prisoners. Heads of Education, Skills and Work, that are now in place in every prison, ensure that Governors have senior strategic support and expertise to maximise the impact of their local learning offer.
2. HMPPS Education Group continue to monitor delivery closely through HMPPS contract management arrangements. In addition, a full evaluation of the new Prisoner Education Service is underway to assess the impact of education

[25] Notably Drake Hall Prison or New Hall Prison.

provision on prisoner progress and rehabilitation outcomes, and to inform future policy and commissioning decisions.

Para 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.

Para 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.

Para 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.

Recommendation(s)

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.**

Response

1. A strategic priority workstream exists to improve attendance at purposeful activity and seek to increase the quality and quantity of purposeful activity. This workstream also continues to maximise regimes in the women’s estate through accountable regime plan commitments, the sharing of best practice, and driving innovation in each establishment via the now embedded regime review meetings.

2. **HMP Eastwood Park has developed Mobility and Progression (MaPs) plans** which women will be supported to choose in their first few weeks when they come into custody. This will be part of the induction process and Women will be supported in this process by Careers Information, Advice and Guidance (CIAG). This is designed to give women a direction through their sentence in line with their resettlement and employment aspirations.
3. **Eastwood Park has secured funding through the provider Seetec to develop a Custody Hub model, which will provide groups of women practical skills and qualification to support their resettlement and employability skills on release. This is due to open in June 2026.** Eastwood Park is developing its tier 2 provision offering more structured on wing activity for those not engaging in tier 1 (education and work). This will in time be versatile and will include a mixture of recreational activities and those that are focused on supporting resettlement outcomes. This will be focused on throughout 2026.
4. HMP Styal provides a broad range of education, work and activity opportunities; however, access is not yet consistent for all prisoners and is impacted by staffing capacity and regime constraints.
5. The following actions have been taken / planned:
    a. Expansion of activity provision including vocational training, gym, and enrichment activities aligned to sentence plans.
    b. Increased focus on maximising time out of cell through improved regime planning and delivery.
    c. Prioritisation of access for those currently under-engaged, including those with complex needs
    d. Development of a whole-prison approach to purposeful activity, supported by regime management and workforce planning.
6. The long-term aim remains to maximise out-of-cell time in line with national expectations.

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.[26]

[26] See Recommendation Rec(2003)23 of the Committee of Ministers to member states on the management by prison 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).

Response

1. **HMP Styal recognises that prisoners serving short sentences or on recall, as well as those serving longer sentences, may face barriers in accessing consistent and meaningful education, recreational and sports activities**.
2. **Actions taken/planned** intended to ensure equitable access to purposeful activity and to support both immediate engagement and longer-term rehabilitation outcomes include: • Increased use of flexible and modular learning opportunities, including Virtual Campus and short accredited courses, to enable engagement for those with short stays. • Development of activity provision that does not rely on long course completion timescales, allowing prisoners to benefit regardless of sentence length. • Continued delivery of recreational and enrichment activities, including gym, wellbeing sessions and in-unit engagement, accessible across regimes. • Strengthened sentence planning processes to ensure that women serving longer sentences are supported to access education and work opportunities aligned to their individual goals and progression pathways. • Ongoing engagement with education providers to ensure appropriate pathways are available to meet a broad range of needs, including progression to higher-level learning where appropriate.
3. **In addition to the core education contract, there are opportunities for the Governors at all prisons, including women's prisons, to commission bespoke activity from the Dynamic Purchasing System to add to the curriculum and enrichment activity where specific needs have been identified, including prisoners serving short and long-term sentences.** Prisoners who are ready for higher level learning can also access Further and Higher Education at Level 3 and above through the Prisoners' Education Trust and the Open University. Digital technology through the new Digital Education Platform is also being used to complement face to face teaching, supporting access, continuity and progression into higher level learning. For example, Open University study can be undertaken on in-cell Corale laptops where available, and a wide digital curriculum with a broad range of topics up to Level 2 is also available.

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.

Response

1. **Styal recognises that foreign national prisoners and those with lower levels of educational attainment may face additional barriers to engaging in education and purposeful activity. Actions taken planned to improve access and support include:**

a. Targeted support through education providers to assess individual learning needs on reception and during induction, ensuring appropriate placement and support.
b. Provision of English for Speakers of Other Languages (ESOL) and basic skills development, with flexible access through classroom and digital learning where available.
c. Use of peer mentors and support workers to assist individuals in accessing and engaging with education and prison services.
d. Adaptation of learning materials and delivery approaches to ensure accessibility for those with literacy needs or language barriers.
e. Ongoing collaboration with education providers to prioritise inclusive provision and reduce barriers to participation for all learners.

2. Following the introduction of the Prisoner Education Service on 1 October 2025 additional support for prisoners with specific needs has also been nationally standardised with improved screening tools and digital systems which allow learning support plans to follow individuals across establishments; this specifically includes screening and support for those with language related barriers. **For the first time, we have also made it a contractual requirement of Core Education suppliers to adhere to the Public Sector Equality Duty, ensuring equity of access to learning.**

4. Custodial prison staff

Para 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.[27] 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.

Para 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

[27] 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).

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.

Para 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.

Para 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.

Para 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.

Recommendation(s)

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.

Response

1. Substantive recruitment efforts continue at all sites (including Eastwood Park and Styal) where vacancies exist or are projected, with targeted interventions applied to those prisons with the most need. Recruitment is on-going at HMP Styal, with internal Management Information predicting the site to be at full operational staffing levels by December 2026.
2. The department carefully monitors resourcing levels to ensure that we are able to manage current staffing levels and make accurate predications around future needs.
3. Overall resourcing levels are monitored through a number of processes which provide the appropriate level of information for staffing decisions to be made. At a local level, the workforce planning processes which are in place for prison groups have the level of detail needed to manage current staffing levels and make accurate predictions around future needs.

Para 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.

Para 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.

Recommendation(s)

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.

Response

1. **Feedback has been gathered on this and will be incorporated to any learning reviews. HMPPS continues to review and improve this training to ensure staff are supported to deliver trauma-informed, safe and decent care.** Prison officers working in women's prisons receive gender-specific training, supported by specialist courses and e-learning designed to reflect the distinct needs of women in custody. This work will be supported by wider investment in improved prison officer training across all prisons via the Enable Programme, HMPPS's workforce transformation programme.
2. **From 2027, all new prison officers, including those working in women's prisons, will benefit from redesigned initial training which places a strong emphasis on relational practice. This will ensure that positive and supportive staff-prisoner relationships are understood, from day one, to be the bedrock of good prison officer work.** Increased investment will mean that every prison will have a dedicated member of staff to ensure officers are supported to be their best and maintain the highest professional standards throughout their first twelve months in the job.
3. **A new induction package for every member of staff starting work in a prison includes new course content on Equality and Inclusion, which ensures staff understand and practice inclusive behaviours**. 'Behind the Behaviour' is a one-day, psychologically informed training programme that equips staff with an understanding of how trauma impacts behaviour, alongside practical techniques to manage and de-escalate complex situations. This has been delivered to all staff in HMP/YOI's Styal and Eastwood Park and is currently being delivered at multiple other women's prisons, with a view to being delivered across all prisons as resources allow, and at a delivery frequency that fits with other required and mandatory staff training.
4. **Gender specific training is also available on parental rights, breastfeeding awareness, use of restraints and in local use of force refresher training.**

5. Healthcare services

a) General healthcare in prisons visited

Para 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).

Para 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.

Para 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.

Recommendation(s)

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.

Response

1. HMP Eastwood Park's healthcare provider Practice Plus Group (PPG) access the Welsh Summary Care Record, which supports continuity of care for individuals transferring between England and Wales. In addition, electronic prescribing into Wales is fully enabled, ensuring that medication information is shared accurately and without delay.
2. PPG will track and report the percentage of women from Wales whose medical records are obtained within 48 hours of arrival, with a target of 90% achieved within six months. PPG will strengthen communication channels with community General Practitioners (GPs) and Welsh health services, through designated healthcare administration staff to request records within 24 hours of reception.
3. Progress on system-level access solutions will be reviewed quarterly through joint meetings with NHS England and Public Health Wales, with a report back to the Senior Leadership Team within 12 months.

4. There is no written national guidance on cross border transfer of medical information. For General Medical Services (GMS) registered patients from Wales in English Prisons, paper records from NHS Wales are held in the archive facility at Primary Care Support England (PCSE) whilst a patient is in prison. On release the electronic summary from the prison is repatriated with the paper records and these are then sent back to Wales. NHS Wales do not currently use GP2GP functionality for any patients. For patients who do not register for GMS, the prison healthcare team contacts the GP practice in Wales for a medical summary, which is either securely emailed or faxed across to the prison healthcare team. The delay in sending the medical summary is down to the GP practice.

Para 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.

Para 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.

Para 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.

Para 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

Recommendation(s)

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.

Response

1. The UKG is clear that the External Escort Policy Framework requires that all decisions relating to the use, level, or removal of restraint during an external escort are based on an individualised escort risk assessment. This includes during a transfer to and from hospitals or external specialist visits. **The risk assessment must take full account of the prisoner's physical and mental health, the nature of the medical treatment being provided, and any identified security risks. This remains under continuous review, particularly where a prisoner's medical condition or presentation changes**. Restraints should be reduced or removed where they are no longer necessary or where their use would impede medical treatment.
2. **The policy requires prisons to consider privacy, dignity, and medical confidentiality as part of the escort risk assessment.** This includes determining whether escort staff should remain in the consultation room, remain out of sight but within earshot, or withdraw entirely. The presence of HMPPS staff

during medical consultations is permitted only where specifically justified by the risk assessment and where less intrusive measures are insufficient.

b) Recording and reporting of injuries

Para 71. In general, injuries and suspected cases of ill-treatment were noted in the medical file.[28] 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

i. Introduction

Para 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.

Para 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.

Para 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

[28] At Styal Prison, women were informed that they could have the note and use it, if they so wished

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.

Para 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,[29] 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.[30]

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.[31] 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.

Para 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

[29] 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.

[30] The WEPS team was primarily involved in staff training, consulting staff on individual use of force cases, as well on 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.

[31] 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.

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.

Recommendation(s)

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.

Response

1. **Since publication of the National Women's Prisons Health and Social Care Review in November 2023** (see para 8 below), **a joint implementation programme has been established, overseen by a Women's Health, Social Care and Justice Partnership Board, supported by a three-year delivery plan and £21 million of NHS funding.**
2. Actions underway include the rollout of Women's Health and Wellbeing Hubs in women's prisons, refresh of health and justice service specifications, and continued joint HMPPS and NHS England activity to strengthen continuity of care and improve health and wellbeing outcomes for women in custody.
3. Under the national response to the Joint Women's Prisons health and Social Care Review Implementation Board, NHS England working with the UK Health Security Agency (UKHSA) and other partners have developed a gender specific Health and Social Care Needs Assessments (HSCNA) which ensures that a review of mental health is strengthened both within the specific category (No 4 of the HSCNA), as well as the health care overview section. It includes questions specific to women's mental health and their needs and asks for confirmation of the relevant signposting to specialist subcontractors is in place and that the Environment is fit for purpose for the delivery of mental health services in establishments. The work is currently being piloted and is due for completion early Summer 2026.
4. Furthermore, at HMP Eastwood Park: PPG continue to work closely with NHS England to ensure that mental health provision is appropriately staffed, responsive, and aligned with the complex needs of women in custody. Regular data collection and analysis provide information regarding the nature and volume of physical and mental needs of the women at Eastwood Park.
5. PPG have two new Band 6 mental health Patient Flow Clinical Coordinators, both of whom have just commenced in post and are contributing to improved continuity of care and more effective case management.

6. In addition, Eastwood Park now has a full-time psychologist in post, strengthening the psychological provision available to women on site.
7. The Enhanced Support Service (ESS) which is available to women at Eastwood Park, aims to reduce the negative impact of violent and disruptive behaviour using a dedicated multi disciplinary staff team that works in partnership across prison and healthcare, with a psychologist as Clinical Lead, Mental Health Practitioner and Prison Officer. ESS targets the small minority of people in prison who demonstrate severe and persistent violent and disruptive behaviour, including harm to self that has not responded to existing strategies and interventions.
8. Staff work intensively with people in a collaborative manner to develop motivation to facilitate better settlement and improved psychological wellbeing.
9. A wide range of wellbeing and therapeutic groups have also been introduced at Eastwood Park, including wellbeing sessions, behavioural therapy groups and Post-Traumatic Stress Disorder (PTSD) focused interventions. These groups are currently undergoing evaluation to ensure they are meeting the needs of the women, and PPG will continue to monitor outcomes and adapt the offer based on emerging needs and feedback.
10. These developments are expected to have a positive impact on the patient journey within the prison, improving access to psychological support, enhancing continuity of care, and ensuring that women receive timely and appropriate interventions throughout their time in custody.
11. Additionally, Mental health delivery at Styal is in line with the national service specification. The service, alongside commissioners, review these on an annual basis as a minimum, to ensure they meet the needs of the population and deliver against the service specification. A Health and Social Care Needs Assessment is also completed for the service to understand population needs and recommendations acted on accordingly.
12. The National Women's Prisons Health and Social Care Review was a joint review commissioned by HMPPS and NHS England in January 2021 and published in November 2023. It was established to assess whether health and social care services in women's prisons were meeting women's needs, and to identify what changes were required to improve outcomes both in custody and on release, particularly given longstanding evidence of inequality, inconsistency and unmet need. The review set out eight strategic findings and eight corresponding recommendations, all of which were accepted by HMPPS and NHS England. This included strengthening trauma informed and women centred care, improving mental health, self-harm and substance misuse pathways, addressing gaps in social care provision in prisons, and improving continuity of care between custody and the community, with reduced unwarranted variation across the estate.

ii. Transfer for external psychiatric treatment

Para 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.

Para 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.

Para 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.[32] 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.

Para 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.

Para 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.

Para 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.

[32] See also, Alex Davies: inquest concludes neglect contributed to death at HMP Styal | Inquest.

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,[33] 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.

Recommendation(s)

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.

Response

1. **The UK Government accepted this recommendation and has introduced a statutory 28-day time limit via the Mental Health Act 2025. Work is ongoing to implement this reform by December 2027.**
2. The Independent Review of the Mental Health Act, published in 2018, concluded that there were considerable delays in transferring prisoners into secure mental health hospitals under the Act and recommended that there should be a statutory time limit of 28 days introduced for the time from referral for a first assessment to transfer of a prisoner to hospital. The UKG accepted this recommendation, following significant consultation and working in partnership with NHS England and HMPPS.
3. **The national guidance for patients transferring from prison to secure mental health hospitals is currently being revised following Royal Assent of the Mental Health Act 2025.** The Mental Health Act requires patients transfer within 28 days following identification of a detainable Mental Health need under Section 47 (for serving prisoners) or Section 48 (remand, civil and immigration detainees).
4. **NHSE is also working nationally, regionally, and with MHLDA Provider Collaboratives and local systems to improve the timeliness of safe transfers from prison to hospital, in line with the 28 day transfer time limit. This work includes piloting a new Prison Pathway Management Team model**, increasing seclusion room capacity to support access to appropriate beds, strengthening joined-up oversight and coordination across local systems,

[33] As was witnessed by the delegation when a woman was sent to hospital concerning cardiac complaints.

and implementing enhanced national oversight and monitoring of transfer timeliness and pathway performance.

5. The time limit aims to address the delays experienced by those awaiting transfer, allowing the consideration of the most appropriate placement and treatment that can be provided for individuals whilst balancing the need to protect the public. Prisoners who require transfer to a mental health hospital because of an acute mental health condition may be considered for admission to a Psychiatric Intensive Care Unit (PICU), or to an Adult Forensic Mental Health Service (low secure, medium secure, or high secure), depending on their clinical presentation and level of risk.
6. Where appropriate, a referral is assessed on the basis of the individual's clinical needs and the risks they may pose to themselves or others. Following this assessment, the most appropriate mental health service is identified in line with the relevant admission criteria. Transfers are then processed accordingly, considering the clinical priority of all individuals awaiting the same type of bed.
7. PICU beds are commissioned directly by Integrated Care Boards (ICBs) based on the predicted needs of their local populations. Adult Forensic Mental Health Services operate through a combination of commissioning arrangements within a whole-pathway approach: • All mainstream adult forensic medium and low secure services are delivered via the Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative model, which brings together organisations to provide services across defined geographical areas. Responsibility for these service lines was delegated to ICBs from April 2025, meaning ICBs are responsible for service provision while NHS England (NHSE) retains overall accountability. • Secure d/Deaf services, secure acquired brain injury (ABI) services, and high secure services are national services. For these services, NHSE retains both responsibility and accountability, and oversees provision on a national basis to ensure sufficient capacity is available to meet population need.
8. HMP Eastwood Park will also ensure all women are assessed by the mental health team on arrival to support timely identification and referral. This enables the referral process for secure beds to begin as early as possible where clinically indicated. There is an established clear pathway for early identification and support of women entering custody with acute mental health needs, including immediate referral to mental health in reach teams within two hours of reception. 100% of women identified as having severe mental illness are screened and referred to appropriate mental health services within 24 hours of arrival in custody. Monitoring is completed monthly through audit of reception records and referral logs. HMP Eastwood Park will also work in partnership with healthcare providers, local NHS trusts, and regional commissioners to escalate urgent cases where secure beds are not available, while strengthening safeguarding processes in prison (e.g., ACCT) reviews, multidisciplinary care plans).

9. Additionally, **PPG and NHS England track each case from the point of referral through to hospital to ensure cases are continuously monitored and escalated without delay.** This involves collaboration with health partners.
10. **HMP Styal will also work to speed up the transfer of patients from prison to secure mental health facilities that meet the criteria for admission**. This work seeks to consistently achieve the 28 day transfer standard outlined in the most recent revision to the Mental Health Act.

iii. Substance use

Para 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.

Para 86. In both establishments, detoxification was possible, either in a dedicated unit,[34] or a Wing.[35] 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.[36] 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

Para 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.

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[34] In Eastwood Park Prison, this was on the second floor of Residential Unit 8.

[35] At Styal prison, detoxification took place in individual cells in Waite Wing.

[36] Residential Unit 1 at Eastwood Park Prison, and House B2 (Bruce), at Styal Prison.

Para 88. The identification of those women most prone to self-harm is the responsibility of all staff members, initially through screening on admission, and thereafter 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.[37]

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[38] and would accompany women through any transfer within the prison.

Para 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.

Para 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.

Recommendation(s)

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.

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[37] 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).

[38] At Styal Prison, 53 ACCTs were opened in October 2025.

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.

Response

1. **We agree and know that good relationships between staff and prisoners are essential in our efforts to spot the signs of risk and reduce self-harm.** To reduce levels of self-harm in women's prisons, we are providing specialist support to establishments and rolling out tailored interventions, including specialist training for new officers. A range of evidence-based interventions and services are provided for women in prison. Referrals for all services are encouraged from across the Female Estate, to support women to access the services they need. These services include the Women's Offender Personality Disorder Pathway, as well as the Women's Estate Psychology Service team, which provides forensic psychologists within all 12 women's prisons to deliver therapeutic services for women in our care.
2. **Prison Based Social Worker (PBSW) provision and The Early Days Service (TEDS) to provide early, trauma-informed support for women entering custody, are being continued post March 2026**, **and consideration is being given to expansion of these services.**
3. This work will be further supported by **improved training on self-harm, developed by the Enable Programme as part of a brand-new foundation training package for prison officers**. **This will be delivered to all new prison officers, including those working in women's prisons, from 2027.** Relational practice will run through every element of the 19-week training package, placing strong emphasis on the importance of supportive relationships between staff and prisoners.
4. The following are examples of how HMP Styal and HMP Eastwood Park are achieving this:
5. **At HMP Eastwood Park:** All women identified as being at risk of self-harm or suicide are supported through the ACCT process, which provides a structured, multidisciplinary approach to safety planning. The mental health team and physical health team attend ACCT reviews to ensure that clinical needs are fully considered, and all staff receive ACCT, Suicide and Self Harm (SASH), and safeguarding training to support early identification and effective intervention. In addition, safety intervention meetings and other relevant multidisciplinary forums are in place to ensure that risks are monitored and managed appropriately.
6. A domestic abuse and sexual violence trauma service is available within the establishment, and staff across the prison and healthcare are trained in trauma-informed approaches. This ensures that the care provided reflects an understanding of the impact of trauma and supports women in a way that is sensitive to their experiences and needs. PPG will continue to monitor these

arrangements closely and work with partners to strengthen the support available to women who present with the highest levels of vulnerability.

7. **At HMP Styal:** The regional team works with the commissioners of secure mental health beds across the system to escalate cases of delayed transfer. Investment has been made in prison pathways team that in some areas works with the wider system to support transfer and remittal, although this service is not presently delivered across the whole region. A whole system change is required to effectively address this need. Further work will be undertaken by Northwest Commissioners to review the offer to this group of women.

v. Specialised Units in the prisons visited

Para 92. At Eastwood Park Prison, the NEXUS Unit,[39] 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”.

Para 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.

Para 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,[40] 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

[39] Located on Residential Unit 10.

[40] 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.

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.

Para 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.

Recommendation(s)

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.**

Response

1. **The UKG agrees and in 2025/26 the Joint NHS and HMPPS OPD Pathway completed a review of its commissioning intentions for the custodial women's estate, engaging key stakeholders in determining how investment from the OPD Pathway could best be realised to meet the needs of women in prison. The joint NHS and HMPPS OPD Pathway board agreed to increase investment for women from within its current envelope of funding.**
2. This commitment advanced OPD service provision to be provided in every closed prison for women. As part of this, there was significant uplift to the service provision at HMP Downview (for the Dialectical Behavioural Therapy [DBT] Service), and at HMP Bronzefield for expansion of their non-residential OPD service.
3. There were also additional investments for dynamic services at HMP New Hall, HMP Low Newton and HMP Foston Hall. More recently there has been further support from HMPPS to maintain an OPD service offer at HMP Peterborough.
4. HMP Eastwood Park alongside Health and Offender Personality Disorder (OPD) Providers have organised specific training in a reflective practice process called 'AMBIT', which is grounded in mentalisation for staff. This initiative is unusual within prisons as the training was open to prison and health staff to attend

together. The plan is that the staff who have been trained will be able to provide cross agency meetings to reflect upon care and consider different ways of dealing with issues such as high levels of self-harm.

Para 97. The Cherry Blossom Unit (CBU) at Eastwood Park Prison[41] 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.

Para 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.

Para 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.

Recommendation(s)

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.**

[41] Residential Unit 4.

Response

1. **PPG along with HMPPS will continue to review the function of the CBU and ensure that women accommodated there have access to the necessary healthcare services,** while recognising that it is not designed or staffed as a specialist mental health accommodation unit.
2. The Cherry Blossom Unit (CBU) is not a mental health unit; it is a small residential wing within the general prison population. Due to its size and quieter environment, it is used to accommodate women who may benefit from a calmer space, but it does not function as an inpatient or specialist therapeutic setting. As such, the level of staffing recommended by the CPT, equivalent to that of a clinical inpatient facility, would not be appropriate for the purpose and function of this unit.
3. Healthcare provision is, however, in place to support women residing on the CBU. A weekly CBU clinic is delivered for women who may find it difficult to attend the main healthcare department, ensuring equitable access to physical and mental health support. In addition, weekly CBU care-planning meetings are held to review wellbeing, interventions, and any emerging needs, ensuring that women receive appropriate support and monitoring. All women residing on the CBU also have named nurses, providing continuity of care and a clear point of contact for ongoing health needs.

Recommendation(s)

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.

Response

1. **To meet the needs of this cohort, Eastwood Park provides a range of structured and purposeful activities focused on wellbeing and engagement. These include therapeutic art sessions, peer led arts and crafts activities, therapy dog interventions, and music-based sessions.**
2. Where practicable, these sessions are delivered on a **weekly basis and are facilitated by appropriately identified staff or approved partners.** This provision is intended to **support emotional regulation, encourage positive association** where appropriate, and promote constructive use of time as part of the establishment's overall approach to managing women with complex needs within the CBU.

3. Time out of cell is maximised in line with individual risk assessments and presentations. Due to the complexity of the cohort, some women are unable to engage safely in association with others at certain times, owing to fluctuations in mood, behaviour, or presentation. In such cases, alternative arrangements are made wherever possible to ensure access to meaningful staff interaction and activities, balanced with the need to maintain safety for the individual and others

Para 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.

Recommendation(s)

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.

Response

1. **Mental health support for women on the CBU is provided through established pathways**. A weekly CBU clinic is delivered for women who may find it difficult to attend the main healthcare department, ensuring **equitable access to both physical and mental health services**. **Weekly CBU care-planning meetings also take place to review wellbeing, interventions, and any emerging concerns.** A wide range of stakeholders are invited to contribute to these meetings, ensuring a **coordinated and holistic approach** to supporting the women on the unit.
2. **Healthcare teams ensure that all women, not only those residing on the CBU, have access to appropriate mental health support**. This includes timely assessment, referral, and ongoing intervention based on individual need, regardless of location within the prison.
3. The CBU is not an inpatient or specialist mental health unit. It is a small residential wing within the general prison population, used to accommodate

women who may benefit from a quieter environment. As such, it does not require or operate with the level of on-wing clinical staffing associated with inpatient mental health facilities.

4. **PPG will continue to strengthen communication and joint working between the CBU and the mental health team, while maintaining a consistent approach to mental health provision across the whole establishment.**
5. Eastwood Park works collaboratively with mental health colleagues to review and develop ways of working that ensure women receive support aligned to their assessed individual needs. This includes routine information sharing through daily multidisciplinary handovers, joint attendance at care planning meetings, and direct involvement in CBU admission and review processes.
6. Decisions relating to the placement of women into, and progression out of, the CBU are made jointly by relevant teams, informed by risk assessment, presentation, and mental health input. This approach is intended to ensure that women are managed safely and proportionately, with transitions undertaken in a trauma informed manner and in line with the individual's best interests and wellbeing.

Para 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 Seperation 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.

Para 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

Para 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.

Para 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, designed by the Women's Estate Psychology Service (WEPS), guide the process. Both the women and the prison staff found the use of ME plans effective and helpful.

Para 106. Prisons also facilitated other programmes and courses,[42] 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.

Para 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

[42] See also paragraphs 37 to 53 above.

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.

Recommendation(s)

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.

Response

1. **My Experience (ME) Plans can be collaboratively carried out with women at any of our prisons,** and that the Women's Estate Psychology Service (WEPS) team continuously review the evidence about the use of MEs and how they are being received and used and whether they can be developed to improve their utility and value.
2. ME Plans are the responsibility of HMPPS; however**, healthcare teams are able to view these plans to support continuity of care and ensure that clinical input aligns with the wider rehabilitative and behavioural support being provided**. This shared visibility helps healthcare staff understand individual needs, triggers, and agreed strategies, enabling a more joined-up approach to supporting women in custody.
3. **At Eastwood Park, PPG will continue to work collaboratively with HMPPS to ensure that women who require ME Plans are identified promptly and that the plans are accessible to all relevant staff involved in their care.** This includes ensuring that healthcare can contribute appropriately while recognising that ownership and delivery of ME Plans sit with HMPPS.

Recommendation(s)

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.

Response

1. **RECONNECT and Enhanced Reconnect is a "care after custody" service commissioned across England which provides support to people with**

healthcare needs for up to 12 weeks prior to release and up to six months following release. The goal of RECONNECT is to support clients to access the appropriate services and support so they can manage their physical and mental health in the community and (if needed) continue to access any treatment they started in prison.

2. At HMP Eastwood Park A number of measures are in place to ensure women have access to the support they need to resettle in the community following release. These include a pre-release board which is held weekly. All sentenced women due for release are discussed at least 10 weeks prior to release and again two weeks prior to release. Short-sentenced prisoners, women on fixed term recalls, and high-risk/high-complexity remand or unsentenced cases are included in the next available meeting.
3. Remand Hub: In recognition of the specific challenges faced by women who have been remanded in custody, HMP Eastwood Park is piloting a remand hub to ensure these women have timely and equitable access to support whilst in custody and support with release planning/continuity of care should they be released directly from court.
4. A large proportion of women residing in HMP Eastwood Park are from Wales (up to 40% of total prison population). This can pose challenges when preparing for release due to the differences in how health and social care services are commissioned a strong partnership has been developed between the RECONNECT team in HMP Eastwood Park, Health and Justice Partnership Coordinators from the Welsh probation service, and the Nelson Trust's ONE Wales service which provides both in-reach and post-release support for women being released to Wales. There is also consistent representation from Welsh services (including COMs) in the weekly pre-release board to support effective communication and collaboration.
5. At HMP Styal: Commissioners are working with all local Women's Justice Partnership Boards to understand community pathways and work with wider agencies and stakeholders to develop pathways to support the women in the community. Transitional support is offered via referral to RECONNECT services.

6.Mother and Babies in prison

Para 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.[43] In

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

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.

Para 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.

Para 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.

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.[44] 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.

Para 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.

Para 113. In both prisons, puericulture items such as nappies, wipes and milk were provided free of charge and in sufficient quantities. PMBLOs were present and

[44] The front door is locked from 12 to 13:30 and from 16:30 to 07:45, otherwise it is open.

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

Para 114. At Eastwood Park Prison, there were eleven prisoners who identified as male at the time of the visit.[45] 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.[46]

8. Other issues

a). Admission procedures

Para 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

[45] . Without having a “Gender Recognition Certificate” (GRC), a legal document validating gender identity.

[46] See also, the 33rd General Report of the CPT published on 25 April 2023, CPT/Inf (2024) 16.

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. 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

Para 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.

Para 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.

Para 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.

Recommendation(s)

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

Response

1. **The Help with Prison Visits scheme (HWPV), available in all prisons**, provides a contribution towards prison visits costs for close relatives, partners or sole visitors at all prisons. The visitor must be on a low income.
2. **PACT's Visiting Mum's project assists with the cost of travel** at HMP/YOI's Eastwood Park, Styal and Downview, for mothers at risk of losing contact with their children. This is funded by Big Lottery Wales.

Para 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.

Recommendation(s)

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.

Response

1. **HMPPS are reviewing the current Social Visits Policy.** The current mandated entitlement for social visits is that a convicted prisoner is usually allowed at least two 1-hour visits every 4 weeks, with prisoners on remand being allowed three 1-hour visits a week.
2. These are minimum levels and establishments may increase the offer, for instance as part of local incentives and privileges schemes. Any reduction in the number of visits offered would only be in the case of removing the increased offer.

Para 120. Women were allowed to make paid phone calls from their cells[47] 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.

[47] With the exception of the CBU, where there were no phones in the cells.

c) Discipline

Para 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.

Para 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.

Para 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,[48] totalling at least 1963 days of segregation.

For 2024, there was a similar number of segregation measures.[49] Between 1 January and the end of November 2025, four women were each under a segregation measure of over 100 days.[50] 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.

Para 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.[51] 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

[48] The main reason being assault to staff or other prisoners.

[49] 396 segregation measures had been imposed for over 1400 days.

[50] 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.

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

diagnose the woman who had been there the longest, as her illness caused unpredictable and often violent behaviour.

Recommendation(s)

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.

Response

1. Both prisoners were being managed within the CSU following assaults on staff and were presenting with significant mental health concerns. One prisoner remained in the Care and Separation Unit (CSU) for 79 days, during which she was assessed as unsuitable for hospital transfer and was managed clinically through medication before being stepped down to the Valentina unit. The second prisoner was held in the CSU for 40 days before being transferred to a secure hospital for ongoing treatment. At the point of escalation, both individuals were demonstrating behaviour linked to acute mental ill health; one required hospital transfer, while the other was stabilised through medication and supported progression back onto a specialist unit.
2. All placements within the CSU are recorded and subject to regular review through formal governance processes, including 72-hour, 14-day and, where applicable, external authorisation reviews.
3. Actions taken/planned to monitor prisoners placed in the CSU:
    a. Individual case tracking of all CSU placements, including duration and rationale.
    b. Clear pathway planning through the Safety Intervention Meeting (SIM) process, ensuring progression routes are identified.
    c. Multi-disciplinary involvement (custodial, healthcare, psychology) in decisions regarding continuation, step-down or transfer.
    d. Strengthened discharge planning to support reintegration into mainstream locations or onward pathways where required.

Recommendation(s)

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.

Response

1. **The segregation policy (Prison Service Order 1700) is currently under review, with an updated policy expected to be published later this year.**
2. The revised policy places a strong emphasis on meaningful human contact, individualised regimes and proactive reintegration planning, particularly where segregation extends beyond the initial period.
3. Prisons are encouraged to provide face-to-face, purposeful engagement with segregated prisoners and to increase support over time in line with the principle of increasing justification.

Recommendation(s)
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).

Response

1. **The UKG is clear that segregation is not considered an appropriate long-term management option for prisoners who are identified as suffering from a mental illness.** In such cases, healthcare-led escalation and transfer to a suitable care or treatment setting is required, and continued segregation must be justified, time limited and subject to enhanced multi-disciplinary oversight.
2. **Prisons are required to implement enhanced reintegration planning for prisoners held in segregation beyond 14 days.** This includes targeted support to facilitate a safe and sustainable return to ordinary location. Where appropriate, phased or step-down arrangements should form part of an individualised intervention and reintegration plan.
3. **Prisons continue to monitor the use of segregation,** the time spent segregated, and outcomes for women through the **local Segregations Review Boards, Segregation Monitoring and Review Group (SMARG)** and senior management assurance processes.

Para 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.

Para 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.

Recommendation(s)

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.

Response

1. **An initial review of CSU accommodation at Styal has been undertaken,** confirming that the current bedframes present an avoidable risk in a population characterised by high levels of vulnerability and complex mental health need.
2. In response, the establishment will: • Commence a phased plan to replace metal-framed beds with safer alternatives, prioritising cells used for women assessed as highest risk of self-harm. • Engage with HMPPS estates and procurement teams to identify suitable anti-ligature furniture options (including moulded units or equivalent safer designs). • Implemented interim risk mitigation measures, including enhanced ACCT management, increased staff observations, and individualised risk assessments for CSU occupants.
3. The establishment recognises that full replacement is dependent on capital funding and procurement timelines; however, **this work will be prioritised due to the risk profile of the CSU population.**

e) Body scanners

Para 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. 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.[52]

Recommendation(s)

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

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).

Response

1. **X Ray body scanning is being expanded to scan female prisoners, and all scanners have now been delivered to the five sites within the women's estate including Eastwood Park and Styal.** Enabling work at both Foston Hall and Styal is being scoped whilst all other sites are ready to go once the policy is finalised.
2. **A comprehensive review of the X-Ray Body Scanner (XRBS) Policy Framework is currently in progress to support the planned extension to female prisoners.** This work includes careful consideration of a range of factors, including privacy implications, which need to be fully addressed prior to implementation. The use of XRBS does not replace the need for a full search. The XRBS Policy Framework provides that all other means of detecting the concealed item must be undertaken prior to a scan being conducted, this could be a rub down or a full search.
3. **The current XRBS (Male Estate) Policy Framework is available on Gov.UK and on completion of the review, the updated policy will be published.**