Expectations

Criteria for assessing the treatment of and conditions for women in prison

Version 2, 2021

Updated July 2021 to include new leadership expectations and human rights standards.
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Introduction by Charlie Taylor, HM Chief Inspector of Prisons

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Introduction

This is the second edition of our *Expectations* which are specific to the treatment and conditions experienced by women in custody. The first version was published in 2014. This edition aims to focus more clearly on key outcomes for women in prison, while acknowledging important findings from recent reviews and reports and drawing on current thinking about what constitutes good practice. The underpinning ethos is that they should no longer be held in custody which was designed for men and merely adapted slightly to accommodate women. Our starting point in setting out specific outcomes for women in custody is that their needs and vulnerabilities are different from those of men in many ways. In achieving this we expect to see a fundamentally different approach to imprisoning women which is safe, decent and purposeful.

A small proportion of women in custody represent a high risk of harm to others. Women in prison will have distinct risks and needs, and they may offend for different reasons than men. Some women may have individual personal vulnerabilities that need to be safeguarded against in prison. Many will have experienced chaotic lifestyles involving substance misuse, mental health problems and homelessness. These are often the product of a life of abuse, victimisation and trauma (see Appendix I, note i). The specific vulnerabilities of women may contribute not only to their offending behaviour, but also to how they engage and respond to subsequent interventions (see Appendix I, note ii).

These factors influenced our approach to this review of *Expectations*. Our aim has been to set out more demanding and bespoke standards for women’s prisons. We hope that they support establishments in continuing to improve outcomes for women in their care.

We completed a review of a range of literature to inform our work. We found that much of the evidence about what is effective in reducing women’s reoffending is based on small-scale studies that, for a variety of reasons, are often not comparable. Nevertheless, our review identified some key themes which have been incorporated into these revised *Expectations*.

After much deliberation we have chosen to retain our four basic tests of a healthy prison. However, significant changes have been made to the content of each test to reflect the differing risks and needs of women and promote a new and sharper focus. For example, we have emphasised the role of safe and healthy relationships in underpinning women’s safety, while recognising the role that formal mechanisms such as reward schemes and adjudications have in encouraging positive behaviour. We have also reflected the cross-cutting influence of some issues. Therefore, relationships with children, families and others significant to women are prominent in the ‘Respect’ section, but also feature in other sections such as ‘Early days in custody’. It is important to note that the need to recognise and support women in dealing with the effects of trauma is included in all four of our tests. The impact of trauma on all aspects of many vulnerable women’s lives is now being recognised, and we wanted to reflect this in our approach.
These *Expectations* were drawn up after extensive consultation, including focus groups with women in custody, and are based on and referenced against international and regional human rights standards. This edition aims to bring *Expectations* up to date so that we can continue to fulfil our responsibility to deliver independent and objective assessments of outcomes for women in prison. This focus is in accordance with the UK’s responsibilities as signatory to the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

Each healthy prison test sets out the standards of treatment and conditions we expect an establishment to achieve. Each expectation is underpinned by a series of ‘indicators’, which describe the evidence that will help inspectors reach a judgement about whether the outcome is likely to have been achieved. The lists of indicators are not exhaustive, and they do not exclude an establishment demonstrating that expectations have been met in other ways. We hope they will not be seen as constraining or prescriptive checklists, but as informative and supportive guides to help achieve the desired outcomes.

Charlie Taylor
Chief Inspector of Prisons

April 2021
Healthy prison tests

Expectations are organised under HM Inspectorate of Prisons' four tests of a healthy prison. For women these are:

**Safety**
Women, particularly the most vulnerable, are held safely.

**Respect**
Women’s relationships with children, family and their support networks are central to their care in custody. A positive community ethos is evident, and all needs are met.

**Purposeful activity**
Women are able and expected to engage in activity that is likely to benefit them, including a positive range of recreational and social activities.

**Rehabilitation and release planning**
Planning to address the rehabilitation needs of women starts on their arrival at the prison and they are actively engaged in the delivery and review of their own progression plan. The public are kept safe and release plans are thorough and well delivered.

We have also included expectations for judging the effectiveness of leadership in the establishment.

Each expectation area provides an expected outcome, expectations and indicators.

**Expectations**
Describe the standards of treatment and conditions we expect an establishment to achieve.

**Indicators**
Suggest evidence that may indicate whether the expectation/outcomes have been achieved. Lists of indicators are not exhaustive and they do not exclude an establishment demonstrating an expectation has been met in other ways.
Section 1: Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for women in prison. (See Appendix I, note iii.)

Expectations

1. **Direction**: Leaders work collaboratively with staff, stakeholders and women to set and communicate strategic priorities that will improve outcomes for women in prison.

   The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

   - *Leaders and staff understand the prison’s strengths and weaknesses and where outcomes need to improve.*
   - *Leaders have a good understanding of the experiences of women and staff in the prison.*
   - *Leaders communicate a shared and ambitious vision for the prison.*
   - *Realistic, aspirational plans are in place to improve outcomes for women.*
   - *Staff understand and share the aims and priorities of the prison.*
   - *Leaders develop successful working relationships with key partners and stakeholders to deliver the prison’s aims.*

2. **Engagement**: Leaders create a culture in which staff and other stakeholders willingly engage in activities to improve outcomes for women in prison.

   The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

   - *Leaders at every level are visible and approachable.*
   - *Leaders take time to listen to staff and women and follow up issues raised.*
   - *Effective communication is used to promote understanding of current priorities, information sharing, collaboration and multidisciplinary working.*
   - *Leaders set, model and enforce standards of staff behaviour and care for women that support rehabilitation.*
   - *Leaders actively promote the well-being of staff.*
   - *Staff feel motivated and supported in their work.*
   - *Leaders show and encourage innovation and creativity to solve problems and meet the needs of women.*
   - *Effective practice is recognised and shared.*
   - *The organisational culture encourages staff to reflect on and learn from their mistakes.*
3. **Enabling: Leaders provide the necessary resources to enable good outcomes for women in prison.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- **Staffing levels are sufficient to deliver the aims of the prison.**
- **Staff have the knowledge, skills and attitudes necessary to meet the needs of women.**
- **Leaders make good use of the staff and buildings at their disposal.**
- **Leaders identify resource constraints and seek to resolve them.**
- **The senior management team has the experience and skills necessary to improve outcomes for women.**
- **Line managers support their staff, challenge where necessary and provide suitable professional development opportunities.**
- **ICT systems support effective working practices.**

4. **Continuous improvement: Leaders focus on delivering priorities that support good outcomes for women in prison. They closely monitor progress against these priorities.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- **Data is used effectively to understand the impact and fairness of policies, and to track progress against improvement plans.**
- **Feedback from women, staff and other stakeholders is used to generate ideas, create plans and measure progress.**
- **Decisions are made and plans are amended in response to new information.**
- **Leaders welcome and encourage external scrutiny.**
- **Inspection recommendations, audit findings, serious incident reports and best practice ideas are used to generate improvement.**
- **Leaders use quality assurance processes to drive continuous improvement.**
- **Collaboration with policy teams and colleagues in other prisons or partner organisations supports improvement.**

In relation to expectations 1–4, human rights standards emphasise that prisons should be managed within a context which recognises the obligation to treat all women in prison with humanity and which facilitates the reintegration of women into the wider community. They recognise the important role of staff in rehabilitation, the need for a clear sense of purpose in the prison system and the importance of leadership in how that purpose is best achieved. Prisons must be adequately staffed to ensure a safe environment and staff should receive ongoing training, including to undertake specialist roles and work with particular groups of women. Arrangements should be in place to ensure good communication and coordination both within and outside of the prison and the involvement of
voluntary organisations should be encouraged. See EPR 6, 8, 72–87, 89–91, 93; SMR 1, 3, 74–80, 83; BR 1, 29, 33, 35.
Section 2: Safety

Women, particularly the most vulnerable, are held safely.

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Early days in custody

Women are safe at all times throughout their transfer and early days in prison. They are treated with respect and well cared for. Individual risks and needs are identified and addressed, including care of any dependants. Women are given additional support on their first night and induction is comprehensive.

Expectations

5. Women are transferred safely and in accordance with their individual needs.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Subject to well-evidenced security reasons women are given advance notice of their transfer and are able to inform someone of their move to the prison.
- Women can make direct contact with their dependants or those who care for their dependants to make suitable arrangements for them prior to their transfer to the prison (see Appendix I, note iv).
- Women are given information about the prison they are going to and understand where it is in relation to their home area.
- Escort staff are aware of women’s individual needs. All necessary information identifying any issues relating to risk, including self-harm, is recorded in the person escort record which accompanies women on their journey to the prison.
- Women who are pregnant or have recently given birth, including those who will be separated from their child or have already been separated, are given information at court which is specific to their needs. This includes detailed information about the process for applying to a mother and baby unit and support in applying.
- Women are transported in suitable escort vehicles to meet individual needs, including for:
  - pregnant women and women with babies
  - women with disabilities
  - those who have experienced previous trauma which makes use of cellular vehicles inappropriate.
- Women are transported in separate vehicles to men and with a female escort.
- Escort vehicles are safe, clean and meet the needs of individual women, including the provision of sanitary and other hygiene products.
- Women are offered comfort breaks. The frequency of stops considers individual circumstances and needs, for example health, disabilities, and breastfeeding.
Women understand how to make a complaint about their treatment during escort and are supported in doing so.

6. Women feel and are safe on their arrival at the prison and throughout their early days.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Women are offered the opportunity to speak to a female officer while in reception and on their first night. Wherever possible this is in a language they understand, using translation if necessary.
- Women are not locked in holding rooms in reception unless it is necessary.
- Women have free access to peer workers on arrival.
- Women receive food and drink while waiting in reception.
- The reception and first night units provide an environment that is safe. They are designed and operate to minimise the risk of contributing to or causing trauma.
- All searches are undertaken by staff of the same sex as the prisoner.
- Searches are undertaken with respect and in private.
- Women are not routinely strip-searched. The use of strip searching is based on credible intelligence and is properly authorised. Operational policy and practice are reviewed at regular intervals.
- Strip searches never take place within sight of staff of a different sex to the prisoner.
- Women have a comprehensive safety interview in reception with a clear focus on risks, including self-harm and suicide. All necessary steps are taken to minimise risks.
- Women receive a health screening by health care staff as part of the reception process.
- Women receive all the basic equipment and supplies they need for their first days in the prison, in good condition.
- Women who want to apply to a mother and baby unit are provided with information which is easy to understand and which explains the application, admission and separation process. They are supported in their application.

7. Women are helped and supported to address their individual concerns, needs and risks in reception and during their early days in the prison.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Women can make immediate contact with their children, families and other people who are significant to them to put in place appropriate care arrangements. More than one telephone call is allowed if needed.
• Women who are or may be pregnant, or have been pregnant recently, are provided with information and support.
• Women who have been recently separated from a child or have dependant children in the community are provided with information to allow them to access support services and resources.
• All potential child safeguarding concerns are relayed to the prison safeguarding lead. Contact is made with children’s services as necessary, action is followed up and information is promptly shared with women.
• Women understand what is going to happen to them during reception processes and can access a range of support, for example Listeners and dedicated peer workers.
• Women receive essential reception and first night procedures regardless of their arrival time at the prison.
• Women know about the help and support available to manage previous life experiences, for example domestic abuse, forced marriage, female genital mutilation (FGM) and traumatic events in childhood.
• Women who may have been trafficked are identified by staff and a referral is made using the National Referral Mechanism (NRM). Referrals to the NRM are made with informed consent whenever possible.
• Women who have been detained for their own protection are identified during reception processes and a plan is put in place to provide them with support and care. This involves a multidisciplinary team, including health representatives, with the aim of rapidly assessing the individual to make sure an appropriate placement in a suitable facility is found.

8. **Women are well supported throughout their first night and complete a comprehensive programme of induction.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Women receive their property before moving to the first night unit.
• Women are supported in moving from the reception area to the first night unit and then on to the main wing.
• Women have unlimited access to in-cell telephones on the first night unit.
• Women can have a shower before being locked up for their first night.
• Women receive regular welfare checks during their first night.
• Women complete a comprehensive induction programme that includes sessions with peer workers and starts promptly.
• Staff involved in the induction programme are trained in understanding the impact of trauma and show a good understanding of effective practice when working with women in prison.
• Women know where the prison is and how their visitors can get to it. They are helped to arrange their first visits.
• Women have access to a range of community agencies to prepare for release. Technology, such as video calling, is used to promote ongoing contact.
In relation to expectations 5 to 8, there are a range of human rights standards concerning arrival and early days in custody. These include requiring women to be provided with information about their place of detention in a language and format they understand, identifying their health care and other needs, ensuring their safety and allowing them to inform someone of their whereabouts. Women should be supported to make suitable care arrangements for their dependants. In addition, women must be transported safely in suitable vehicles. See ICCPR 17; ECHR 3, 5, 8; BR 2–4, 6–8; SMR 7–9, 30, 34, 54, 55, 68, 73; EPR 14–16A, 24.8–24.9, 30, 32; BOP 16. See also Council of Europe, Recommendation CM/Rec(2018)5 of the Committee of Ministers to member States concerning children with imprisoned parents. See also standards in relation to security.

Promoting positive relationships and support within the prison

Safe and healthy working relationships within the prison community foster positive behaviour and women are free from violence, bullying and victimisation. Women are safeguarded, are treated with care and respect and are encouraged to develop skills and strengths which aim to enhance their self-belief and well-being.

Expectations

Safe and healthy relationships

9. **All staff actively engage with women, know them as individuals and develop positive working relationships with them.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- **Staff understand the impact of life experiences, such as trauma and abuse, on behaviour and this is reflected in how they work with women, for example, respecting personal space and avoiding loud noises.**
- **Staff know the women in their care well, understand how to promote their well-being and are alert to triggers for personal crisis.**
- **Staff are fair and courteous to women, for example using their preferred name.**
- **Leaders and staff lead by example and regularly engage with women on wings, setting clear boundaries and motivating women to progress in their sentence plan.**
- **When staff need to relay sensitive or unwelcome news to women, this is done in private and with compassion and is managed in partnership with relevant support agencies.**
- **Staff treat women’s cells and possessions with respect.**
- **The majority of staff and leaders who work directly with women in the prison are female. There is always a female member of staff in living areas.**
10. **Women have a dedicated member of staff who supports their personal well-being and helps them develop skills for the future.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- **All women have a dedicated member of staff who knows them well and holds structured and well-documented support meetings with them on a regular basis.**
- **The dedicated member of staff knows what is in the woman’s sentence plan and uses this to promote rehabilitation and release planning and reward success.**
- **Staff support women to access the support of their choice.**
- **Staff supporting women have an in-depth understanding of their trauma history as well as any caring responsibilities and other significant relationships. They understand the impact these can have on women’s well-being and current behaviour.**
- **Staff understand women’s wider support networks and help them to foster and develop their supportive relationships.**
- **Staff providing support are consulted on matters relating to the women in their care and involve other agencies where appropriate.**
- **Staff are aware of services available in the prison and in the community and help women to access them.**

11. **Women are supported to develop positive relationships with one another.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- **Women are supported to maintain positive relationships and set appropriate boundaries.**
- **Women can access support services to improve relationship skills.**
- **Staff are aware of relationships which may break down or which are having a negative impact on women, and support women to manage them.**
- **When relationships break down, care is provided to make sure both parties are safe and supported.**
- **Staff respond to intimate relationships between women constructively, setting out clear rules and boundaries.**
Reducing self-harm and preventing suicide

12. The well-being of women is promoted through an effective strategy to reduce self-harm and prevent suicide.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Regular analysis of all incidents of self-harm is used to understand trends over time and any specific, local causes.
- The analysis underpins a clear self-harm reduction and suicide prevention strategy and robust action plan. This requires action from the whole prison.
- Women help to improve the strategy and action plan by participating in a regular and well-attended multidisciplinary committee.
- Staff are trained to identify women at risk of self-harm and support them.
- The strategy helps women develop positive coping strategies to reduce self-harm.
- Uniformed staff carry anti-ligature knives at all times.
- Staff are clear about their responsibility to preserve life, when to enter a locked cell and what to do in an emergency.
- Appropriate first aid equipment is readily available and sufficient staff working on the residential units are trained to use it.

13. Women receive individualised care from a multidisciplinary team to reduce their likelihood of self-harm and suicide.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Friends, family and others involved in supporting women know how to raise concerns about their risk of self-harm or suicide and women can access these sources of support to assist their recovery.
- Women are actively involved in the development, implementation and review of individualised care and support plans which identify and deliver the actions needed to reduce their risk of suicide or self-harm and promote effective coping skills.
- Information about women at risk of suicide or self-harm is shared effectively with all staff and relevant multidisciplinary support services involved in their care.
- The quality and consistency of care provided is assured by leaders and action is taken to rectify weaknesses.
- Arrangements are in place to check on women after a care and support plan has been closed.
- Constant supervision is only used when less restrictive measures would not be effective. Any use of constant supervision is engaging, meaningful and gives access to a purposeful regime.
• All women retain their personal possessions unless there are documented exceptional circumstances evidenced by a multidisciplinary review.
• Women can receive listening support from enough suitably trained and supported peer workers.
• Women can contact the Samaritans at any time, free of charge.
• Women have access to chaplaincy, counsellors, key workers and other specialists as needed.
• Special accommodation/anti-rip clothing is only used as a last resort and attention is given to maintaining women’s health, privacy and dignity.

Learning from self-inflicted deaths and attempts by women to take their own lives

14. Self-inflicted deaths and attempts by women to take their own lives are independently investigated and opportunities for improved care are rigorously pursued.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Investigations of any attempts by women to take their own lives are thorough, appropriately independent and identify opportunities for improvements in care which are rigorously pursued and evidenced.
• Leaders are responsible for implementing learning from deaths and attempts by women to take their own lives.
• Women’s safety is promoted by a rigorous and sustained response to recommendations resulting from all Prisons and Probation Ombudsman (PPO) investigations into deaths in custody and coroner’s inquests.
• Progress against all recommendations is regularly reviewed by leaders to confirm ongoing compliance.
• Any deaths of women while in prison are reported.

Protecting women, including those at risk of abuse or neglect

15. Women at risk of harm, abuse or neglect are identified and protected.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• There are internal arrangements to respond to safeguarding concerns and a senior leader is actively involved in the local safeguarding adults board.
• Women at risk of abuse or neglect in or outside the prison are protected by staff who take appropriate action. Staff recognise the full range of abuse and harm and know what action to take.
• The prison has a clear understanding of when the local safeguarding adults board should be consulted.
• Where harm, abuse or neglect is alleged or suspected, prompt action is taken to protect the individual and to investigate the concerns.
- Women can access a range of support services and staff encourage women to involve their family, friends or others who may support them in their care.
- Women whose physical and mental health is likely to be adversely affected by their imprisonment are safeguarded while in prison (see Appendix I, note v).
- Women can access advocates to help them understand and give informed consent to their care.
- Women who are remanded into custody for their own protection are identified, assessed, supported and moved to a more appropriate placement as soon as possible.
- Appropriate safeguards are put in place for women sent to prison for their own protection and advice is sought from the local safeguarding adults board as required.

In relation to expectations 9 to 15, human rights standards require women to be held safely and emphasise that all women should be treated with humanity and respect for their inherent dignity. Women’s right to life must be protected and promoted and positive steps taken to minimise the risk of them harming themselves, including providing gender-specific support. Positive steps must also be taken to protect women from the risk of harm from others. Staff should provide positive role models and their training and conditions should enable them to maintain high standards of care for women. Training should allow staff to recognise signs of risk and times of distress, and ensure staff understand gender sensitivity and the prohibition of discrimination. See ECHR 2, 3, 8; ICCPR 6, 7, 10; CRPD 12–14; BR 12, 13, 16, 29–35; SMR 1, 2, 5, 33, 34, 74.1, 75–77, 109; EPR 1, 52, 72–77, 81, 83, 87.1; BOP 1. See also CPT, Women in Prison.

**Promoting positive behaviour**

Women live in a safe, well-ordered and supportive community where their positive behaviour is promoted and rewarded. Antisocial behaviour is dealt with fairly.

**Expectations**

**Supporting women’s positive behaviour**

16. Women’s positive behaviour is encouraged and they are involved in promoting a healthy and safe prison community.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Staff model positive behaviour and encourage women to manage their own behaviour and actions.
- There is a local policy and action plan to incentivise positive behaviour.
• There is a coherent approach to promoting positive behaviour in all areas of the establishment that emphasises acknowledgement and reward.
• Women are able to benefit from a reward scheme that motivates them to engage with the prison regime and work towards their sentence plan objectives.
• Women are actively involved in developing and reviewing the reward schemes.
• Where necessary women are supported to understand fully the issues underpinning any negative behaviour and are provided with support to behave differently.
• Contact, including family days, with children, families and other people significant to women is not dependent on women’s current privileges and behaviour.
• Women know they can appeal against reward scheme decisions and are helped to do so.
• Conflict between women is managed well. Staff are alert to conflict and know when to intervene to prevent it escalating. Staff investigate incidents of conflict thoroughly and speak sensitively to the women involved. Mediation is used appropriately.
• Women are encouraged to work together to resolve problems and difficulties without the need to resort to formal sanctions.
• When rules are breached, staff take time to explain how and why to women and work with women to put in place steps to improve behaviour.
• Women are never subject to unofficial punishments.

17. **Women who need additional support to manage harmful behaviour have a detailed care plan that includes consideration about their location within the prison and the support they need.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Staff understand the underlying reasons for harmful behaviour.
• There is an effective strategy and action plan to provide additional support to women who need it.
• Behaviour support plans are regularly reviewed in conjunction with women and targets are updated depending on changes in behaviour.
• Women who need additional support to manage their behaviour are not located in the segregation unit unless in exceptional circumstances. Any move to the segregation unit is made in close liaison with the mental health team and, where relevant, psychology services.
• Specialist behavioural management units have a clear purpose, are subject to rigorous governance and provide clear rationale for ongoing separation.
• Women living in specialist behavioural management units can easily access the support they need alongside access to a full regime.
• Care plans are multidisciplinary and focus on the reintegration of women to the general population at the earliest opportunity.

18. Women feel and are safe from bullying, violence and other antisocial behaviour from others.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• The strategy and action plan to reduce bullying, violence and antisocial behaviour are kept under review by a well-attended multidisciplinary group that meets regularly. This includes meaningful consultation with women.
• Staff challenge antisocial behaviour robustly and promptly.
• All incidents of violence and antisocial behaviour are reported and investigated thoroughly.
• Formal systems used to promote good behaviour and address bullying and violence are effective.
• Perpetrators of violence and antisocial behaviour are helped to change their behaviour and victims are well supported.
• Women who are self-isolating due to the fear of violence or bullying are identified, receive a daily regime that is equivalent to other prisoners and have a comprehensive reintegration plan.
• The number of women self-isolating and the reasons for this are understood and action is taken to support them.

Adjudications

19. Adjudications are used as a last resort. Hearings are fair and proportionate and follow due process.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• To make sure adjudications are used as a last resort, women are not charged with an offence unless staff investigate what triggered their behaviour and consider their capacity to understand the adjudication process and the reasons for it, their mental health and their well-being.
• Adjudications are clearly underpinned by restorative justice principles; for example, women are involved in identifying what they need to do differently.
• The cumulative impact of punishments, together with other measures in place, are considered. This includes making sure women are never subject to a regime that amounts to solitary confinement.
• Punishments do not interfere with women’s contact with their family or people significant to them.
• Adjudication hearings are not conducted in the segregation unit and are held in a calm and non-threatening environment.
• Women have the option to be supported at an adjudication hearing by a person of their choice. This can include another prisoner, a member of staff or a person who is significant to them within the prison.
• Hearings include multidisciplinary input from others who are supporting women to ensure any underlying factors that may influence women’s behaviour are understood and that punishments do not interfere with rehabilitative work.
• Women subject to disciplinary procedures understand the charges and procedures they face and their level of understanding is explored.
• Women are routinely offered legal advice, understand why it may help them and are provided with time and support to apply for it.
• Following adjudication hearings staff provide ongoing support to women to motivate them to make positive changes to their behaviour.
• Leaders routinely quality assure adjudication procedures and outcomes, including through data analysis, to make sure there is ongoing appropriateness and fairness.
• Leaders use adjudication data to identify and understand causes and themes in underlying behaviour. They put in place plans to address these across the prison.

In relation to expectations 16 to 19, human rights standards require any rules that women are expected to follow to be clearly explained to them. Disciplinary procedures should be a last resort; conflict prevention, mediation or other forms of alternative dispute resolution should be used where possible. Any charges against women must be explained to them in a way they understand and women must be able to seek legal advice. Any punishments should be proportionate to the severity of the offence and there must be no collective or unofficial punishments. Punishments should not interfere with women’s ability to contact their families. See BR 23; EPR 30, 55–60.5, 61–63; BOP 30; SMR 36–41, 95. See also standards in relation to expectations 9 to 13.

Segregation

20. Women are only separated as a last resort with the proper authorisation. Separation is carried out safely, in line with women’s individual needs and never as punishment.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Women are only separated for justifiable reasons and as a last resort.
• When women are separated this is for the shortest possible time and subject to proper authorisation and review.
• Women are not separated as a punishment.
• Women on an open ACCT (see Appendix I, note vi) are only separated in exceptional circumstances, with oversight from the mental health team and a senior leader.
• Separation as a punishment should not be used for women who are pregnant, with infants or breastfeeding.
Women are informed of the reasons for their separation in a format and language they understand and are made aware of how to challenge it.

A multidisciplinary staff group monitors women in segregation units, those who are separated on normal location and those in specialist units to ensure they are held there as a last resort and that it has been appropriately authorised. There is analysis of patterns and trends about who is being separated and the reasons for it.

Transfers of women between segregation units in different prisons are exceptional, carefully monitored to prevent prolonged segregation and properly authorised.

Separated women have daily access to a senior leader, chaplain and a health services professional, in private if requested, and a record of these visits is maintained. A member of the Independent Monitoring Board (IMB) team visits them at least once a week.

Medical staff report to the governor/director at any time when the effect of segregation on a woman’s mental health becomes a concern (see ‘Health and social care’ section).

21. Women are kept safe at all times while separated and individual well-being is fully recognised and promoted.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Staff make every effort to understand the behaviour leading to separation and women are supported to address this.
- Staff receive support and training in how to work with separated people, which includes the particular effects of separation on women.
- Separated women have their individual needs met and are involved in the development and delivery of their reintegration plan.
- Health care staff promptly assess all women who have been separated and make sure action is taken when women are assessed as not coping with separation.
- Women who are separated are not strip-searched unless there is sufficient specific intelligence and proper authorisation.
- Women are never subjected to a regime which amounts to solitary confinement (see Appendix I, note vii).
- Women held in separation have meaningful conversations with a range of staff every day, including the opportunity to speak in confidence with a senior leader, a health care professional and a chaplain.
- The number of staff necessary to unlock individual women who are separated is decided on the basis of a daily risk assessment, which is properly authorised and recorded.
- Staff are vigilant in detecting and acting on signs of decline in the emotional and mental well-being of women who are separated. Women who are separated retain their personal possessions unless there are documented exceptional circumstances evidenced by a multidisciplinary review.
Women in the segregation unit or who are separated live in decent conditions and have a regime that is equivalent to the rest of the prison.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Segregation units are decent, clean and meet the needs of women.
- Women are not denied contact with their children, families and others significant to them.
- Women are not routinely locked in a cell and are able to associate with others and undertake purposeful activities.
- Subject to risk assessment, women can access the same facilities and privileges as elsewhere in the prison, including regime activities and the support of peer workers.
- Women who are segregated have at least one hour of exercise outdoors every day. This is in association with other women unless there is a defensible and authorised risk assessment evidencing the reason not to allow this.

Use of force

Force is only used as a last resort and never as a punishment. If force is used on women it is justified, necessary, proportionate and subject to rigorous governance.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- There is a use of force minimisation strategy in place that involves all departments and includes the dissemination of good practice in avoiding the use of force.
- Women contribute to local policy on use of force, including advising on what is helpful when they are in distress.
- All staff are trained in and use de-escalation techniques.
- Body-worn video cameras are always used to film spontaneous and planned use of force incidents and as a de-escalation tool.
- A use of force plan is in place to safeguard pregnant and postpartum women and those with a relevant medical condition who may be adversely affected by restraint.
- All staff are aware of the information in the plan and use it during restraint.
- Planned use of force is properly authorised and force is only ever used once all other avenues of persuasion have been exhausted. Staff interact with women clearly.
- Health staff recognise risks associated with restraint, attend all planned use of force situations and brief staff appropriately. They comprehensively assess women’s well-being during and after the incident and initiate all required treatment and interventions promptly.
• Where needed women have care plans which highlight risk factors and set out alternative management protocols to reduce the likelihood of restraint techniques becoming necessary.
• All women subjected to force are given the opportunity to talk about their experience with someone not involved in the incident as soon as possible after it has happened.
• The use of personal protection equipment by staff is proportionate to the risks posed by the use of force and is reviewed regularly by leaders.
• Batons and PAVA spray are never used or carried.
• Use of force data is monitored. Emerging patterns and evidence of disproportionality for protected and minority characteristics are acted on effectively.
• Use of force documentation is completed promptly.
• Use of force documentation and associated CCTV or video footage is retained appropriately and is scrutinised by leaders to identify good practice, disproportionate behaviour, opportunities for improvement and possible ill-treatment.
• Women know that they can ask to see CCTV footage following a use of force incident and requests are processed appropriately and efficiently.
• Staff are always identifiable during a use of force incident.

24. **Women are only ever located in special or unfurnished accommodation, or placed in mechanical restraints or strip clothing, as a last resort and when measures are put in place to protect their dignity.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• The use of special or unfurnished accommodation is regularly monitored by leaders and others to make sure it is appropriate and defensible.
• The use of special or unfurnished accommodation, mechanical restraints or anti-rip clothing is properly authorised by a senior leader. It is only used when strictly necessary and proportionate and for the shortest possible time.
• Women are treated with dignity at all times.
• The use of any cell from which normal furniture, bedding or sanitation has been removed or in which a woman is held in anti-rip clothing is authorised and recorded as a use of special or unfurnished accommodation.
• Women are not strip-searched or deprived of their normal clothing in special or unfurnished accommodation unless properly authorised and on the basis of specific intelligence.
• Women with severe mental illness and women at risk of suicide or self-harm are not held in special or unfurnished accommodation except in clearly documented exceptional circumstances, on the authority of a governor, and in direct consultation with the mental health team.
• Women who are pregnant and mothers with babies are never located in special or unfurnished accommodation.
• Staff regularly and actively engage with women and encourage them to return to a normal cell at the earliest opportunity.

In relation to expectations 20 to 24, human rights standards only allow for the use of force and restraint when absolutely necessary and as a measure of last resort. The force or restraint used must be the minimum necessary and for the shortest possible time. There must be clear procedures governing the use of force and restraint and staff must be trained to use techniques that minimise the use of force. Women giving birth must never be restrained. Separation of women must only be used when absolutely necessary, for the shortest possible time, and when proportionate. Because of the harm that can be caused by separation, specific and additional safeguards need to be in place, including regular reviews of the reasons for separation and daily visits from health care staff. Separated women must have at least one hour of exercise and two hours of meaningful human contact each day. See CAT 2, 16; ECHR 3, 8; ICCPR 7, 10; CRPD 15; BR 22–24; EPR 53–53A, 64–66, 68-69; SMR 43–44, 46–49, 82.

Security

Security measures are proportionate to risk and are underpinned by positive relationships between staff and women. Effective measures are in place to reduce drug supply and demand.

Expectations

25. Women live in a safe prison community where the security measures applied are proportionate and the minimum necessary to achieve their secure custody.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• The supervision of women by staff and the quality of staff-prisoner relationships promote a safe and secure environment.
• Security is proportionate and the prison strives to provide living conditions that are as near as possible to normal life in the community.
• Women’s freedom of movement is limited only by the requirements of safety and good order.
• Security restrictions for individual women are only applied when necessary and are based on a clear and up-to-date justification of the risks presented.
• There are no weaknesses in the physical and procedural security of the establishment.
• The risk of escape or abscond is well managed, including while women are being escorted.
• The use of strip searching is regularly monitored to make sure it is always necessary and proportionate. Women are never squat-searched.
• Restraints are only ever used as a last resort during escorts, following a robust assessment of the risk posed.
• Restraints are never used while women are giving birth or undergoing intimate examination.
• The approach to security respects gender, ethnic, racial and religious diversity and actively promotes tolerance and acceptance of diversity.

26. The prison community and women’s well-being are safeguarded by effective security procedures, including drug supply reduction measures.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• A strategic, whole prison, multidisciplinary approach to reducing drug and alcohol supply reflects emerging trends and links effectively with the substance misuse demand reduction strategy.
• Effective technology is in place to detect contraband.
• Drug testing takes place as required to reduce drug use. It is conducted in a suitable environment and in line with protocols which ensure validity of procedures.
• All drug tests are undertaken by staff of the same sex as the prisoner.
• Women who test positive, refuse to be tested or are involved in suspected drug-related incidents are referred to substance misuse services.
• The criteria to ban or otherwise restrict visitors relate only to abuse of visits and individual restrictions are reviewed regularly. Decisions show that proper consideration is given to any potential impact on mental health or other risk factors, in particular those linked to risk of self-harm or suicide.
• Searching of cells is intelligence-led. Women are made aware that their cells or personal property are being searched and can request that searches are carried out by a staff member of the same sex. Cells and property are left in the same condition they were found in.

27. Effective processes are in place to protect women from misconduct or illegal conduct by staff.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Women know how to, and are supported to make, confidential complaints about staff. Women are confident that the complaints system works effectively and understand the limits of confidentiality.
• Women and staff know the identity of the local corruption prevention manager.
• Women who report abuse are provided with immediate protection, support and counselling.
• Reports of misconduct and ill-treatment are investigated by a competent and appropriately independent authority, who should be at least governor grade from another prison.
• Where inappropriate or abusive practice is found, staff are held to account.
• Staff understand the importance of whistleblowing, know how to do it and feel confident to do so.
• The use of whistleblowing processes is monitored and reviewed.

In relation to expectations 25 to 27, human rights standards emphasise that women should be held with no more security restrictions than necessary to ensure safe custody and good order. Physical security should be complemented by staff knowing the women they work with. There must be clearly defined procedures and justifications for conducting searches, and they must be conducted in a manner which respects human dignity and privacy, as well as the principles of proportionality, legality and necessity. Searches should be carried out by staff of the same sex. In addition, women must be able to complain about their treatment by staff, in confidence if they wish, without fear of negative consequences. See ECHR 3, 8; ICCPR 7, 10.1; CAT 2, 10, 12–13, 16; BR 19, 20, 25; SMR 36, 47–50, 54–57, 77; EPR 3, 18.10, 49, 51, 68, 70; BOP 1, 6, 33. See also CPT, Women in Prison. See also standards in relation to expectations 20 to 24.
Section 3: Respect

Women’s relationships with children, family and support networks are central to their care in custody. A positive community ethos is evident, and all needs are met.

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Relationships with children, families and other people significant to women

Women are able to develop and maintain relationships with people significant to them, including children and other family members. The prison has a well-developed strategy to promote relationships and make sure women can fulfil any caring responsibilities.

Expectations

28. Women maintain and develop positive relationships with children, family members and other people significant to them.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Women have the support of an on-site social worker or family engagement worker who is dedicated to promoting positive relationships and contact with children, family and other people who are significant to them.
- Staff regularly and comprehensively assess the needs of the prison population when promoting positive and healthy relationships with children, family members and other people significant to women.
- The identified needs are met through a comprehensive strategy and action plan that sets out a wide and creative range of provision and support. Provision is regularly reviewed to evidence effectiveness, including consultation with visitors.
- Systems are in place for women’s family members and others who are significant to them to share their concerns about women in prison.
- There are clear opportunities for families and other people significant to women to be involved in providing support, particularly to those at risk of self-harm.
- Women can access an imaginative range of methods for developing and maintaining positive relationships with family members and friends, including counselling and relationship skills courses.
- Women are held as close to home as possible and practical steps are taken to make sure those living further away from children, families and others who are significant to them can still have regular and meaningful contact.
- Women who are not in contact with family, friends and others significant to them are identified and receive individual support and help.
- Women can exchange unused visiting orders for phone or video calling credit.
29. **Women are supported in fulfilling their caring roles and responsibilities.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- **Women can access a range of release on temporary licence (ROTL) opportunities subject to risk assessment, aimed at promoting family contact and accessing relevant support networks in the community.**
- **Women receive advice on how to emotionally and financially support their dependants, including children, during their period of imprisonment.**
- **Women are able to regularly monitor and confirm the care arrangements for their dependants, including children.**
- **Women are involved in meetings about their dependants, such as care planning for elderly relatives or school reviews.**
- **Women have detailed and individualised support plans to help them maintain or regain contact with children, family and others who are significant to them.**
- **Women undergoing separation and/or child protection procedures, and those seeking to re-establish contact with family members, are provided with effective support.**
- **Women have access to legal advice relating to the care of their children and other dependants.**
- **Women can access final contact visits with children which are thoroughly planned and held in a clean and comfortable environment with appropriate support.**
- **Women can contact community-based agencies to receive support for themselves and their families during their time in custody and in preparation for release.**
- **Women who have caring responsibilities in the community are helped to express concerns they may have about their dependants to the most appropriate professional in the community.**
- **Women are supported to obtain documents for their dependants and register them for services as needed (for example, birth certificates and NHS registration).**

30. **Mothers and their babies have access to a specialist unit that is clean, comfortable, suited to the care of babies and children and provides appropriate care and support.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- **There is a clear, effective and fair admissions policy to the unit.**
- **Admission, review, separation, childcare and child protection arrangements are implemented in line with policy.**
- **Mother and baby units are always supervised by appropriately trained staff.**
- The needs of mothers and babies are assessed, and enhanced care is provided where necessary.
- Prison officers working on the units do not wear formal prison uniforms.
- All staff working with babies and children have undergone specific recognised training, including child protection issues, post-partum complications and infant resuscitation, and have been subject to appropriate Disclosure and Barring Service (DBS) checks.
- Mothers are supported in returning to work in line with statutory maternity leave standards.
- Nursery staff are appropriately qualified and provide a good and creative service.
- Babies and children have opportunities to experience community activities and are prepared to leave the prison in accordance with their development needs and best interests.
- The unit is clean, comfortable and safe, and is stimulating for both mother and child.
- Mothers are able to leave their rooms at night and can access facilities in the unit.
- Mothers are able to cook for their babies and children and receive support to do so.
- Mothers living on the mother and baby unit can receive extended visits from family members and their other children in a homely environment.
- Women living on the unit have access to the full regime of the main prison and arrangements for childcare respond to this.
- Women can move to the unit before giving birth, subject to risk assessment, and access specialist care and support.

31. The prison supports children to visit their family member in prison, subject to an assessment about potential risks.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Women are allowed to see all their children together in a visit, regardless of the number or age, provided this is in the best interests of the children.
- Women can access family engagement workers during the visits session to gain help and advice as needed.
- Women are helped to prepare their children for visits and to understand the prison environment.
- Staff are trained in child safeguarding arrangements and visits staff are aware of children with particular safeguarding needs.
- Children can have physical contact with their mother in prison and can enjoy age-appropriate activities during visits, including access to a supervised play area.
- Women can attend a range of visits, including family days with their children. Access is not determined by reward scheme status.
- The reasons why women do not receive visits from their children are monitored to understand the barriers and action is taken to address them.
32. Women have regular and easy access to visits.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Women who are new to the prison can arrange and receive a visit to help them settle in their first week of custody.
- The visits booking system is easily accessible and can deal with the number and diverse requirements of visitors.
- Visitors are given information about how to get to the prison, the visiting hours, what to expect and how to complain.
- Where the availability of public transport is poor, the prison provides free transport to the prison from local stations.
- There are enough visit spaces available each day and unconvicted women can receive as many visits as they wish, including at weekends.
- Sentenced women are able to receive at least one visit a week for a minimum of one hour, including at weekends.
- Based on a risk assessment, women can spend time with their visitors in a more private setting when sensitive or personal issues need to be addressed.
- Women can access a range of extended visits and family days, and access to them is not determined by their reward scheme status.
- Women can visit family members, including partners, in other prisons, and these visits are only restricted when necessary and proportionate. Video link or telephone calls are used if face-to-face visits are not available.
- Women without outside contact and support are able to access approved schemes in which trained volunteers provide support through visits or other forms of communication (such as letters).
- Women with children and other dependants can have additional visits to oversee the arrangements for their care.
- Women can have additional visits during family and personal emergencies (for example, following a bereavement).
- Visitors can book their next visit before leaving the prison.
- Closed and no contact visits are authorised only when there is a significant risk justified by security intelligence. Decisions are reviewed after each visit and closed visits are stopped at the earliest opportunity.
- Accumulated, extended or consecutive visits are provided to meet the needs of visitors who travel long distances.

33. Women and their visitors attend visits in a clean, safe and welcoming environment which meets their needs.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- There is a welcoming visitors’ centre which meets the diverse needs of visitors and provides support and advice, including how to raise concerns about women in the prison.
• Searching is respectful and proportionate and takes account of the needs of women and visitors with protected and minority characteristics. Visitors are never strip-searched.
• Visits areas are comfortable, friendly and welcoming.
• Visitors can buy a range of refreshments and food during visits.
• Women and visitors always have access to toilet facilities during visits.
• Visitors arriving late are allowed to continue with their visit.
• Security arrangements and restrictions on physical contact with visitors are not excessive.
• Women do not have to wear prison clothing or identification bibs during visits.

34. Women have frequent and easy access to all forms of communication, subject to a risk assessment for public protection concerns.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Women have a phone in their cell and there are no restrictions on the times of day or night it can be used.
• Women have easy and regular access to video calling systems which are free of charge. These are used in addition to and never as a substitute for actual visits and phone calls.
• Women have access to an email system to keep in contact with the outside world and are able to receive emails without delay.
• Women are allowed the time and facilities, including free phone calls, to make and oversee arrangements for the care of their dependants.
• Telephone numbers are added to women’s PIN accounts within 24 hours of arrival at the prison, subject to a risk assessment and public protection concerns.
• Women are provided with additional free letters and phone calls as needed and can receive regular incoming calls from their dependants or those looking after them.
• Outgoing mail is posted within 24 hours (48 hours when received on Saturday) and incoming mail is received within 24 hours of arrival at the prison, including registered and recorded mail.
• Foreign national women receive additional help and resources to keep in touch with family abroad, including video calling.

In relation to expectations 28 to 34, human rights standards place strong emphasis on women’s ability to maintain and improve relationships with family and friends through visits and other means. There is a positive obligation on prison authorities to assist women in maintaining contact with the outside world. Visits should take place in as normal an environment as possible and allow for open contact. Decisions to allow children to stay with their mothers in prison should be based on the best interests of the child. Where children remain with their mother, they must be provided with specialist health care and the environment should be as close as possible to that of a child in the community. See ECHR 8; CRC 3, 5, 7, 16, 18, 27; ICCPR 17; BR 26, 28, 43, 44, 48–52, 69; EPR 24, 37.2, 60.4, 99; SMR 29, 43.3, 58, 88.2, 106,
Living in the prison community

Women live in a prison which promotes a community ethos. They can access all the necessary support to address day-to-day needs and understand their legal rights. Consultation with women is paramount to the prison community and a good range of peer support is used effectively.

Expectations

Consultation and support within the prison community

35. Women live together in a prison community that is mutually supportive and recognises and responds to their individual needs.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Women understand the rules and routines of the prison community and these are applied fairly and consistently, without discrimination.
- Women are able to take an active role in influencing decisions about services, routines and facilities in the prison community and in managing their own day-to-day life.
- Women are regularly consulted about living in the prison community and are given the opportunity to present areas of grievance or dissatisfaction directly to leaders.
- Women are informed of the outcome of consultation, can challenge decisions made and are confident that their views are taken seriously.
- The selection of women to take part in more formal consultation events or to represent the wider population is fair and transparent.
- Ongoing feedback mechanisms such as comments books are readily available, regularly checked and responded to appropriately.

36. Women can gain additional support through peer mentoring schemes and self-help groups.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- There is an organised and structured peer support scheme, which encourages ‘active citizenship’ within the prison community.
- Women are given the opportunity to become peer workers, develop their mentoring skills and support the well-being of others in the prison.
- Peer workers are in place across all key functions in the prison, such as early days or self-harm prevention.
• **Peer worker roles are clearly defined, and peer workers receive appropriate training and supervision in the role.**
• **Women know how to access help and support from staff, family and peer workers.**
• **Women can access a range of self-help groups and activities that promote well-being and seek to reduce the impact of previous trauma.**
• **Women are involved in developing and delivering self-help groups and activities.**
• **The peer worker group is involved in consultation activities.**

Applications

37. **Women and staff are encouraged to resolve requests informally. Where this is not possible women are able to complete an application easily and the process is effective.**

   The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

   • **Staff encourage women to resolve requests informally, before making a formal, written application.**
   • **Women know how to make applications and can do so confidentially.**
   • **Women can make applications without delay.**
   • **Staff and peer workers help women to make applications, as required.**
   • **Women do not have to make repeated applications for services they access or receive on a regular basis.**
   • **Women receive responses to their applications within agreed timescales. Responses are respectful, easy to understand and address the issues raised.**
   • **There are effective and thorough monitoring and quality assurance arrangements in place to make sure the applications process is effective and reliable.**
   • **Women have confidence in the applications system and actions are taken to address any concerns.**

Complaints

38. **Women have confidence in the complaints process, which is effective, timely and well understood.**

   The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

   • **Women know how to make a complaint and have access to information about the procedure in a range of formats and languages.**
   • **Women have easy access to complaint forms, can submit them confidentially and are given confirmation that their complaint has been received.**
   • **Mediation services are available and used effectively.**
• Responses to complaints are received within agreed timeframes, easy to understand, comprehensive, respectful and address the issues raised.
• Women can ask for help from prison staff, family, friends or legal advisers to make their complaint.
• There is an effective quality assurance process for complaints responses, with external oversight.
• Women are consulted regularly about the internal complaints system to monitor and maintain confidence in it.
• Complaints about health care provision and treatment are managed separately from the main complaints system.
• Prison staff respond quickly and comprehensively to Prisons and Probation Ombudsman (PPO) complaint investigations and implement PPO recommendations promptly.
• Complaints about staff are investigated by an appropriately senior and independent person.

39. **Women feel safe from repercussions when using the complaints process and can appeal against decisions easily.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• **Women feel able to make complaints and are supported in doing so.**
• **Women and visitors who make complaints against staff and/or other women are protected from possible recriminations.**
• **Women who report allegations of abuse are given immediate protection, including access to health care support, counselling and legal advice.**
• **Women know how to appeal against decisions made about their complaint and can access the necessary processes to do this.**
• **Women have access to recognised external organisations offering support in pursuing a complaint. Women can contact the Independent Monitoring Board (IMB) and the Prisons and Probation Ombudsman in confidence.**
• **Women are helped to pursue complaints and grievances beyond the prison or with external bodies, if they need to do so. They receive help in contacting legal advisers or making direct applications to the courts.**

**Legal rights**

40. **Women’s legal needs are met, and they are enabled to exercise their legal rights.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• **Staff actively enable women to pursue their legal rights.**
• **Staff support women going to court who may be experiencing high levels of stress or are at risk of re-traumatisation.**
• Women are provided with information, in a variety of languages and formats, about the legal advice and representation available to them and are supported to find a legal representative if necessary.
• Women know what resources are available in the prison to help meet their legal needs.
• Women can telephone the community legal advice helpline, free of charge.
• Women can confidentially communicate with their legal and political representatives by telephone, fax and letter. Women who do not have the means to contact their legal representatives are provided with help to do so.
• Private and confidential legal visits are supported and accommodated without delay, in suitable facilities.
• Legally privileged correspondence is not opened by staff in the absence of the woman it concerns, unless there are documented exceptional circumstances.
• Facilities are available for legal representatives to review CCTV evidence with women.
• Video link is available for eligible court cases and for other legal consultations, and facilities are fit for purpose.
• Information to explain how the court system functions and the meaning of key legal terms is available in a variety of formats and languages.
• Women are provided with information in a range of languages and formats about legal matters relating to family and dependants.
• Women have access to stamps, writing materials and a computer and printer to prepare legal correspondence and documents, and can review their digital evidence.
• Women requiring help with reading or writing legal correspondence are offered it, including the option of accessing help from outside the establishment.
• Women who are eligible to vote are on the electoral register if they wish to be, can receive electoral campaigning material and can freely exercise their right to vote.

In relation to expectations 35 to 40, the ability to make requests or complaints without repercussions and the requirement that these receive a prompt response is clearly set out in human rights standards, as is the ability to make complaints to independent external bodies. Women’s legal rights must be explained to them and they must have access to confidential legal advice. See ICCPR 9; ECHR 5, 6; BR 13, 25; SMR 53, 56, 57, 61, 62, 119, 120; EPR 23, 70; BOP 17, 18, 33. See also Committee on the Elimination of Discrimination against Women, General recommendation No. 33 on women’s access to justice.
Living conditions

Women live in a clean, decent and comfortable community environment. They are provided with all the essential basic items.

Expectations

41. **Women live in a clean, decent and comfortable environment.**

   The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

   - *Women live in an environment that promotes their well-being and helps to reduce behaviour that is harmful to them or others.*
   - *Women are not held in crowded conditions. They have their own cell/room unless they wish to share, and there is enough space for the number of women held in the cell/room.*
   - *Residential units are as quiet as possible at night with appropriate lighting for rest and sleep.*
   - *Outside areas are well maintained and clean.*
   - *Cells and communal areas are clean, free of graffiti and offensive displays, well lit (including by natural light), properly ventilated and in good decorative order.*
   - *Women have the use of properly equipped areas for association and outdoor areas for daily physical activity.*
   - *Women have privacy keys to their cells/rooms.*
   - *Women can switch their cell/room lights on and off.*
   - *As a minimum, women have their own chair, table and lockable cupboard and enough space to store personal belongings.*
   - *All in-cell toilets are screened, have lids and are not, under any circumstances, in view of the observation panel.*
   - *Women are able to personalise their cells/rooms without unnecessary restrictions.*
   - *Women have access in their cell/rooms to drinking water, a toilet and washing facilities at all times.*
   - *All staff recognise and adhere to the need for privacy and decency, particularly where women are using a bathroom in their cell or any other private areas.*

42. **Women can keep themselves, their cells and communal areas clean.**

   The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

   - *Women can shower or bathe in private every day, immediately following physical exercise or work, and before court appearances, health care appointments or visits.*
• Women are provided with enough sanitary and menstrual items without having to ask for them.
• Women have access to sanitary and washing facilities and the means of disposing of sanitary and menstrual items discretely.
• Clean bedding is provided for each woman on arrival and can be replaced or laundered weekly or whenever needed.
• Mattresses are replaced when needed.
• Women have access to sufficient cleaning materials to keep their cells and communal areas clean.

43. **Women have enough clean clothing of the right kind, size, quality and design to meet individual needs.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Women are able to wear their own clothes.
• Where needed, prison issue clothing, including sportswear, is designed for women, clean, in good repair, and provided in a full range of sizes.
• Maternity clothing is provided.
• Women are provided with enough clean underwear and socks to be able to change them daily.
• Women are issued with enough warm, weatherproof clothing and shoes to go outside in all weather conditions.
• Women can access laundry facilities at least weekly, and whenever their clothing is soiled, to wash and iron clothes.
• Women going out on release on temporary licence (ROTL) are provided with suitable clothing, including coats, if they do not already have their own.

44. **Women are appropriately and safely located on residential units.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Women only share cells following a suitable risk assessment. Unconvicted women do not share accommodation with those who are serving a sentence.
• Young adults do not share cells with adults.
• Staff are aware of the emotional triggers for individual women in their care and take active steps to help women manage them on a day-to-day basis.
• Specific residential units or wings are available for women who are progressing towards moving to open conditions or undertaking release on temporary licence (ROTL).
• Women are always able to contact staff in an emergency, and this is responded to promptly.
• Observation panels in cell doors are free from obstruction.
• Women’s safety is promoted through a good understanding of the rules and routines of the establishment, which are applied openly, fairly and consistently, without discrimination.

45. Women’s property held in storage is secure, and women can access it on request.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Women can receive parcels that are sent to the prison.
• The amount of property held in possession and storage takes account of individual needs.
• The list of possessions that women are allowed to keep meets the needs of the population.
• Women’s valuable property is always security-marked before it is issued.
• All property is returned to women on release or transfer.
• Women are fairly compensated for clothing and possessions which are lost or damaged in storage.

46. Women have a varied, healthy and balanced diet which meets their individual needs.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Mealtimes match those in the general community and breakfast is served when it is intended to be eaten.
• Women can eat out of their cells, with others.
• Menus are agreed following advice from dieticians and nutritionists and meet the needs of the population.
• Women have a choice of meals and can make lifestyle choices about diet.
• Women are consulted about the menu and their feedback about food is routinely considered.
• Women can access help to manage their diet, either by attending group meetings or through individual support.
• Catering staff provide meals that meet medical dietary requirements.
• Pregnant women and nursing mothers receive extra food that meets their nutritional needs.
• Women returning from court or release on temporary licence (ROTL) are still able to access a main meal.
• Women can make a hot drink whenever they are locked up.
• Women can cater for themselves and staff support them in doing this.
47. **Food and meals are stored, prepared and served in line with religious, cultural and other special dietary requirements and conform to hygiene regulations.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Relevant food and safety hygiene regulations are adhered to in all areas where food is stored, prepared or served.
- Catering staff meet religious, cultural or other specific dietary needs.
- Women and staff who work with food are trained, wear proper clothing and have received health screening.
- Staff supervise the serving of food to prevent tampering and to ensure there is appropriate portion control.

48. **Women have a weekly opportunity to purchase a suitable range of goods at reasonable prices.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Women are able to obtain a range of essential items within 24 hours of arrival and can place canteen orders at least once a week.
- Women arriving at reception without their own money are offered a monetary advance to use for purchases, with repayment made over an agreed period of time.
- Prison canteen prices are broadly equivalent to those in the community.
- Women do not have to buy sanitary items because they are freely and readily available.
- The prison provides an in-house shop for women to buy discounted clothes for themselves, their children or significant others.
- The list of products available to buy meets the diverse needs of the population and is reviewed regularly in consultation with women.
- Women can order and pay for newspapers and magazines and place catalogue orders. This includes items for their children.
- Women can purchase a wide range of approved hobby or recreational items.

In relation to expectations 41 to 48, human rights standards require that women be housed in accommodation which respects their dignity and privacy, provides sufficient living space, is adequately ventilated and lit and has the facilities and materials available to meet their specific hygiene needs. Women must be able to wash daily and be provided with adequate clean bedding and clothing. There must be an alarm system that allows women to contact staff without delay. Women must be provided with nutritious food that meets their personal needs (such as religion, age, pregnancy, health and culture) and be able to purchase a range of goods. Property not in the possession of women must be safely stored. See EHRC 3, 8; ICCPR 10, BR 5; SMR 11–22, 67; EPR 4, 18–22, 31. See also CPT, Women in prison.
Health and social care

Women are cared for by services that assess and meet their health, social care and substance misuse needs and promote continuity of health and social care on release. The standard of health service provided is equivalent to that which women could expect to receive elsewhere in the community.

Expectations

Strategy, clinical governance and partnerships

49. Women are cared for by services that accurately assess and meet their health, social care and substance misuse needs while in detention and prior to release.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Effective partnerships between the prison, commissioners and providers ensure that health, social care and substance misuse services meet the assessed needs of the prison population.
- Co-commissioning agreements inform strategic oversight, including joint risk management, monitoring of effectiveness and progress against improvement plans.
- Effective leadership and local governance systems lead to good health outcomes.
- Health, substance misuse and social care provision meet the required regulatory standards.
- Improvements to service delivery are informed by effective consultation.
- Every woman has a single clinical record which meets record-keeping standards and is managed in line with appropriate information governance.
- Information is shared within the bounds of medical confidentiality to promote continuity of care and maintain patient safety.
- All clinical equipment is logged, appropriately maintained and serviced.
- There are comprehensive clinical audit programmes in place. Audit action plans are monitored within agreed timelines.
- Local and serious incidents (including unexpected births and still births) are reported and investigated within national patient safety guidelines. Duty of candour is applied, and lessons are learned and shared with staff, partner organisations and commissioners for national oversight.
50. **Women receive timely treatment, which is sensitive to their needs, from competent staff in an environment that promotes dignity and maintains privacy.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- All women have equal access to health and social care services, including those with protected and minority characteristics.
- Staff are professional and treat all women with dignity, respect and compassion.
- Health care staff are easily recognisable, appropriately trained and supported; this includes regular reflective practice and managerial supervision.
- Staffing levels and skill mix meet patient need throughout the 24-hour day.
- There are sufficient and appropriately maintained rooms to enable health and social care delivery. All clinical areas comply with infection prevention and control standards.
- Women are able to elect to see a female GP and are seen in private, except in clearly documented exceptional circumstances.
- Women are able to attend all health appointments within a reasonable time in line with community waiting times.
- Joint emergency response plans are in place to respond to medical emergencies. Competent health staff respond promptly to medical emergencies with appropriate emergency equipment.
- Consent is acquired in line with national guidance. When patients lack mental capacity to make a decision, health professionals make ‘best interests’ decisions in accordance with legislation.
- Women are kept safe, are safeguarded from abuse and have access to independent advocacy services if required.
- Women can complain about their treatment in confidence without recrimination. Responses are received within agreed timeframes, easy to understand, address all the issues raised and are respectful.

**Promoting health and well-being**

51. **Women are supported and encouraged to improve their health and well-being.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- There is a whole-prison approach to improving the health and well-being of women, based on their needs.
- There are robust systems to prevent, identify and manage communicable diseases.
- Reception screening processes include women being signposted to health services.
• Information about available health services and current national health campaigns is easily accessible in all required formats and languages.
• Well-trained and supervised peer workers and health trainers offer information and support to women in all areas of health and well-being. Dietetic advice is available for women with more complex needs.
• Women can easily access health checks, disease prevention, screening programmes and mental health services.
• Older women receive care from competent staff who understand their specific needs.
• Women can access support to stop smoking.
• Women receive individual harm minimisation and health promotion advice on release.

Sexual and reproductive health (including mother and baby units)

52. Women’s sexual health and reproductive needs are assessed and met during detention and on release.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Women are offered screening for sexual health and reproductive needs on arrival and referred for follow-up advice and appointments as appropriate.
• Screening is carried out sensitively and takes account of protected and minority characteristics.
• Women can confidentially access contraception and sexual health services provided by suitably qualified staff. Barrier protection and related health advice is freely available, including on release.
• Women can access pregnancy testing and emergency contraception within 24 hours of arrival, if required.
• Pregnant women in prison have access to community-equivalent antenatal care in line with national standards, including access to midwifery advice by phone whenever they need it.
• Pregnant women in prison are able to prepare for childbirth and parenting in line with national standards.
• All staff are able to recognise the signs of the onset of labour and premature labour and know what steps to take.
• Women experiencing a miscarriage have access to the appropriate physical and emotional care.
• Women considering termination can access appropriate services and follow-up care.
• Postnatal care is equivalent to that available in the community.
• Where a child is separated from its mother before the mother’s discharge date the mother is fully supported, both emotionally and practically, in making the arrangements for separation.
- Counselling services are available for those who have experienced loss or bereavement, including post-adoption.
- All staff are competent in recognising the signs of actual or suspected female genital mutilation (FGM) in women and their babies. Staff make the appropriate onward referrals to specialist health and safeguarding services.
- Women experiencing the menopause have the same level of care and support as women in the community.

53. **Mothers of babies and infants receive health services equivalent to those in the community.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- **Women who are breastfeeding** are supported to express, store and transport their breast milk safely, if they are separated from their baby.
- **Patient-centred birth plans** are in place in advance. These include identifying a birthing partner, risks, midwifery input and hospital care and monitoring arrangements. The health of mothers and babies is monitored by health professionals to the same standard as in the community. **Mandated child development is monitored and arrangements are in place to access relevant services and specialists if issues arise.**
- **Maternal and child nutrition** is managed under national guidelines. Mothers are encouraged and supported by mother and baby unit (MBU) staff in their chosen method of feeding and have regular access to specialist breastfeeding information and support if required.
- **Mothers who are formula-feeding** have 24-hour access to appropriate equipment and facilities to make up bottles and sterilise equipment.
- **All MBU staff** have additional training to work on the unit, including adult and child safeguarding, recognising child maltreatment and premature labour. Mothers and staff have the knowledge and training to deal with child emergencies, including resuscitation and choking.

Primary care and enhanced care units (inpatients and well-being units)

54. **Women’s immediate health, substance misuse and social care needs are recognised on reception and responded to promptly and effectively.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- A competent health professional screens all new women on the day they arrive to identify their immediate risks and make appropriate onward referrals.
- Screening includes neurodiversity issues and how these will need to be managed where necessary.
- Relevant risk and care planning information is shared between prison and health teams on reception and throughout custody.
• With consent women’s clinical records are obtained from the community GP if they are not available through the electronic NHS system.
• Immediate substance misuse needs are identified and managed, including overnight monitoring.
• Immediate social care needs are managed through local protocols and urgent referral processes. Existing care packages for new arrivals are continued.
• Medicines are reconciled and prescribed to provide continuity of care. The needs of women arriving without expected medicines are managed through emergency or out-of-hours prescriptions.
• Women arriving with acute mental health problems or who are at risk of self-harm are managed through a multidisciplinary care plan.
• All women receive a secondary health screening by a competent registered professional in line with current national guidance.

55. **Women’s individual ongoing health care needs are addressed through an appropriate range of care services. Continuity of care is maintained on transfer and release.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• *Women can access all necessary primary care services, including pain management, memory/dementia support services and effective out-of-hours GP services, within community-equivalent waiting times.*
• *There is a confidential and effective health appointment system.*
• *Women with long-term conditions and complex health needs receive appropriate joined-up care in line with national standards. Up-to-date care plans demonstrate patient involvement and continuity of care.*
• *The prison, health provider and community services deliver palliative and end-of-life care to women in line with national standards and in a safe and decent environment.*
• *Women receive secondary care services either in the prison or at hospital within community-equivalent waiting times. Care is not disrupted by prison transfers or lack of escort staff.*
• *Security measures during hospital escorts are proportionate and are based on an individual risk assessment which includes a detailed contribution from health staff.*
• *All partners involved in the planning, access and treatment of health care work collaboratively to make sure continuity of care is maintained during custody and on release.*
• *Women receive relevant pre-release assessments and interventions and are supported to register with community health services.*
56. **Patients requiring 24-hour nursing care within the prison are supported by a regime, facilities and health staff to meet their individual needs.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Inpatient admission and discharge are based on an agreed clinical criterion. Staffing numbers and skills mix meet patients’ needs.
- Patients receive a comprehensive assessment of their care needs and, wherever possible, are involved in developing their own care plans.
- Patients have safe and decent living conditions and access to a normal prison regime, alongside therapeutic and constructive activities, to maintain well-being and encourage recovery.
- Patients’ ongoing care needs are met following discharge from the inpatient/well-being unit.

**Mental health**

57. **Women with mental health needs are identified promptly and are supported to improve their mental well-being, including on transfer or release.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Women’s immediate mental health and learning disability needs are assessed during their reception health screening and appropriate onward referrals are made.
- Prison officers are trained to recognise when a woman requires referral for mental health assessment, and there is a clear referral pathway.
- Referrals are reviewed promptly, and appointments are allocated on clinical need and risk.
- There are enough skilled mental health practitioners to meet the mental health needs of the population and deliver psychologically informed, evidence-based provision.
- Specialist support for those who have been sexually assaulted, bereaved or require additional antenatal and postnatal mental health support is accessible.
- A community-equivalent range of evidence-based interventions are available in a timely manner.
- Prescribing reviews and related physical health checks take place in line with national guidelines, particularly for pregnant women prescribed mental health medication.
- Patients are assessed using a standardised approach and additional information is obtained from other sources as required.
- Patients have comprehensive written assessments, care plans and risk assessments which are regularly reviewed with their mental health practitioners.
• Liaison and joint working with other prison departments and health providers, including substance misuse treatment services, is effective.
• Patients with severe and enduring mental illness are supported within the Care Programme Approach (England) or Mental Health Measure (Wales).
• Patients who require assessment or treatment under the Mental Health Act are assessed and transferred promptly.
• Effective discharge planning and liaison with offender managers, probation services and community mental health services provides continuity of care following release.

Social care

58. Women with social care and support needs are identified and receive assessment, care packages, adaptations and advocacy services that continue on release or transfer.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• There is an up-to-date memorandum of understanding between the prison and the relevant local authority on the local provision of social care.
• Access to, waiting times and quality assurance processes for social care assessment and services are monitored.
• There is a published referral pathway, complaints and advocacy process for social care support.
• Registered providers of care have sufficient trained, supervised and screened social care staff. Agreed care plans are applied consistently with privacy and dignity.
• Required equipment and adaptations are provided promptly and maintained correctly, following appropriate individual assessments.
• Peer workers supporting the health and social care needs of other women do not provide intimate care. They are appropriately selected, risk-assessed, trained, supported and supervised.
• Women with severely restricted mobility or impaired communication can easily summon assistance in an emergency.
• Effective joined-up planning allows agreed packages of care to be continued on transfer within the prison estate and on release by a registered provider.

Substance misuse and dependency

59. An effective whole-prison strategic approach reduces the demand for drugs and alcohol.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• A regular and comprehensive needs assessment informs a drug strategy and action plan.
- A dynamic, whole-prison drug and alcohol strategy is embedded through effective joint working between prison departments, treatment providers and other relevant stakeholders.
- Prison officers receive training to recognise when a woman requires referral to substance misuse services, and there is a clear referral pathway.
- Psychosocial and clinical services meet the needs of the population.
- Service delivery is informed by women’s feedback and health outcomes.
- Psychosocial and clinical substance misuse treatment services are well integrated with each other, the prison and all health services.
- Competent staff provide effective evidence-based psychosocial and clinical services.
- Women have personalised recovery plans which are regularly quality-assured.
- Patients with both mental health and substance-related problems have prompt access to joined-up, comprehensive support.

60. **Women can promptly access safe, effective and individualised clinical and psychosocial support.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- **Drug and/or alcohol-dependent women who have recently arrived from the community receive appropriate first night treatment, and regular monitoring until they are stable. A competent prescriber is always available and treatment is not delayed.**
- **Women (including those who develop substance-related problems in prison) have prompt access to appropriate clinical psychological and harm reduction interventions.**
- **All prescribing is individualised and in line with national guidelines. Prescribing is undertaken by a suitably qualified clinician and complex cases such as pregnant and nursing mothers are managed through multidisciplinary specialist teams, such as psychiatry, midwifery and addiction specialists.**
- **Women are involved in decisions about their care. Care plans are flexible, meet individual needs and are reviewed regularly.**
- **Women who have recently arrived receive harm reduction information on illicit substance use in prison and substance misuse treatment services.**
- **Where drug recovery wings are in place, suitably informed operational staff encourage purposeful activity, help women with their recovery and make sure women can access therapies and interventions.**
- **Women have easy access to family support services, self-help and mutual aid, including well-trained and supervised peer supporters.**
- **Interventions are gender-informed, evidence-based and cover both brief- and medium-intensity intervention. They are suitable for those in crisis, stabilisation or recovery.**
• Effective discharge planning with relevant internal and community services creates continuity of support following women’s release, including from court.
• Women receive information on how to avoid drug- or alcohol-related overdose, injuries and death before they are released. Where clinically indicated they receive an emergency reversal agent to prevent overdose on release.
• Continuity of care and clinical treatments are transferred appropriately to the receiving substance misuse services or GP on release or transfer.

Medicines and pharmacy services

61. Women receive medicines and pharmacy services that meet their individual needs and are equivalent to that in the community.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Women’s medication histories, including allergies, are recorded during the initial reception screening and a full medicines reconciliation is completed within 72 hours of admission.
• Any disruption in prescribing regimens is minimised and urgent/critical medicines can be accessed promptly.
• Women have direct access to clinical pharmacy services and advice.
• All medicines are handled, transported and stored legally, safely and securely with effective pharmaceutical stock management and use.
• Robust governance processes are in place to make sure medicines management is safe and effective, including monitoring of medication incidents and prescribing trends.
• Women’s medicines are prescribed safely in line with evidence-based practice and formularies, reviewed regularly and administered at clinically appropriate times.
• Women’s adherence to taking medication is monitored. Women are promptly reviewed when adherence is poor and/or diversion is suspected.
• Subject to a regularly reviewed in-possession risk assessment, women can store their medicines securely and self-administer them.
• Women can access basic self-care medicines safely and easily, including out of hours.
• Medicines are administered from a secure environment.
• Prison officers manage medication administration queues effectively, including allowing only one patient at the hatch at a time and reducing opportunities for bullying and diversion.
• Women receive information about their medicines in a format they can understand and have regular clinical prescribing reviews.
• Women going to court or being released/transferred receive supplies of medication or a community prescription to meet their needs.
Women receive timely dental services, including oral health promotion, that are equivalent to those in the community.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Governance and quality assurance arrangements provide good dental outcomes for women.
- All women have timely access to emergency dental services based on clinical need, complemented with through-the-gate treatment plans.
- Women have timely access to the full range of NHS-equivalent treatment.
- Dental care and clinical rooms meet national governance and professional standards.
- Equipment is maintained to national standards and care is not delayed by defective equipment.
- Women receive effective oral health and disease prevention advice.
- Women have prompt access to required medicines following dental interventions.

In relation to expectations 49 to 62, women have the right to the enjoyment of the highest attainable standard of physical and mental health. Women should be provided with community-equivalent care which meets their particular needs, including sex- and gender-specific needs. Health and social care needs and substance misuse needs should be assessed on arrival and monitored throughout detention. There must be prompt access to care in urgent cases and referral to external care when needed. Health care staff must have full clinical independence. See CEDAW 12; ICESCR 12; ECHR 3, 8; BR 6–18; SMR 24–28, 30–35, 68, 69, 109; EPR 39–47. See also CPT, Women in Prison; and Committee on the Elimination of Discrimination against Women, General recommendation No. 24: Article 12 of the Convention (women and health).
Equality, diversity and faith

There is a clear approach to promoting equality of opportunity, eliminating discrimination and fostering good relationships. The distinct needs of women with protected and minority characteristics are addressed. Women are able to practise their religion and the chaplaincy plays a full part in prison life, contributing to women's overall care, support and rehabilitation.

Expectations

Strategic management

63. Strong leadership delivers a coordinated approach to embedding equality considerations in regimes, eliminating all forms of discrimination and promoting inclusion.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- The governor/director leads by example in promoting equality and diversity.
- Individual women are cared for according to their needs.
- A named person of appropriate seniority (to ensure compliance with requirements) has overall responsibility for equality and diversity.
- Staff with specific equalities responsibilities are given sufficient time and support to fulfil their role. They have clear job descriptions and objectives.
- Women and staff work collaboratively to foster good community relationships within the prison that promote equality and diversity.
- Women are supported by an up-to-date local equality and diversity strategy and an action plan which is relevant to the population profile. This outlines how the needs of all groups will be identified and addressed.
- Equality and diversity priorities and actions are driven and monitored regularly through an effective multidisciplinary committee, which includes senior leaders, staff and women.
- If data analysis reveals patterns such as disproportionality, effective action is taken without delay to address the issues.
- Prison policies and regime activities are specific to the needs of women and the other diverse needs of the population.
- There is regular and effective input from external community representatives, providing advice at a strategic level and specific support to women. The effectiveness of these partnerships is reviewed regularly.
- Awareness of the needs of women and of those with protected and minority characteristics is promoted by educational and celebratory events. Women have access to an up-to-date calendar promoting these events.
64. **The prison employs fair processes to make sure no individual or group is disadvantaged.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *The prison has clear systems in place, which are known and used by all staff, to identify and take appropriate action to minimise and prevent all forms of discrimination or disadvantage.*
- *All staff receive effective training in working with women and other equality and diversity training that is specific to the needs of the prison population.*
- *Effective and regular local and national monitoring is in place, covering all diverse needs/protected characteristics. This ensures equality of treatment and access to services, for example, allocation to activities.*
- *Incident reporting systems allow the reporting of all types of discrimination.*
- *Data on women with different protected and minority characteristics is routinely analysed for patterns relating to disproportionate outcomes, discriminatory incidents and allegations.*
- *Potentially adverse outcomes and disproportionate treatment are investigated thoroughly. Remedial action is promptly taken and evaluated.*
- *The prison can explain why disproportionality or disadvantage do not amount to discrimination.*
- *Results of equality monitoring are communicated to staff, women and visitors in a format that is easy to understand.*

65. **Discriminatory behaviour is challenged robustly and consistently.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *All forms of discriminatory language and conduct are challenged.*
- *Women and staff know what behaviour and language are unacceptable.*
- *Women, staff and visitors know how to report an incident, are supported to do so and are safe from any repercussions.*
- *Forms to report discriminatory incidents are freely available on all wings and in all departments.*
- *Women are able to speak to the person investigating their discrimination complaint and are always informed in full about the outcome.*
- *Responses to discrimination complaints are timely and are based on a thorough investigation.*
- *There is internal and external quality assurance of the discrimination complaints process and the responses given to women to make sure the process is effective and drives improvements.*
- *There are effective interventions to support women experiencing discrimination and to challenge and educate perpetrators.*
• Women who have been involved in racist or other hate crime or incidents are identified and managed appropriately, including being supported to change their behaviour.
• There are clear links between designated equality staff and the prisons’ approach to managing behaviour.

66. Women play a central role in eliminating all forms of discrimination and are consulted frequently to strengthen the support available.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Consultation methods are co-created by women and staff.
• Prisoner equality representatives are used effectively to support and represent the views of their peers. They are well known across the prison and have appropriate support and clear job descriptions.
• Prisoner equality representatives meet regularly with equality staff to share the views of their peers and promote practice.
• Peer equality representatives are involved in the analysis of equalities data.
• Women can raise issues and express opinions on equality and diversity through regular consultation.
• Women have access to staff and community-based agencies on a regular basis to answer queries and provide advice on equality and diversity issues.

Protected and minority characteristics

67. Women with protected and minority characteristics are treated equitably and according to individual needs.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Staff promote and model inclusion in all aspects of their work and show an awareness of equality, anticipating and addressing the needs of those in their care.
• Assessments on arrival at the prison establish individual needs and enable women to discuss diversity needs in private.
• Information is accessible, in a format and language that is easily understood, for example, DVD, easy read or Braille.
• Women requiring a personal care plan are identified quickly and an individualised plan is put in place. Care plans are kept up to date and, where appropriate, are multidisciplinary.
• Staff are aware of women who may require extra support in the event of an emergency. Personal emergency evacuation plans (PEEPs) are in place and are clear, up-to-date and easily located. Staff are aware of women who need assistance to complete everyday activities.
• Staff make reasonable adjustments to make sure all women can participate in activities which meet their needs.
• External support groups and networks are effectively promoted, and women are helped to contact them.
• Rehabilitation and release planning work takes account of the specific needs of those with protected and minority characteristics.

68. The specific needs of women from all racial and ethnic minority groups are met.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Sufficient priority is given to supporting women from all racial and ethnic minority groups and all staff are aware of and respond appropriately to race and cultural issues.
• Joint working with community organisations provides effective support to women from all racial and ethnic minority groups represented in the prison.
• Sufficient attention is paid to the distinct needs of women from the Gypsy, Roma and Traveller communities, including support for maintaining contact with children, family and significant others.

69. The specific needs of foreign national women are met.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Staff are aware of the distinct needs and cultural backgrounds of foreign national women, especially those nationalities represented in the prison.
• Staff are aware of women who may find communicating in English a challenge. Women are provided with accredited translation and interpretation services whenever needed such as at assessment, care in custody and teamwork (ACCT) reviews, key worker sessions and health care appointments. Peers are not used to interpret confidential or private information.
• Women have access to key information about prison life in a range of languages which reflect the needs of the population.
• Foreign national women receive help to keep in touch with family abroad, including free video calls and at least one free telephone call each month.
• The rehabilitation and release needs of foreign national women are met. Foreign national women are not treated less favourably than British women when meeting these needs.
• Independent immigration advice is offered to foreign national women.
• Foreign national women understand their immigration status and what will happen when they complete their custodial sentence.
• Foreign national women are informed as soon as possible of any decision to detain them under immigration powers in a language they understand.
They receive notification of removal directions at least 72 hours in advance.

- Foreign national women with children at risk of deportation are supported and able to access independent advice.
- Non-resident foreign national women who wish to transfer to their home country to serve their prison sentence (where agreements exist) are helped to do so as soon as possible.
- Prison staff understand the potential impact of deportation decisions on an individual’s mental health and provide appropriate support.
- Deportation matters are concluded before the end of the custodial sentence.
- Immigration detainees held solely under administrative powers are not held in prisons, other than in exceptional circumstances following risk assessment. This decision is reviewed every month and confirmed in writing.
- Those held on immigration grounds alone have access to a regime and facilities commensurate with their status and comparable, as far as possible, to what would be available to them in an immigration removal centre.
- Foreign national women can readily access the relevant consulate or embassy and are informed without delay of their right to do so.

70. **The specific needs of women with disabilities are met.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- The prison accurately identifies and assess the needs of women with disabilities, including learning disabilities and other neurodiversity, and this information is kept up to date and shared appropriately with all relevant staff.
- Staff understand the way in which neurodiversity may present in behaviour and respond appropriately to this.
- Women have access to appropriate specialist support services and equipment (equivalent to that available in the community) to help them to communicate and understand the regime. Accredited interpreting services are used whenever accuracy and confidentiality is important.
- Reasonable adjustments are made to make sure individuals with disabilities, including those with learning disabilities/difficulties, have equitable access to the regime and facilities.
- Those unable to work because of a disability are unlocked during the day and provided with sufficient, appropriate regime activities.
- Women with physical disabilities or limited mobility can access all areas of the wing and prison.
- Unemployment pay for those unable to work due to disability is set at a level that is sufficient for those without other income to maintain a reasonable standard of prison life.
71. The specific needs of trans and intersex prisoners are met.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Subject to a prompt multidisciplinary case conference which involves the prisoner and takes account of all available evidence, including all potential risks and needs, trans and intersex prisoners are located within an appropriate prison. All prisoners are supported to participate in and present evidence during a multidisciplinary case conference.
- Trans and intersex prisoners are supported to express their gender identity and have an agreement with the prison on how to facilitate this. Any restrictions are based on properly evidenced justifications.
- The views of prisoners who express a gender identity different to their legal sex are considered when deciding the gender of staff conducting physical searches and drug tests.
- Prisoners with a gender recognition certificate are treated in accordance with it.
- All prisoners have access to items, including clothing, to maintain their gender identity. Any restrictions are based on properly evidenced justifications.
- Prisoners are routinely addressed as and referred to in the gender they identify with, using their preferred pronoun and by their chosen name.
- Prisoners who wish to begin gender reassignment are permitted to live permanently in their chosen gender identity and can access appropriate medical and other specialist support.
- Trans and intersex prisoners are easily and anonymously able to access information and specialist support and counselling (including for gender dysphoria), including external support networks.
- Staff receive training and support which enables them to understand issues relating to gender identity and expression and support trans and intersex prisoners.
- The prison fosters an understanding of gender identity and expression.

72. The specific needs of prisoners of all sexual orientations are met.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Lesbian and bisexual women are supported through specific networks and groups within the prison and referral to external support networks where needed.
- Staff training and development promotes equal respect for women of all sexual orientations and raises awareness of the potential discrimination faced by lesbian and bisexual prisoners.
- Action is taken to identify and prevent homophobic and bi-phobic language and behaviour and interventions for challenging discriminatory language are used.
73. **The specific needs of pregnant women and those who have recently given birth are met.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- The prison collects, monitors and analyses data on how many women are pregnant or have recently given birth. Appropriate action is taken to ensure needs are identified and addressed.
- Women who are pregnant or who have recently given birth are able to access specialist support to help them while in prison and prepare them for release.
- Pregnant women or those that have recently given birth are regularly consulted about the range of support and opportunities offered.
- Pregnant women are able to meet to socialise and support each other.
- Staff respond immediately to calls for help for pregnant women on their unit.
- Unqualified staff do not make decisions about whether a woman is in labour or in need of midwifery care.
- Transfers to hospital are arranged in a timely manner when required, including when advised of the need for such a transfer by a midwife.
- Staff know how to respond to an unexpected birth, including recognising early signs of labour and neonatal and child resuscitation procedures, and have access to all the necessary provisions.

74. **The specific needs of young women (aged 18–25) are met.**

We have deliberately defined ‘young women’ in this context as those aged 18–25 years. This reflects emerging evidence that young people often have specific needs beyond age 21, which is the age at which ‘young offenders’ (18–20-year-olds) are usually reclassified as adults.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Local policies and practices, including staff training, reflect the distinct needs of young women and respond appropriately to individual levels of maturity.
- The distinct needs of care leavers are understood and recognised, including in relation to family contact and support networks.
- Young women who are parents are able to access specialist support to help them to parent while in prison and prepare them to do so on release.
- Where appropriate, young women have an individual care plan to support emotional well-being and help to identify and meet specific needs.
- Young women arriving from the children and young people’s estate are identified systematically before arrival and are appropriately supported for transition into the adult estate.
• Young women have opportunities to develop a greater sense of being part of a community and a sense of responsibility to others through a range of meaningful roles, such as peer support.
• Young women are able to meet with other young women to socialise and support each other.
• Incentive schemes are adapted to meet the specific needs of young women.
• Young women are regularly consulted about the range of age-appropriate activities offered.
• Rehabilitation and release planning support reflects the specific needs of young women.

75. The specific needs of the older population are met.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Where appropriate, older women have an individual care plan to support emotional well-being and help to identify and meet specific needs.
• Older women are regularly consulted about the range of age-appropriate activities offered.
• Rehabilitation and release planning support reflects the specific needs of older women.
• Staff working with older women can recognise the onset of dementia and signs of mental health problems.
• Older women who are retired or unfit to work are unlocked during the day and provided with sufficient, appropriate activities.
• Older women have opportunities to develop a greater sense of being part of a community and a sense of responsibility to others through a range of meaningful roles, such as peer support.
• Older women are able to meet to socialise and support each other.
• Minimum retirement pay is set at a level that is sufficient for those who do not have another source of income to maintain a reasonable standard of prison life.
• Retired women do not have to pay for their television.

Faith and religion

'Religion' here includes 'religion and belief' as they are understood in the context of the Equality Act 2010.

76. Women are able to practice their religion fully and in safety.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• The membership of the chaplaincy team reflects the faiths represented in the prison population.
• Women have easy access to corporate worship and faith-based classes and groups.
• Women are able to access an appointed representative of any religion.
• Staff supervision of faith services is respectful and proportionate.
• Women and staff know chaplaincy members well.
• Faith areas are accessible and permit contemplation, reflection and prayer.
• Activities are arranged so that women are able to attend corporate worship.
• Alternative or additional provisions are made when individual women are excluded from corporate worship.
• Women are able to obtain, keep and use objects and books that have religious significance.
• Women can observe and fulfil the lifestyle requirements of their religion.

77. All religious faiths are recognised and respected.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Staff recognise that women from diverse religious and cultural backgrounds can have distinct requirements which might need to be addressed in the provision of programmes and services.
• Searches of staff, visitors, women and their property are conducted in a religiously and culturally sensitive manner.
• Women can learn about different faiths. Women are free to change their religion or decide not to observe a religion.
• Women are able to celebrate all major religious festivals, and these are actively promoted to all women.
• Monitoring of the different religions in the prison population is comprehensive, accurate and reviewed regularly to shape service provision.

78. Women are fully supported by the chaplaincy, which contributes to their overall care, support and rehabilitation.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Chaplains meet all new women within 24 hours and have a private conversation with them.
• The chaplaincy team supports all women in maintaining strong ties with children, families and significant others or in dealing with the loss of these relationships.
• The chaplaincy team supports women in developing the strengths and skills needed to build a positive life for the future.
• Every day a member of the chaplaincy team visits women in the inpatients unit and those who are segregated. There is sufficient time for meaningful discussions with women.
• Chaplains offer support immediately when a woman is near to death or has died, to support her children, families, significant others and staff.
• Chaplains provide support to women who have experienced bereavement or loss.
• Chaplains contribute to multidisciplinary teams across the prison and attend individual case reviews where appropriate.
• Chaplains establish and maintain links with faith communities outside the prison.
• Chaplains support the role of faith in promoting desistance from crime and help women meet their faith needs on release.
• The chaplaincy team has a role in identifying and challenging extremist ideologies that purport to be based on religious belief.
• Women of no faith are able to receive support from the chaplaincy team and are no less favourably treated than women of faith.

In relation to expectations 63 to 78, the prohibition on discrimination and the right to equality are fundamental principles enshrined in human rights treaties and standards. Human rights standards relating to places of detention expressly note that standards should be applied impartially and without discrimination. The distinct needs of women should be identified and addressed and measures taken to advance gender equality. In addition, all women have the right to freedom of thought, conscience, religion and belief and must be able to profess and practise their religion without any interference. See CEDAW 1, 2, 5; ICCPR 18, 26, CERD 1, 2; ICESCR 2.2; CRPD 2, 3, 5, 9, 14; ECHR 14; BR 1, 54; SMR 2, 5.2, 10, 55.2, 65, 66, 109.2; EPR 13, 29, 38; BOP 5. See also Committee on the Elimination of Discrimination against Women, General recommendation No. 28, and Yogyakarta Principles. See also standards in relation to expectations 28 to 34.
Section 4: Purposeful activity

Women are able and expected to engage in activity that is likely to benefit them, including a positive range of recreational and social activities.

Contents

- Time out of cell, recreational and social activities
- Education, skills and work activities (Ofsted)
- Leadership and management of purposeful activity
Time out of cell, recreational and social activities

All women have sufficient time out of cell and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

Expectations

79. **Women have regular and predictable time out of cell which is sufficient to promote their rehabilitation and overall well-being.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Women are allowed as much time as possible out of their cell every day. At a minimum this should be at least 10 hours, including time in the evening for association.
- Daily routines for women, including association and exercise, are publicised on every residential unit, and adhered to.
- Wherever they are located, women are never subjected to a regime which amounts to solitary confinement (see Appendix I, note vii).
- If a woman is segregated on one of the main residential wings, all other women on that unit continue to have access to the full daily regime.
- There is sufficient time for women to complete domestic tasks, such as showering, collecting medication, cell cleaning and telephone calls, as well as employment and education regime activities.
- Women unable to attend learning or work activities are unlocked during the day and are provided with suitable activities.
- Women have the opportunity to telephone or video call their children, families and significant others at a time convenient to them and their family.

80. **Women, including inpatients, those on a restricted regime and in segregation, can spend as much time as possible in the open air every day, and at a minimum one hour.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Exercise areas are clean, spacious and inviting, and include enough seating and equipment.
- Women do not have to choose between access to the open air and other important regime activities.
- Women are encouraged by staff to spend time in the open air to benefit mental and physical well-being.
- Outside exercise is only cancelled in extreme weather conditions and waterproof clothing and footwear is available.
81. **Women use their time out of cell constructively and feel safe to do so.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Out of cell activities, including association and exercise, are supervised effectively by staff, and women feel safe.
- Women who are not engaging in activities, and those who may be at risk of self-harm or bullying, are provided with extra support from staff and peer mentors.
- Women engage in a variety of activities throughout the day that meet their diverse needs.
- Women have the option of at least one rest day a week away from work.
- Staff actively engage with women during association and exercise time and contribute to the quality of their free time.
- Women are consulted about the activities provided.
- Out of cell activities happen on time and are not cancelled unnecessarily.
- Timetabling arrangements maximise the use of resources and staff time and allow work, training and education activities to take place on time with minimal interruptions.
- All women have suitably equipped areas for group social activities and exercise.
- Women are encouraged to give their time to benefit others, for example in peer support roles.

82. **Women can access a good range of creative recreational and social activities which promote learning, well-being and rehabilitation.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Activities focus on building positive relationships, self-esteem, confidence and assertiveness.
- Women help to develop the range of recreational activities on offer and are, with staff oversight, involved in delivery and review.
- Women have access to a positive range of activities, including those that are not gender stereotypical.
- All women are actively encouraged to take part in recreational activities, including in cell provision.
- Art and cultural experiences are used to enhance the prison community environment, making it more conducive to rehabilitation.
- Community-based organisations are involved in delivery where appropriate.
83. **Women benefit from regular access to a well-equipped library which has direct links to libraries in the community, library materials and additional learning resources that meet their needs. They are encouraged to use it frequently.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- All women receive a timely and effective library induction.
- The quantity and quality of library materials meets the needs of the prison population.
- Library materials reflect the diverse needs of the women held and include a range of formats and languages.
- Relevant, comprehensive and up-to-date legal textbooks, including prison legislation and polices, are readily available to women.
- Women have suitable time to access materials if they are unable to take them away from the library.
- Women have appropriate access to a range of additional learning resources.
- Women have access to internet and IT services.
- The library promotes healthy living, for example by supplying books recommended by the health team or physical education staff.
- The library runs a range of programmes which are educational or allow women to associate.
- Services provided by the library actively promote contact with children, families and other people who are significant to women.

84. **Women are encouraged to participate in physical education and fitness provision that meets their needs.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Staff encourage women to engage in healthy living and personal fitness.
- Women can regularly use the physical education facilities for recreation.
- There is appropriate provision for women who have little or no previous experience of formal physical education or exercise classes.
- Pregnant women and new mothers are able to benefit from safe, appropriate physical education and fitness provision.
- Women receive an appropriate and timely induction into physical education and fitness activities which focuses on healthy living.
- Women engage safely in a range of physical education, fitness and associated activities, based on an effective assessment of their needs and capabilities.
- Physical education and fitness staff have appropriate qualifications and expertise.
- Women can safely shower in good quality facilities after each session.
- The physical education and fitness provision is effective in improving and maintaining the physical fitness of women.
• The physical education facilities are in good condition and are well supervised.
• The range of activities caters for all levels of ability and fitness.
• Women’s views on physical education are sought and acted on.
• Physical education staff are involved in decisions with health services, substance misuse services and other departments and agencies involved in the care and resettlement of women.

In relation to expectations 79 to 84, human rights standards recognise that life in prison should replicate the positive aspects of life at liberty as much as possible and the regime should seek to minimise differences between prison life and life in the wider community. Women must have access to a comprehensive programme of activities based on need rather than stereotypes and the regime should be flexible enough to respond to their needs (CEDAW 10, 11(1); BR 42; SMR 5; EPR 2–6). Women must be able to be able to associate with one another and be provided with adequate opportunities for exercise and recreation outside of their rooms, including at least one hour in the open air each day. There must be an adequately stocked library containing both educational and recreational materials. See BR 42; SMR 23, 64, 105; EPR 25, 27–28, 102; BOP 28. See also CPT, Women in Prison.

Education, skills and work activities (Ofsted)

All women are expected and enabled to engage in education, skills or work activities that promote personal development and employability. There are sufficient, suitable education, skills and work places to meet the needs of the population and provision is of a good standard.

In England, this part of the inspection will be conducted by Ofsted. To ensure that prisons are held accountable to the same standard of performance as further education colleges in the community, we have chosen to explicitly adopt Ofsted's Education Inspection Framework, which explains the different style of this section of Expectations. For prisons in Northern Ireland, which we inspect only by invitation, we will use the Education and Training Inspectorate Northern Ireland's inspection and self-evaluation framework, which can be found at https://www.etini.gov.uk/publications/inspection-and-self-evaluation-framework-isef-effective-practice-and-self-evaluation-4 and is reproduced here: https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/purposeful-activity/education-skills-and-work-activities/education-skills-and-work-activities-education-and-training-inspectorate/.

Expectations

85.1 Women benefit from good quality education, skills and work.

Ofsted’s Education Inspection Framework (EIF) sets out the main criteria for judging the quality of education, skills and work which includes some specific indicators for women. In making this judgement, inspectors will consider the following factors:
• All women receive timely and accurate initial assessment, that takes into account any records of prior learning and achievement, to provide a clear understanding and record of their education. This includes additional learning and special education, skills and work needs, social and life skills, literacy, numeracy and language support, employability and vocational training.
• The curriculum is based on an effective analysis of the needs of the population, relevant research and local and national labour market need.
• Leaders have selected and developed a curriculum that develops the knowledge, skills and behaviours (including English, mathematics and information and communication technology) that women need to take advantage of the opportunities, responsibilities and experiences that prepare them for their next stage in education, training or employment within the establishment or on release.
• It is clear what the curriculum is preparing women for and what women will know and be able to do at the end of their learning or training programmes.
• Leaders, managers and teachers have planned and sequenced the curriculum so that women can build on previous teaching and learning and develop the new knowledge and skills they need.
• The curriculum considers the needs of women and offers them the knowledge and skills that reflect the needs of the local and regional context where they are likely to be released.
• The curriculum is diverse and not based on gender stereotyping perceptions.
• Teachers, trainers and instructors have expert knowledge of the subjects that they teach.
• Teachers enable women to understand key concepts, presenting information clearly and promoting discussion.
• Teachers check women’s understanding effectively and identify and correct misunderstandings.
• Trained peers are deployed as mentors to work closely with staff to provide focused individual guidance and help.
• The curriculum is sequenced so that new knowledge and skills build on what women know and can do and women can work towards defined end points.
• Women access a curriculum based on identified needs that promotes their successful resettlement and enables them to lead autonomous and independent lives.
• Women are able to combine work and study. Work environments are appropriate, representative of those outside of prison and improve their employability.
• The design and delivery of the curriculum, including the use of assessment, ensure women embed key concepts and knowledge to long-term memory and are able to apply these consistently and easily.
• Women’s employment-related skills are recognised and recorded.
• Release on temporary licence (ROTL) is used to enhance women’s employment or training skills and prepare them for release.
- Pay rates encourage self-improvement and women are paid fairly, accurately and on time.
- Women make progress from their starting points, attaining skills, behaviours and, where appropriate, qualifications.
- Staff are aware of and plan for individual women’s diverse needs in teaching, training and work sessions and provide effective support, including for women with English as a second language. Staff make reasonable adjustments for women with disabilities or with additional educational needs.
- Women with learning difficulties and/or disabilities and those with Special Educational Needs and Disability (SEND) gain knowledge and skills and progress towards rehabilitation and to becoming more independent in their everyday life, and/or progress to employment.
- Examinations are used as useful indicators of women’s outcomes, but it is recognised that they only represent a sample of what they learn.
- Learning takes account of women’s sentence plans.
- All learning builds towards an end point. Women are prepared and are ready for their next stage of education, training or employment, in the prison or on release, at each stage of their learning.
- Provision reduces reoffending and promotes employability skills so that women are well-prepared for the next stage of their education, training or employment in the prison or on release.

85.2 Provision successfully promotes positive behaviour and attitudes.

Ofsted’s EIF sets out the main criteria for judging behaviour and attitudes which includes some specific indicators for women. In making this judgement, inspectors will consider the following factors:

- Women feel safe and experience a calm and orderly environment in the prison’s classroom, workshop and workplace.
- Teachers use assessment to develop women’s understanding to extend and improve their skills beyond simply memorising disconnected facts. Assessment also checks women’s understanding to inform further teaching, training and instruction.
- Staff and women do not accept bullying, harassment or discrimination.
- There are clear expectations for behaviour across education, skills and work activities.
- There is a strong focus on attendance and punctuality at education, skills and work areas.
- Staff deal with any behaviour issues quickly, fairly and effectively.
- Women understand the importance of the skills learnt in the context of their next steps and rehabilitation plans.
- Women are occupied in activities that benefit them, enhance their self-esteem, and improve their well-being and chances of successful resettlement.
85.3 **Provision successfully promotes personal development.**

Ofsted’s EIF sets out the main criteria for judging women’s personal development which includes some specific indicators for women. In making this judgement inspectors will consider the following factors:

- **Women are encouraged to develop into responsible and respectful individuals who know how to become involved in prison and the wider community when on release on temporary licence (ROTL).**
- **Women are helped to understand the values of democracy, individual liberty, the rule of law and mutual respect and tolerance.**
- **Equality of opportunity, awareness of diversity and the need to tackle discrimination are promoted.**
- **The importance of an inclusive environment that meets the diverse needs of each woman is promoted.**
- **Women are supported to reflect carefully, learn eagerly, behave with integrity and cooperate consistently well with others.**
- **Women are supported to develop their confidence, resilience and knowledge as ways to improve their mental well-being.**
- **Women develop relevant knowledge, skills and understanding which contribute to their personal development and economic and social well-being.**
- **Women are given opportunities to use their skills for the benefit of other women, for example, in peer mentoring and support roles.**
- **Women wishing to be self-employed receive specialist support and encouragement.**

85.4 **The leadership and management of education, skills and work activities effectively improves outcomes for women.**

Ofsted’s EIF sets out the overarching criteria for judging the effectiveness of leadership and management of education, skills and work activities which includes some specific indicators for women. In making this judgement, inspectors will consider the following factors:

- **Leaders focus their attention on education, skills and work-related activities in a way which leads to better outcomes for women such as reducing reoffending and continued and sustainable improvement.**
- **Leaders engage with women, their community and employers to plan and support the education and training that they receive.**
- **The prison has sufficient education, skills and work provision for its population and appropriate learning opportunities are available.**
- **Allocation and attendance measures ensure women attend the appropriate activity on time with minimal interruptions.**
- **Continuing professional development for teachers, trainers, instructors and other staff is aligned with the curriculum, and this allows staff to develop subject expertise and teaching/training knowledge over time, so that they deliver high-quality education and training.**
• Women benefit from effective teaching/training and high expectations in classrooms, in workshops and at work.
• Leaders consider the workload and well-being of their staff and improve the quality of the workforce to strengthen the quality of the provision.
• Leaders and managers monitor the progression and destinations of women (including whether they enter secure and sustained employment) and use this information to improve provision.

In relation to expectation 85, human rights standards require women to be provided with equal opportunities to undertake work, education and vocational training that keeps them actively employed during the normal working day. Education and vocational training should ensure literacy and numeracy and meet women’s individual needs, taking into account their aspirations. Work opportunities should help to equip women for life on release and they should be remunerated for their work. Women should be able to choose the type of work they perform (with due regard to proper vocational selection and to the requirements of institutional administration) and there should be no discrimination on the basis of gender in the type of work offered to them. See CEDAW 10, 11.1; BR 42; ICESCR, 6–7, 13; EPR 26, 28, 100, 106; SMR 96–104. See also CPT, Women in Prison.
Section 5: Rehabilitation and release planning

Planning to address the rehabilitation needs of women starts on their arrival at the prison and they are actively engaged in the delivery and review of their own progression plan. The public are kept safe and release plans are thorough and well delivered.

Contents

- Reducing reoffending
- Motivation, engagement and progression
- Protecting the public from harm
- Preparation for release
Reducing reoffending

Planning for and help with rehabilitation and resettlement starts on arrival at the prison. Opportunities are provided for women to access help and support aimed at developing individual strengths and providing opportunities to reduce their likelihood of reoffending.

Expectations

86. Women can access a range of support to reduce reoffending and based on a comprehensive needs analysis of the different groups within the population.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Women’s aggregated offending-related needs are identified through regular analysis, which includes the use of all available data sources. The needs of specific groups of women within the prison are clearly set out.
- Women’s offending-related and wider resettlement needs are met through a comprehensive offender management and rehabilitation strategy and an action plan that is specific to the population of the prison.
- The effectiveness of the provision in reducing women’s reoffending is evaluated and overseen by a well-attended committee which meets regularly and takes remedial action when needed.
- A range of relevant statutory, voluntary and community sector organisations, particularly those working specifically with women, are involved in the delivery of the strategy and the prison actively supports them in their work.
- A named leader is responsible for coordinating the work of voluntary and community sector organisations.
- All offender managers in the prison, resettlement staff and key workers are confident in working with women and have been trained in working with trauma and the reasons why women offend.
- Partner agencies are encouraged to take part in prison training, for example suicide and self-harm prevention and dealing with trauma.
- All staff have a good working knowledge of the rehabilitation services available and actively promote them to women.
- There is good cooperation and communication between various organisations and departments delivering rehabilitative work in the prison.
- A central case record holds up-to-date details of contact with women and the work done to achieve objectives.
87. **Women are actively engaged in identifying factors linked to their offending and developing and reviewing plans to address them.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- **Women’s immediate resettlement and rehabilitation needs are identified on arrival in custody and issues are addressed, with specific attention given to women with caring responsibilities.**
- **There is timely and comprehensive assessment of the likelihood of reoffending that considers the links between previous or current abuse and trauma and women’s offending behaviour.**
- **Women are actively involved in preparing a plan based on the likelihood of reoffending, the risk of harm to others, their individual strengths, support needs, skills and goals.**
- **With informed consent, families and other people significant to women are involved in the development and delivery of the plan.**
- **The offender manager in the prison or in the community coordinates delivery of the plan and makes sure that women are actively engaged in regular and meaningful reviews.**
- **Women recalled to prison are helped to access legal advice and receive swift information verbally and in writing about the reasons for their recall. Women’s understanding of the reasons for their recall is confirmed.**

88. **Women who have experienced abuse in the community or have particular vulnerabilities are supported appropriately.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- **Staff work closely with external organisations to provide support for specific groups of women who have experienced abuse and trauma.**
- **Any disclosure of abuse is managed sensitively by appropriately trained staff.**
- **Women can and know how to access support services in the community for advice and guidance, including specialist support to deal with victimisation and other forms of abuse and trauma.**
- **Women can and know how to access support within the prison to develop skills in coping with experiences of gender-based violence, including domestic abuse, rape, forced marriage, female genital mutilation (FGM) and other forms of abuse.**
- **Women who have been involved in the sex industry have easy, confidential access to support from specialist community organisations.**
- **Women who have been victims of human trafficking and other organised abuse can and know how to access specialist support, including from trained staff.**
- **Women receive information on the specific support services available to them in the community and can make contact with them during their time in prison.**
89. **Women develop attitudes, thinking and behaviour which promote well-being and reduce reoffending.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- The range of accredited programmes is based on evidence of need and the number of places available to women meets demand without delays.
- Women can easily access accredited offending behaviour programmes and other interventions (for example, the personality disorder pathway) that help them to develop positive attitudes, thinking and behaviour.
- Where a programme is not suitable or does not meet a woman’s offending-related needs, an alternative plan is developed which addresses her needs and promotes her well-being.
- Women receive one-to-one, offence-related work from trained staff as needed throughout the custodial sentence.
- A relevant and evidence-based range of non-accredited interventions is available, well-used and monitored for effectiveness.
- A range of life skills courses are available through the education department, chaplaincy or other departments, including courses about sexual health.
- Strengths and skills developed through the completion of structured programmes are regularly reinforced by all staff.

90. **Women are helped to maintain or find accommodation and have somewhere suitable and sustainable to live in the area they are being discharged to.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Accommodation needs are identified when women arrive at the prison and immediate issues are dealt with during induction.
- The accommodation needs of women on remand or serving short sentences are identified and addressed.
- Longer-term action to maintain or gain accommodation on release starts early in the custodial sentence. This is monitored regularly to ensure a positive outcome on release.
- Early identification of need ensures women are referred to the local authority when required.
- Women are helped to secure sustainable accommodation for release through good joint working between all agencies, including voluntary sector partnerships.
- Women can access programmes aimed at developing their skills in retaining their accommodation and independent living. These are evaluated for effectiveness.
- Women are not released homeless.
• The number of women who are released homeless or do not have sustainable accommodation for at least three months after release is monitored and action is taken to address the issues identified.

91. Women receive advice about finance, benefit and debts.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Newly arrived women receive help and advice during induction to manage existing debts and other financial commitments.
• Unconvicted women are able to retain their entitlement to state benefits, including housing and incapacity benefit and retirement pension.
• Women have ongoing access to professional debt advice and can develop their money management skills.
• Women have access to specialist services providing advice and information about benefits and pension entitlements and are helped to make claims before they are released.
• Women can open a bank account and are able to save money for their release.
• Women have appointments confirmed with the job centre before release, when needed.
• Women are supported in making benefit claims before they are released.

92. Women on remand are supported to apply for bail. Women also benefit from early release or periods of temporary release to support their resettlement.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Women, including those detained for their own protection, are given bail information from a trained member of staff, which they understand, and are helped to make applications, including the identification of a bail address if needed.
• Home detention curfew (HDC) assessments are up to date and women are released on their earliest eligibility date.
• Release on temporary licence (ROTL) is a key part of the rehabilitation strategy.
• Women can access a wide range of ROTL opportunities, including promoting family ties and gaining employment.
• ROTL is also used to help women access community-based support services, such as women’s centres or health care appointments, prior to final release.
• Risk assessments for ROTL are robust, based on risk management plans and developed jointly and regularly reviewed with community managers.
93. **Women benefit from access to specialist units which provide treatment and a regime which meets their assessed needs.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *The assessment and treatment models used by the unit are evidence-based and provide a clear rationale for selection.*
- *All staff on the unit support its ethos, understand and are aware of the specific needs of women and receive training, supervision and support.*
- *Planning for progression and reintegration starts on arrival at the unit and women are encouraged to focus on it during treatment.*
- *Women in specialist treatment have equitable access to the regime and services available to the mainstream population, including appointments, education, work and recreational and social activities.*
- *Women in treatment are included in routine consultative groups or have their own consultative process.*
- *Women in specialist treatment are able to use the same processes for official complaints, redress and applications.*
- *Women contribute to their care and treatment plan and reviews, which take place regularly and include involvement of family or significant others where appropriate and when consent has been given.*
- *There are established pathways of progression to other environments which support the changes that have been made in treatment.*
- *Data is used effectively to ensure fair application processes and to scrutinise outcomes for those undertaking and completing the programme or treatment.*
- *Women who are excluded or who withdraw consent for treatment on a specialist unit are reintegrated back into the mainstream population as quickly as possible.*

In relation to expectations 86 to 93, human rights standards emphasise that planning for rehabilitation and release should begin on admission. Women must be provided with sufficient rehabilitation opportunities and supported to address their needs, including to find accommodation, return to work, understand any benefits they may be entitled to and maintain and strengthen family ties. Early and temporary release should be used to the maximum extent possible to meet needs and support rehabilitation. Rehabilitation and release plans should consider individual circumstances, include input from women and be reviewed regularly in consultation with women and all relevant staff. See ECHR 3, 5, 8; BR 40–42, 45–47, 54, 55, 63, 69; EPR 6, 102–104, 107; SMR 4, 91, 92, 94. See also Council of Europe, *Recommendation CM/Rec(2018)5 of the Committee of Ministers to member States concerning children with imprisoned parents.*
Motivation, engagement and progression

Women are fully engaged to progress throughout the custodial sentence.

Expectations

94. Women are held in prisons that provide all the necessary support to address their offending behaviour and resettlement needs and that are as close to home as possible.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- The reasons for restricted status decisions are fully explained in writing, communicated to women and reviewed when there is a significant change in circumstances, and at least annually.
- Allocation decisions are based on proximity to home, caring responsibilities and the availability of resettlement interventions to meet need.
- Unsentenced women are held in the most convenient local prison for their domestic and legal visits.
- Allocation documentation contains accurate and detailed information, taking account of the wishes and individual needs of women, especially any caring responsibilities. Medical needs are documented.
- Young women moving from the children’s custodial estate are fully supported and know what to expect in the adult estate before transfer.
- Allocation reviews are undertaken at the appropriate time. Reviews involve the woman and all relevant departments. Women are informed of the outcome, how to appeal and how they can progress.
- Immigration detainees and women deemed suitable for open conditions have a less restricted regime while in closed conditions and this includes consideration for release on temporary licence (ROTL).
- Foreign national women are considered for open conditions on the same basis as other women.
- Women are given information about open prisons and are prepared for the move, change of regime and opportunities that they include.
- Women are given the opportunity to spend their last three months in custody in the area where they will be discharged.
95. **Women have an allocated offender manager with whom they have regular contact.** This contact focuses on promoting women’s motivation and progression to help them achieve their targets, and on reinforcing the skills and strengths that they have acquired.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- **All women have a named person in the prison or the community who actively supports them in achieving sentence plan targets and managing progression.**
- **The offender manager and all relevant agencies, including voluntary agencies and prison departments, work together to deliver the sentence plan.**
- **The offender assessment system (OASys), sentence plans and resettlement plans are regularly reviewed to make sure they are up to date, particularly following a significant change.**
- **Women have regular and meaningful appointments with their offender manager in prison and the community to plan and prepare for release.**
- **Women are meaningfully engaged in the development and regular reviews of their plans and have opportunities to make choices about their rehabilitation and reintegration.**
- **The level of contact between women and their designated offender manager in the prison or the community reflects the assessed levels of risk and need. Contact is structured and clearly focused on progression.**
- **Women are able to participate fully in a range of rehabilitation opportunities and staff reinforce their learning and the progress made.**

96. **Women serving long or indeterminate sentences receive appropriate advice and support to enable them to progress in custody.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- **Women who face an indeterminate sentence are identified on arrival, given support and have the elements and implications of an indeterminate sentence explained to them and, where appropriate, to their families.**
- **Knowledgeable staff explain tariffs and Parole Board processes to women serving indeterminate or long sentences.**
- **Women serving long or indeterminate sentences have realistic opportunities, including offending behaviour programmes, to make objective progress towards a reduction in their risk of harm and reoffending.**
- **There are sufficient learning opportunities at an appropriate level for women to be engaged in over many years.**
- **Women are given effective and timely support to progress and prepare for parole hearings. All parole processes are completed on time and women are released at the earliest opportunity.**
• Women know how to make a complaint about the Parole Board and are supported in doing so.
• Women serving long sentences can have extended visits with their family or others significant to them.

In relation to expectations 94 to 96, women should be located as close to their homes or places of rehabilitation as possible. Allocations should take into account family ties and women's preferences. See BR 4; SMR 59; EPR 17. See also standards in relation to expectations 86 to 93.

Protecting the public from harm

The public are protected from harm during the custodial phase and on release.

Expectations

97. All reasonable steps are taken to protect the public from the risk of harm.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• All women have an accurate and timely screening of the risk of harm to others and (if necessary) a comprehensive multi-disciplinary risk management plan.
• Reviews of the risk of harm are undertaken at least annually and always following a significant change or event.
• Community-based offender managers and offender managers in prison work closely together to develop a risk management plan for release, including confirmation of the multi-agency public protection arrangements (MAPPA) management level.
• There is effective management oversight of the assessment and planning in all high risk of harm cases, all MAPPA cases or those involving child protection issues.
• Multi-agency structures for protecting and safeguarding the public (such as MAPPA) are used effectively.
• In statutory victim contact cases, relevant and accurate information is exchanged in a timely manner.
• Women are informed of the arrangements for managing the risk of harm they pose to others (including family members) and the avenues available to them for challenge.
98. **Contact restrictions are proportionate and are applied robustly to protect others from harm.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *The need for contact restrictions is identified swiftly on arrival and regularly reviewed.*
- *Women can have contact with their children unless the best interests and safety of their children are assessed as being at risk in line with appropriate child safeguarding policies.*
- *Mail and telephone monitoring is up to date and effective.*
- *Applications for contact with children are managed robustly and are completed without unnecessary delay.*

In relation to expectations 97 and 98, risks to the public must be identified and all reasonable steps taken to protect the public from those risks. Measures put in place which interfere with the right to respect for private and family life must be necessary and proportionate. See ECHR 2, 3, 8; EPR 51, 52.

**Preparation for release**

The specific reintegration needs of women are met through individualised multi-agency plans to maximise the likelihood of successful resettlement.

**Expectations**

99. **Prior to release, women are encouraged to address any remaining rehabilitation and resettlement needs, with help from all staff and in partnership with the community-based offender manager.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Women serving very short sentences or on remand have their resettlement need fully assessed and addressed.*
- *Women understand and are meaningfully engaged in their resettlement plans, which are regularly reviewed.*
- *A designated staff member takes responsibility for tracking progress against identified targets and reviewing the outcomes.*
- *Women can access a range of community-based agencies, such as women’s centres, before their release to improve their chances of resettlement.*
- *All necessary work required to support a woman’s release to the community is completed in good time before release.*
- *Risk and support needs are shared with the community-based offender manager at a meeting prior to release and sufficiently ahead of release to be effective.*
• Women receive comprehensive help and advice aimed at improving compliance with licence conditions and preventing recall. This includes an explanation of the conditions and an opportunity to discuss their rights and responsibilities before release.
• License conditions are sensitive to childcare and other caring responsibilities.

100. Women are given all necessary practical and emotional support for release and are supported on the day of release.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

• Women are given information about sources of help and support in the community, including family support services if relevant. Women can contact them before leaving the prison if they want to.
• Women can choose to have a community-based mentor for support and meet them before they are released. They can also arrange to have this mentor meet them at the prison on the day of release.
• On release, women can go to a safe and welcoming centre just outside of the prison, where they receive help, support and guidance.
• The centre also provides a safe place for women to meet their family, friends or mentor before travelling on from the prison.
• Women are given detailed travel directions and are provided with the practical support necessary to make the journey.
• Suitable arrangements are made to ensure pregnant women and women with babies can make the journey safely.
• On release women receive all their property.
• Before release, women can have clothes that have been in storage for long periods laundered.
• Women can make a phone call and charge their mobile phone before release. Women without a mobile phone are issued with one.
• Women are provided with contact numbers for essential services.
• Women have enough money on release to meet their immediate resettlement needs.
• Suitable clothes and bags are available to those being discharged who do not have them.

In relation to expectations 99 and 100, on release, all women should have clothing suitable for the weather and the means to reach their destination safely and maintain themselves in the period immediately following release. See BR 46–47; EPR 33, 107; SMR 90, 92, 107–108. See also standards relating to expectations 86 to 93.
## Appendix I: List of abbreviations

### Human rights treaties

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CAT</td>
<td>Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
</tr>
<tr>
<td>CERD</td>
<td>International Convention on the Elimination of All Forms of Racial Discrimination</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>ECHR</td>
<td>European Convention on Human Rights</td>
</tr>
<tr>
<td>ICCPR</td>
<td>International Covenant on Civil and Political Rights</td>
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<tr>
<td>ICESCR</td>
<td>International Covenant on Economic, Social and Cultural Rights</td>
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### Human rights standards and guidance

<table>
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<tr>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>BOP</td>
<td>Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment</td>
</tr>
<tr>
<td>BR</td>
<td>United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the ‘Bangkok Rules’)</td>
</tr>
<tr>
<td>CM/Rec(2010)4</td>
<td>Recommendation CM/Rec(2010)4 of the Committee of Ministers to member states on human rights of members of the armed forces</td>
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Committee on the Elimination of Discrimination against Women, General recommendation No. 24: Article 12 of the Convention (women and health), 1999  

Committee on the Elimination of Discrimination against Women, *General recommendation No.33 on women’s access to justice*, UN Doc. CEDAW/C/GC/33, August 2015. 
https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAghKb7yhslCrOlUTvLRFDjh6%2fx1pWCd9kc8NuhsZOT1QuzhrDy1rlpOgSyxJmK%2fSo2p3MtpLidL02wtx8JPse1mlicqCglo0em30unjIY%2fnkmm3q

CPT, Women in Prison

EPR

ERJO
Recommendation CM/Rec(2008)11 of the Committee of Ministers to member states on the European Rules for juvenile offenders subject to sanctions or measures

HR
United Nations Rules for the Protection of Juveniles Deprived of their Liberty (‘Havana Rules’)

SMR

Appendix II: Notes and references


iii. In these expectations, the term ‘leader’ refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

iv. Dependants refers to a person who relies on another, especially a family member, for financial support.

v. Prison Rules 1999, Rule 21 (1): A registered medical practitioner working within the prison shall report to the governor on the case of any prisoner whose health is likely to be injuriously affected by continued imprisonment or any conditions of imprisonment. The governor shall send the report to the Secretary of State without delay, together with his own recommendations.

vi. ACCT refers to assessment, care in custody and teamwork, a case management system for prisoners at risk of suicide and self-harm.

vii. Solitary confinement is when women are confined for 22 hours or more a day without meaningful human contact (United Nations Standard Minimum Rules for the Treatment of Prisoners, Rule 44).