

Women in Prison: United Kingdom

Analysis from the National Preventive Mechanism

| September 2024



United Kingdom of Great Britain and Northern Ireland



UNCAT Ratification

8 December 1988

OPCAT Ratification

10 December 2003

National Preventive Mechanism (NPM)

UK's National Preventive Mechanism

NPM legal framework

- [Ministerial statement to Parliament](#) (31 March 2009), designating 18 bodies to form the NPM
- Ministerial statement (3 December 2013)
- [Designation of Independent Reviewer of Terrorism Legislation](#) to the NPM (12 January 2017)

NPM operationalisation

Since March 2009

NPM structure

Multi-body NPM composed of 21 statutory bodies that independently monitor places of detention. The UK NPM Secretariat is hosted by HM Inspectorate of Prisons (England and Wales).

NPM composition

Over 3500 individuals carrying out the NPM mandate across the 21 bodies, including:

- NPM Chair: 1 woman
- NPM central team: 66% women

I. Facts and Figures

United Kingdom (England, Wales, Northern Ireland, Scotland)

Prison population

Total prison population

93,946

Prison staff

Prison staff (total)¹

70,973

Prisons for women

Total number of women's prisons

16

¹ England and Wales: 65'017 prison staff (54.7% women); Northern Ireland: 1293 prison staff (32% women); Scotland: 4'663 (37% women).

<div>Women in prison (total)</div> <div>4,119 (4.38%)</div> <div>Women on remand</div> <div>886</div> <div>Sentenced women</div> <div>2,862</div> <div>Source: Government statistics of England, Northern Ireland, Scotland, and Wales, 2023⁴</div>	<div>Women prison staff</div> <div>37'710 (53.13%)</div> <div>Source: Government statistics of England, Northern Ireland, Scotland, and Wales, 2024</div>	<div>Women only prisons²</div> <div>1</div> <div>Mixed prisons with dedicated units for women³</div> <div>16</div> <div>Source: UK National Preventive Mechanism, August 2024</div>
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England and Wales

<div>Prisonpopulation</div> <div>Total prison population⁵</div> <div>84,372</div> <div>Women in prison (total)⁶</div> <div>3,315 (4%)</div> <div>Women on remand</div> <div>739</div> <div>Sentenced women</div>	<div>Women in prison - Characteristics</div> <div>Pregnant women</div> <div>196</div> <div>Foreign women</div> <div>345</div>
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statistics quarterly: January to March 2023

³ Northern Ireland (1: Ash House); Scotland (3: HMP YOI Stirling and two women’s Community Custody Units).

⁴ Each government collects, analyses and publishes data at different time and with different disaggregation. Statistics are therefore taken from the latest figures published with adequate detail for each country.

⁵ Ministry of Justice, Official Statistics: HMPPS Offender Equalities Annual Report 2022-23

⁶ Ministry of Justice, Offender Management statistics quarterly: January to March 2023

2,605

Source: Ministry of Justice,
Official statistics for England and
Wales, 2023

Northern Ireland

Prison
population

Total prison
population

1,685

Women in prison (total)

78 (4.63%)

Women on remand

42

Sentenced women

36

Source: The Northern Ireland
Prison Population 2022/23 |
Department of Justice

Scotland

<div>Prisonpopulation</div> <div>Total prison population</div> <div>7,889</div> <div>Women in prison (total)</div> <div>326 (4.1%)</div> <div>Women on remand</div> <div>105</div> <div>Sentenced women⁷</div> <div>221</div> <div>Source: Scottish Prison Service, 2023</div>	<div>Women in prison - Characteristics</div> <div>Pregnant women</div> <div>2</div> <div>Foreign women</div> <div>18</div> <div>Women with disabilities</div> <div>18</div> <div>Source: Scottish Prison Service, 2023</div>
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⁷ Figures include 21 women who were Convicted Awaiting Sentence (CAS).

II. Recommendations

Body searches

- + Prison services should use the available technology and move permanently away from routine body searching to intelligence-led searching only.

Use of means of restraint

- + Prison services across the UK should replicate restraint techniques which do not induce pain.

Access to mental healthcare

- + There is an urgent need for joint action with the Department of Health so that prison is not the default setting for women whose primary problem is mental health condition.
- + A high security mental health provision for women should be established in Scotland.
- + Justice systems should mainstream the Inspire model of probation supervision and establish a small women's custodial facility using a therapeutic model.
- + More thought needs to be put into how to support women experiencing extreme mental health conditions, and staff need more comprehensive training.

III. Detention Issues

Good practice: Improved safety, rehabilitation and release for women in prison

Standards at Hydebank Wood Secure College, including Ash House, a stand-alone residential unit for women prisoners in Belfast, have risen steadily since 2013, with the most recent inspection by CJI, RQIA and HMIP finding all standards of safety, respect, purposeful activity and rehabilitation and release planning to be "good" – the highest standard. There is a small amount of contact between female prisoners and the male prisoners at Hydebank Wood, which may not be fully in accordance with international standards on separation in custodial environments. However, where properly supervised and managed, as is the case at Hydebank Wood and Ash House, this contact carried distinct benefits for the women. A Challenging Antisocial Behaviour strategy is in use at Ash House with a robust standard of investigations into incidents of violence between prisoners. Levels of violence and self-harm have reduced and are lower than at women's prisons in England.

Body searches

Body searching of women can be routine (when entering visits, going between sections of the prison, etc.), intelligence led, or random. Practice varies greatly across UK prisons. Searching is systemic across the estate, and most establishments will have a local searching strategy that defines the circumstances and modalities of body searches for women. There is varied practice across the four nations also in terms of alternative searching methods. Some establishments utilise a BOSS chair which can detect objects concealed in body cavities.

Full searches will always be conducted out of sight of men and by women. Rub down searches may sometimes be conducted by men, or in sight of men. Invasive body searches are either strictly forbidden or carried out only in exceptional circumstances, by a trained and authorised medical professional. Record keeping of body searches is generally good.

Body scanners are used in Scotland as an additional, rather than alternative search to body searching. The continued use of routine body searching of women after a visit and in-cell searches is a significant concern in Scotland. In this regard, an intelligence-based or risk-assessed approach would be better to minimise potential for re-traumatising those who have been affected by previous abuse. Routine body searching at HMP and YOI Stirling and at Lillias and Bella Community Custody Units continues to undermine the trauma-informed approach outlined in the SPS Strategy for Women in Custody. Routine body searching is potentially retraumatising and degrading, but the Scottish Prison Service showed little understanding that it was inconsistent with the Strategy.

Solitary confinement, isolation

The use of official segregation units is strictly regulated across the UK, although the adequacy of safeguards varies. Solitary confinement is not prohibited for girls, pregnant or nursing women, women with young children or women with psychosocial disabilities.

Women with severe mental health conditions are often found in solitary confinement units in not-suitable settings. Findings across the NPM show women with very high mental health needs, acutely unwell and who should be in hospital, held in solitary confinement. The more severe or complex a woman's mental health condition, the longer she is likely to stay in the segregation unit as there are still long delays in transfers to secure mental health units. In Scotland, there are no secure mental health beds for women, so women who need them are transferred across the border, far from their families, if there is availability for them at all.

Additionally, some women are segregated on wing or self-isolate in their cells, which leads to very serious mental health issues and is less well regulated. Record keeping for formal segregation is good, but documentation on isolation on wing is not. Across the estate, women continue to have too little time out of their cell.

The condition of cells used for solitary confinement varies across the prison estate. Bleak cells that are not fit for purpose are not uncommon. While some are better than others, they are not an environment anyone should spend a long period of time in.

Findings from the NPM revealed that some segregation units in England were bleak, with little access for women to a meaningful regime or therapeutic support, but Foston Hall had made progress in improving conditions and had reduced its use for women who self-harmed. Elsewhere, weak oversight and monitoring meant it was not always possible to see justification for the prolonged segregation of a small number of women, some of whom were at risk of self-harm.

In 2021, at Eastwood Park women's prison (England) a prisoner with an acquired brain injury was continuously segregated for 1,202 days. This case was escalated to both senior officials and the prisons minister, but a solution is yet to be found: she has now been in solitary confinement for nearly three years.

In Scotland, some officers working with women in segregation reported receiving training in trauma and therapeutic approaches, personality disorders and mental health. Generally, however, most officers at the Separation and Reintegration Unit (SRU) had received very little, if any, mental health training, with some feeling under-prepared for SRU work as a result (across the whole prison estate). People in prison who have been segregated in their own cells, and especially women at HMP Greenock and HMP YOI Grampian, report less positive relationships with staff. The design of the Separation and Reintegration Unit at HMP and YOI Stirling meant that women were located within sight and hearing of

the neighbouring community, which compromises women's right to privacy.

In Northern Ireland, a shared Care and Supervision Unit (CSU) for young men and women at Hydebank Wood when inspected in 2022 was out of step with the Nelson Mandela Rules as it did not provide "entirely separate" facilities for women. Women were removed immediately from the shared CSU and were segregated within Ash House and later in Beech house while plans for a bespoke CSU were developed. A new, separate CSU for women was opened in September 2022 which reflected consideration of entry and movement through the unit, materials, furnishings, colour and therapeutic spaces. The unit is calm and spacious and includes a communal multi-purpose space.

Use of means of restraint

Self-harm rates have increased, and the NPM is concerned about the lack of active care to prevent women entering a crisis. Instead, staff use physical force to stop self-harming behaviour. Use of force is not always only used as a last resort and there is a lack of guidance or training from HM Prison and Probation Service to help staff deal with such situations.

Detention procedures regulate the use of physical and medical restraint. Restraints for pregnant women, women in labour, women giving birth and after birth are not prohibited, but they are rarely used in practice.

Record keeping on use of restraint is broadly good, though CCTV recording is not always available, and body-worn cameras are not used in Scotland. In Scotland at HMP and YOI Stirling, a new technique for restraint which does not induce pain, is in use, and inspectors hope it will be rolled out across other establishments. At Foston Hall (England), with some of the highest use of force in the women's estate, body-worn footage was available in fewer than half the incidents in some months, which means incidents cannot be scrutinised for necessity and proportionality.

Access to healthcare

While healthcare provision is generally good, delivery is sometimes hindered by a lack of staff. In 2023, the Prisons and Probation Ombudsman raised concerns over the deaths of two babies in women's prisons in England. These concerns have been carefully considered by the prisons and have been responded to appropriately.

The Independent Monitoring Board at HMP/YOI Styal reported particularly serious problems with women receiving the right medication at the right time, which adversely affected the daily lives of these women, including their access to education and work.

Mental health

Some women in prisons across the UK are acutely unwell and should be in hospital instead of prison. In some women's prisons, over half the population was on a mental health caseload in 2021, and mental health services in prisons struggled to cope. Self-harm is nine times higher in the women's prison estate than the men's estate in England and Wales. Some women with acute mental health conditions are still sent to prison by the courts as an alleged 'place of safety' or for their 'own protection'. There is an urgent need for joint action with the Department of Health, so that prison is not the default setting for people whose primary problem is mental health condition.

Initial medical screening on first admission to prison includes determination of mental healthcare needs, including post-traumatic stress disorder and risk of suicide and self-harm. Regular assessment of mental healthcare needs does not occur as a matter of course, but during risk episodes occurring. Good multidisciplinary support was provided to the most vulnerable at each women's prison in England, but there was an over-reliance on use of assessment, care in custody and teamwork (ACCT)

case management, with too little attention to preventing women getting into crisis in the first place.

In women's prisons in England, despite commitments to remove courts' power to use prison as a "place of safety" (under the Mental Health Act 1983) or to remand people to prison for their own protection under mental health grounds under the Bail Act 1976, the number of women deprived of their liberty under these provisions has actually increased in some prisons.

A lack of secure community mental health beds leads to women being detained for their safety in an inappropriate environment for their mental health needs, with some women held in segregation or on wings without adequate treatment and support. Due to the high level of need, inpatient and specialist units in women's prisons – where they exist – are often full, and women needing admission to secure mental health hospitals are not transferred quickly enough. The high level of care and supervision needed to support women with particularly complex needs who account for many of the increasing incidents of self-harm in prisons, is exacerbating staff shortages. At New Hall, some women with highly complex needs lived on a designated unit that had a positive and therapeutic ethos. At Eastwood Park, the unit to accommodate some acutely mentally unwell women was in a very poor condition and provided far too little support and care.

Across all four nations, women in prison with very serious mental health conditions are not receiving appropriate treatment. In Scotland, despite many years of repeated recommendations, there is no high security hospital for women, which means they must be transferred to England. The result is that women in episodes of severe mental distress are transferred many hours south of the border, if a bed is made available. In Scotland's Community Custody Units, when women arrive after clinical staff have left for the day, are placed on observation with 15-minute intervals between contact by operational staff who do not have clinical expertise and have to wait until the next day to be assessed by a health professional.

In Scotland, a new design at HMP and YOI Stirling has become operational, where women are assessed before transfer to other prisons. HMP and YOI Stirling offers modern accommodation in a campus design, and a trauma-informed ethos provide a therapeutic environment for women. Staff are caring and compassionate, especially in the unit housing the women with the most complex support needs. Women currently stay at HMP and YOI Stirling for only short periods of time, before being transferred to much older prisons with worse quality accommodation, which does not make best use of the much-needed therapeutic environment at the centre. Women cannot fully benefit from this resource when spending such short periods in it.

Contact with the outside world

Relationships with children and family are central to the care of women in prison, but many women are held far from their family homes. The conversion of the women's unit in Edinburgh prison into a unit for high-secure men means that many women have been moved to different areas of the country, far from their communities. There are no women's prisons in Wales, meaning that Welsh women in prison are detained in England.

Support for women to maintain relationships with their children and families was slow to recover after the pandemic, though some sites offered good support to women and their children through mother and baby units. A 2024 inspection of Peterborough prison found that only a third of women said there were able to see family or friends more than once in the previous month. However, staff and prisoners received training through a "Mothering Justice" course on understanding mothers in custody, and a family engagement team provided individual help to women and communicated with children's services, making links between women and, for example, schools, so that mothers could virtually attend parents' evenings and read school reports. No parenting or antenatal classes were available in the Mother and Baby Unit, but mothers in the unit could mentor expectant mothers and offer support. At East Sutton Park and Askham Grange, release on temporary licence was used extensively to enable

women to spend time with their family, which was a positive initiative.

Accommodation and food

Findings from the NPM revealed that, while living conditions were generally reasonable, some shared cells are cramped. In England, prison food was often unpopular and, disappointingly, there were limited or no opportunities for women to prepare or cook their own food at any of the three prisons. Women found the range of items they were able to buy was too limited and did not meet their needs. Just 52% said the shop/canteen sold the things they needed.

Heating and ventilation were common problems in prisons in England, with prisoners either facing extreme cold or heat – which was especially challenging for menopausal women.

Resettlement

Remanded women cannot always access even very basic resettlement help. In some prisons they are excluded from services that are available to sentenced prisoners, such as housing assessments or debt advice. Too many women left prison without a sustainable place to live or homeless.

In England, prisons face too many barriers to providing good resettlement support, providing disjointed, complicated services that couldn't address practical needs like access to bank accounts or national insurance numbers. Suitable accommodation is often not found until very close to women's release dates, which creates uncertainty and prevents other necessary services, like medication or mental health treatment, being arranged reliably. Staff shortages lead to delays and reduce the chance of meaningful support during sentences. However, work to reduce reoffending was properly focused and the quality of offender management was reasonably good in inspection in 2022-23. Importantly, the impact of trauma and abuse was increasingly taken into account with good support offered in England.

Good practice: Resettlement provisions for women

In 2023-24, the NPM found some very positive resettlement provisions for women.

At East Sutton Park, over 80% of women had access to Release on Temp License and many had full-time, paid employment in the community with national companies, which meant that they could transfer to a job near home on final release. An impressive 60% of the women released into paid employment were still in work six months later. At East Sutton Park, key workers consulted other departments regularly, had in-depth knowledge of the women in their care, and promoted progression and rehabilitation; in our survey there, most women (98%) said they had a key worker, and 90% of those found them helpful.

At Askham Grange, over three-quarters of the population were accessing some form of ROTL, and nearly half of the women had an education, skills or work placement in the community, much of which was paid employment. At Askham Grange key workers provided meaningful, engaging and supported sentence progression, contacting their prisoners generally every two weeks.

In Northern Ireland, a women's support worker had been supporting the most vulnerable women during custody and on release and a recent change to the Prisoner Needs Profile meant the Northern Ireland Prison Service was now recording information about domestic and sexual abuse experienced by women in its care.

IV. Women in special situations of vulnerability

In 2022-23, work to promote fair treatment for different groups of women in prison in England had stalled or declined at all sites inspected. Datasets used by leaders were too narrow, and consultations with prisoners too infrequent, to allow leaders to build understanding of the needs of women with additional protected characteristics.

Women belonging to ethnic minorities

The report Towards Race Equality in 2022 reported concerning examples of unequal treatment received by black women especially. Respondents to surveys gave examples of racism and direct discrimination based on race, including by prison staff. Black, Asian and minority ethnic women also reported indirect discrimination and unfair treatment in adjudications, access to employment and release on temporary licence. Staff equality and diversity training seemed inadequate and inconsistently delivered across the women's prison estate. There was not always adequate translation for women prisoners who did not speak English as a first language.

V. Alternatives to detention

In England, it is particularly disappointing that it is proposed to build 500 more prison places for women, rather than investing in small and transitional units, as recommended 15 years ago in the Corston Report. In England, the open prison Askham Grange was only at 73% of its capacity, even though there were plenty of suitably assessed women in the closed estate.

In Northern Ireland, a review of how women in conflict with the law were treated found good promotion of a gender-sensitive ethos, but the need for improving gender responsiveness in the criminal justice system. Recommendations were outstanding to mainstream the Inspire model of probation supervision and establish a small women's custodial facility using a therapeutic model.

It was not possible to tell in any formalised or strategic manner the extent to which criminal justice measures had been responsive to females' offending risks and needs. Lack of resources, and women's relatively low numbers in prison and within the criminal justice system, meant women's risks and needs were somewhat less prioritised. Criminal justice professionals worked with existing, mostly generic, and at times male oriented, out-of-court and community measures to operate where possible in a gender-responsive way.

Probation Board for Northern Ireland staff had established a female only Community Service Squad, Youth Justice Agency and Probation Board staff had sought out gender appropriate services in local areas, and Police Officers worked with community organisations to help de-escalate situations involving women often homeless, living with addiction and in crisis.

Early intervention, out of court and diversionary measures would have benefitted from gender-specific options or clear operational standards to ensure generic measures were tailored in a gender-responsive way.

Good practice: Community Custody Units with gender-specific approach

In Scotland, two new Community Custody Units have opened to replace Scotland's women's prison. These units hold small numbers of women in a structured therapeutic environment, with a trauma-informed and gender specific approach. Women can build independent skills and a future life without crime through the specialised support provided through strong collaboration with community services and access to the community outside the centres. This is positive and an increased range of community access, therapeutic and employment opportunities should be made possible in the future.

VI. Other relevant NPM information on women in prison

- + Criminal Justice Alliance, [Towards-Race-Equality, 2022](#)
- + Criminal Justice Inspection Northern Ireland, [A review into the operation of Care and Supervision Units in the Northern Ireland Prison Service, February 2022](#)
- + Criminal Justice Inspection Northern Ireland, [How the Criminal Justice System in Northern Ireland treats Females in Conflict with the Law, 2021](#)
- + Criminal Justice Inspection Northern Ireland, [Report of an unannounced inspection of Hydebank Wood Secure College, 2019](#)
- + HMIP, [The long wait: A thematic review of delays in the transfer of mentally unwell prisoners by HM Chief Inspector of Prisons, February 2024](#)
- + HMIPS, [A Thematic Review Of Segregation In Scottish Prisons, 2023](#)
- + HMIPS, [Report on Full Inspection of HMP YOI Stirling, February 2024](#)
- + HMIPS, [Report on Full Inspection of The Bella Centre, March 2024](#)
- + HMIPS, [Report on Full Inspection of The Liliac Centre, February 2024](#)
- + NPM, [Guidance: Isolation in detention, 2017](#)

This report is part of the Global Report on Women in Prison.
Access the full report here: www.apt.ch/global-report/