



Developing HMI Prisons scrutiny in the women's estate during recovery from the COVID-19 pandemic.

From thematic to individual establishment scrutiny visits

The short scrutiny visit (SSV) model developed by HM Inspectorate of Prisons (HMI Prisons) in April 2020 was designed to provide independent oversight of a system navigating its way through the COVID-19 crisis. SSVs were developed to minimise the burdens of inspection at a time of unprecedented operational challenge. They involved two to three inspectors spending a single day in an establishment. The methodology is set out in detail on our website for [women's prisons](#) and [published reports can be read online](#). By the end of the SSV programme in early July 2020, HMI Prisons will have undertaken SSVs in 31 prisons and four immigration removal centres.

Our SSV reports show that swift action by the prison service appears to have prevented widespread transmission of the virus and averted the potentially disastrous consequences that some had feared. We have seen fewer cases of COVID-19 than were initially predicted, prisons have been stable and they have had enough staff. Prisoners have largely accepted the need for the actions taken and cooperated with staff.

However, the extreme nature of the measures that have been put in place have taken a toll. Time out of cell, work and education have been severely curtailed. The suspension of visits and consequent loss of face-to-face contact with children and families have been painful burdens for many; this is of particular concern in the women's estate given the number of prisoners who are primary carers and the importance of family relationships. There has also been a reduction in support services, including those intended to promote rehabilitation and help with release planning. It is clear that this is not a sustainable state of affairs.

The COVID-19 pandemic picture has changed significantly since the restricted regimes were implemented in prisons on 23 March 2020. While the threat posed by the virus remains high, the risk calculation is changing. There has been a relaxation of restrictions in the community, which has not yet been matched in prisons. Increasingly, we are seeing evidence of fatigue and frustration among prisoners. They have complied with exceptional restrictions but are finding it harder to understand or cope with them. While some restrictions must continue to be applied in the interests of safety, they must be demonstrably necessary, proportionate and balanced against the negative impact they may have on prisoners.

In light of these factors, it has become clear that it is time to change our approach to oversight. The most pressing need, often identified by prison managers themselves, appears to be for a greater focus on individual establishments rather than higher level thematic reports. This paper sets out an incremental development of the SSV model that takes account of this point. It also recognises that prisons now require and can accommodate more intensive scrutiny, even though the ongoing challenges they face mean that it is too early for the restoration of full inspections.

The breadth and depth of scrutiny will be expanded through longer ‘scrutiny visits’ (SVs), which focus on individual establishments. The SV approach is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic. It will take account of, but not be limited by, the ‘regime stage’ at which prisons are operating, as outlined in the [HMPPS national framework for prison regimes and services](#). There will be a continuing strong focus on health and safety to minimise the risk of spreading infection through visits.

1. Statement of purpose for SVs

Individual establishment scrutiny visits (SVs) will provide effective independent scrutiny of a prison system that is in recovery from the effects of COVID-19, while continuing to adhere at all times to the ‘do no harm’ principle. This means that HMI Prisons will take all reasonable steps to mitigate risks for detainees, prison staff and its own staff, and will work in line with national guidance.

SVs recognise that prisons are stable enough for more intensive scrutiny of prisoner outcomes, but that the ongoing challenges presented by the COVID-19 pandemic mean that it is too early for the restoration of full inspections.

SVs will examine the necessity and proportionality of measures taken in response to COVID-19, and the impact that they are having on the treatment of and conditions for prisoners during the recovery phase.

SVs will critically assess the pace at which individual prisons (re-)establish constructive rehabilitative regimes. They recognise that establishments will be at different points in their recovery journey.

SVs will provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly and notable positive practices shared.

2. Key characteristics of SVs

The rest of this paper details the next phase of our scrutiny visits (SV) methodology. It is tailored to current circumstances and focuses on the treatment of and conditions for prisoners during recovery from the COVID-19 crisis.¹ The methodology has been developed following a human rights scoping exercise, an Equality Impact Assessment and consultation with stakeholders, and it takes account of learning from the short scrutiny visits (SSVs). The visits will entail a total of three days on site: one day in week one, and two days in week two. The first week will be primarily to carry out a prisoner survey. The SVs will have the following main characteristics:

- Visits will be announced to HM Prison and Probation Service (HMPPS) two weeks in advance.
- One to two prisons will be visited most weeks.
- Individual prison reports will be produced, ensuring more detail and accountability.
- Inspectors will spend two days on site, allowing coverage of more areas and greater triangulation. A further inspector will work off-site.
- The team will normally comprise five inspectors, but an additional member of staff may attend for induction purposes.

- If there are heightened concerns about virus transmission in the selected establishment, HMI Prisons may reduce the number of on-site staff and/or the time spent in the prison. The visit may also be postponed.
- The Chief or Deputy Chief Inspector will attend some visits.
- Data will be requested from the prison in advance.
- Inspectors will look at key areas based on a sub-set of our existing human rights-based *Expectations*. Inspectors will use guidance questions related to each *Expectation* (see below, section 5).
- There will be examination of areas of thematic interest.
- There will be restoration of a specially designed prisoner survey.
- A staff survey will be retained.
- The report will be published within four weeks of the visit.
- There will be a narrative judgement in the introduction that directly addresses progress towards recovery, but no scores.
- There will be a small number of key concerns and recommendations.
- Notable positive practice will be included.

3. Continuation of policy analysis and remote monitoring through data analysis

In addition to undertaking scrutiny visits (SVs), we will continue to systematically gather and analyse information and intelligence and to undertake policy analysis. This will help us to determine which establishments to visit and will be included in briefings provided to inspectors ahead of each SV. The following strands of policy analysis and remote oversight have become embedded during the SSV methodology and will continue.

1. A strong strand of policy analysis:

- Examine new legal powers relating to detention introduced as part of the response, and their impact on treatment and conditions.
- Monitor whether new places of deprivation of liberty/detention are opened or the functions of places of detention change, and what governance is in place for these establishments.
- Examine the impact of policy responses. For example, the release of administrative immigration detainees or early release of prisoners.

2a. Maintenance of the following lines of communication to ensure that information is received regularly from the sources listed below. This is a non-exhaustive list of data to be collected outside of SVs (it is not the same as the data request that will be made as part of an SV):

- Daily information from central government (COBRA).
- Daily situation reports from the Ministry of Justice (Moj).
- Daily establishment-level information from HM Prison and Probation Service (HMPPS).
- Daily incident reports.
- Information received via correspondence and phone calls to HMI Prisons.
- Information from Independent Monitoring Boards (IMB), including via the IMB Secretariat.
- Information from partners, non-governmental organisations (NGOs), families, prisoners and other stakeholders.
- Information from the media.
- Intelligence from HMI Prisons staff.
- Intelligence from Twitter and other social media.

2b. Organisation and analysis of the information gathered to assess risks and determine priorities:ⁱⁱ

- Identify specific problems and concerns at individual establishments such as:
 - acute staffing shortfalls
 - clusters of COVID-19 infection
 - spikes or increases in indicators such as self-harm, use of force and concerted indiscipline
 - concerns about local capability and proportionality of response
 - concerns about health provision.
- Identify emerging themes across establishments such as:
 - shortages of equipment
 - lack of escort staff to facilitate transfer to hospital.
- Use the information to make risk-based recommendations for further monitoring and/or site visits (weekly updates). These recommendations will be judgement-based rather than algorithmic, as the quality, quantity and consistency of the available information is likely to be variable.

4. SV timetableⁱⁱⁱ

Announcing and risk assessing the visit

- HM Prison and Probation Service (HMPPS) will be notified of the visit location approximately two weeks in advance.
- HMPPS will advise HMI Prisons if there is heightened concern about virus transmission in the selected establishment. HMI Prisons will take this into account during its risk assessment and may also seek advice from Public Health England (PHE). HMI Prisons may then decide to undertake one or more of the following actions:
 - reduce the number of staff on site to a minimum of three in the second week and a minimum of four in the first week
 - reduce the amount of time on site in the second week
 - decide to postpone the visit and select a different establishment for the scrutiny visit (SV).
- One week in advance, on the Monday before the week one visit, the coordinating inspector will contact the prison directly to discuss arrangements for the visit. They will begin the health and safety risk assessment process, taking particular account of factors such as sudden critical staff shortages or increases in virus cases.
- On the same day, the coordinating inspector will send the prison the following documents: this methodology paper; information about the conduct of the prisoner and staff surveys; and a template to help plan the surveys, which should be returned by Thursday.
- The prison will be invited to provide initial responses to the list of guidance questions in the methodology paper before the main visit week. This will reduce the amount of management time that inspectors need to take during the visit. However, it is understood that operational pressures may hinder the prison's capacity to meet this request.
- Risk assessment of the week one visit will be completed by the coordinating inspector in liaison with the prison, and circulated to the team leader, lead researcher, health and safety lead and HM Deputy Chief Inspector of Prisons (HMDCIP). Account will be taken of current health risks, national guidance and adherence to the 'do no harm' principle. The governor/director will be asked to contact the coordinator as soon as possible if there are sudden changes in risk.
- A liaison officer will be appointed by the establishment to coordinate information gathering and make practical arrangements for the week one and week two site visits.

Week one visit – Prisoner survey and preparation for the full team visit

- The team will usually spend one day on site: Tuesday.
- On that day, HMI Prisons will announce the SV on Twitter and invite stakeholders to provide relevant information. Such information should be sent to: intel@hmiprisons.gov.uk
- The team will arrive in the prison on Tuesday morning at about 9am. The team will normally consist of the coordinating inspector, two researchers and one survey support inspector. The same inspectors will attend the establishment the following week.
- Staff will be allocated to establishments as close to their homes as is possible without compromising delivery of the SV.
- Staff will have laptops and a camera with them.
- Hotels may be used if needed.
- The coordinating inspector will meet with the governor/director to discuss key issues.
- The coordinating inspector will give the liaison officer the information request.
- Researchers and the support inspector will carry out the prisoner survey.
- The coordinating inspector will produce a short, written briefing for the full team, having visited key areas if it is safe to do so.
- The coordinator's briefing and information from the liaison officer will be distributed to teams on Thursday.
- The results from the prisoner and staff surveys will be distributed to inspectors on Friday.

Week two visit – Main visit week

- The team will spend two days on site: Tuesday and Wednesday.
- The coordinator will complete an updated risk assessment on Monday and circulate it to the team leader, health and safety lead and HMDVIP. Account will be taken of any current health risks, national guidance and adherence to the 'do no harm' principle.
- Five inspectors will normally attend the prison, but this may be reduced to three or four in line with the risk assessment (a five-person team would include a team leader, three core inspectors and one health care inspector).
- Staff will have laptops and a camera with them.
- If HM Chief Inspector of Prisons (HMCIP) or HMDVIP attends, they will speak to the governor/director and undertake a limited tour of the prison with a member of prison staff, if available.
- An additional off-site inspector will assist the on-site team by gathering and collating data remotely. For example, they may check NOMIS and OASys, and provide case studies and analysis for the on-site team.
- Inspectors will arrive by about 9am depending on distance travelled. One or more team members, normally including the team leader, may attend the morning meeting.
- Immediately after the morning meeting, the team leader and potentially one other inspector will meet with managers to discuss key questions. It will not be possible to go through all of them, and selection will be down to the discretion of the inspectors attending the meeting.
- Hotels will be used if needed.
- Team meetings will be kept as short as possible and will be by telephone or Microsoft Teams if necessary.
- If the prison does not have a large enough board room, the team will use different rooms across the establishment. Health care and the rehabilitation and release planning (RRP) inspectors could be based in or near their respective departments.
- The team leader will meet the governor/director before leaving the prison to feed back emerging findings.
- On Thursday, the team will prepare feedback bullet points off site.
- A Thursday 2pm meeting will discuss the bullets via Microsoft Teams. This will include HMCIP or HMDVIP. This meeting will agree notable positive practice, key concerns and

recommendations and key overarching points to assist the narrative judgement in the introduction.

- Notable positive practice is defined as, ‘*Innovative practice or practice that leads to particularly good outcomes from which other establishments may be able to learn*’. Inspectors will apply the following tests to establish if the threshold has been reached:
 - Is there triangulated evidence of good outcomes for prisoners/detainees?
 - Does the example show an original, creative or particularly effective approach to problem-solving or achieving the desired goal?
 - Is it apparent how other establishments could learn from or replicate the practice?
- On Friday, the team leader will send feedback to the governor or director, copied to HMPPS officials, and follow up by phone or Microsoft Teams if necessary. Health inspectors will send feedback to health commissioners and providers.
- From Thursday to Monday, team members will write their sections of the reports.

Report writing and editing

- By 11am on Monday, the team leader will circulate the introduction to the team.
- By 3pm on Monday, all contributions will be sent to the coordinator, copied to the team leader.
- By 1pm on Tuesday, the coordinator will send the collated report to the team leader.
- By 5pm on Thursday, the team leader will send the report to the editor.
- The publications team will complete the report’s production, including a five-day window for factual accuracy checks. Publication will be within a month of the visit.

5. What will the SVs look at?

Scrutiny visits (SVs) will maintain a clear focus on prison recovery, regime expansion and realistic progression plans. They will look at key areas based on our existing human rights-based *Expectations* and will use the questions below to guide them. These questions are linked directly to the *Expectations* and are designed to help inspectors get to the heart of the issues quickly during their limited time on site. They can also help establishments to understand the probable main focus of inspectors’ inquiries before the SV. They are *not* a prescriptive checklist and inspectors will continue to identify other issues relating to treatment and conditions. The questions will be adapted for use in different types of custodial environment. Triangulation of evidence will be supported by the prisoner and staff surveys, data analysis and evidence from stakeholders, including the Independent Monitoring Boards (IMBs) and Prisons and Probation Ombudsman (PPO).

The selection of the relevant *Expectations* and the development of the guidance questions followed a human rights scoping exercise specific to COVID-19, available [on our website](#)^{iv} and consultation with relevant government departments/bodies, inspection partners and non-governmental organisations (NGOs), and also took into account findings from short scrutiny visits (SSVs).

Guidance questions

Establishments will be sent the questions two weeks in advance of the main visit, when the HMI Prisons coordinator first contacts the prison. Given the limited time that inspectors will be on site, it would help if managers could provide some response to the questions in advance of the visit. Bullet points and/or a summary briefing addressing the key points will suffice. This will reduce the amount of management time that inspectors need to take during the visit. However, it is understood that operational pressures may hinder the prison’s capacity to meet this request.

I. Safety

I.a. Leadership and management

- Are lessons being learned from the pandemic? Have positive practices been retained, e.g. in relation to cleaning, vulnerability, population pressures and the use of technology?
- Is oversight and management of the risk of infection effective in safeguarding prisoners and staff? Are social distancing and handwashing adhered to?
- Are the restrictions on activity and movement demonstrably necessary and proportionate? Do restrictions take into account the particular needs of prisoners? Are safeguards in place to ensure that restrictions do not amount to ill-treatment?
- Are realistic recovery plans being implemented and are they understood and supported by staff and prisoners?
- Is there clear and effective communication with staff and prisoners about the restrictions, and about the prison's journey towards recovery, including in a range of languages and formats?
- Are managers ensuring that staff and prisoners have enough support?
- Are cohorting arrangements (protective isolation units (PIU), reverse cohorting units (RCU) and shielding units) applied effectively and in line with advice from health care staff?

I.b. Arrival and early days

- Are prisoner movements being managed safely and respectfully?
- Do reception procedures ensure prisoners are kept safe, for example are any additional health and support needs in relation to pregnancy, maternity or COVID-19 identified?
- Can prisoners with babies access a mother and baby unit (MBU) on arrival if assessed as suitable, and are restrictions in place on the MBU necessary and proportionate?
- Are women with caring responsibilities (for children and others) able to make suitable arrangements to ensure that dependants are safe and cared for?
- Are women who have experienced previous trauma identified and supported?
- Can prisoners make contact with family/friends on their first night?
- Does the RCU regime provide daily access to showers, exercise and other facilities?
- Is induction comprehensive and suitable for prisoners who speak other languages or who have literacy problems? Does it clearly describe what opportunities prisoners have for constructive activity and progression?
- Are Listeners and peer workers able to support and inform arriving prisoners?

I.c. Managing behaviour: encouraging positive behaviour, adjudications, use of force, segregation

- What is local security intelligence telling the prison about the way that COVID-19 has affected the establishment and as a result have relevant actions been taken in response to this analysis?
- What is the evidence on drug use, victimisation and use of force? How is the prison responding to this?
- Has the prison maintained adequate oversight of key areas such as use of force and segregation (including analysis of data and action planning) to ensure that all uses are necessary, proportionate and for the shortest period as possible? Is consideration given to minimising the spread of COVID-19 when using force?
- What is the prison doing to motivate good behaviour? Can prisoners still progress on a rewards scheme?
- Are disciplinary processes applied fairly and for good reasons? Is consideration given to the impact of imposing disciplinary measures in the context of a restricted regime?
- Do disciplinary sanctions include restrictions on visits or contact with family?
- Are safeguards in place to prevent unofficial or collective punishments?

1d. Safeguarding and supporting the most vulnerable (including those at risk of self-harm)

- Do prisoners feel safe and are they protected from harm?
- What is being done to identify and address potential psychological deterioration of prisoners, including those with mental health problems or complex needs, and those at risk of self-harm?
- What has the prison done to support prisoners with complex needs?
- Are prisoners in isolation, and those choosing to minimise their social contact, being appropriately identified, supported and provided with sufficient meaningful human contact?
- Are Listeners able to carry out their roles? Are they supervised and supported?
- Is self-harm being identified? Has the pattern of self-harm behaviour changed since the implementation of the restricted regime and how has the prison responded?
- What impact have the restrictions had on prisoners being able to access support that was previously available to them, such as from the community? What is being done to mitigate any impact?
- Are deaths and near misses still being reported and investigated, and are lessons learned?
- Are prisoners at risk of self-harm being effectively supported, including through case management?
- Are prisoners able to quickly raise the alarm in an emergency?
- Are prisoners able to contact helplines and can families and others reach safer custody lines?

2. Respect

2a. Staff-prisoner relationships

- Are staff-prisoner relationships positive and meaningful? How are they affected by the regime currently in place?
- Do staff regularly check on the welfare and wellbeing of prisoners?
- Is the key worker scheme operating effectively for all prisoners?
- Do staff take the time to understand prisoners' individual circumstances and are they committed to caring for prisoners?

2b. Daily life: living conditions (including mother and baby units (MBUs))

- Are prisoners held in decent living conditions?
- Are prisoners, including those in isolation, able to keep themselves and their cell clean?
- If prisoners are in isolation, has thought been given to their hygiene and menstrual care needs? Are they able to access showers?
- Are communal areas regularly cleaned and disinfected to a good standard?
- Can prisoners access clean clothing, towels, bedding and laundry facilities?

2c. Daily life: complaints, legal services, prisoner consultation, food and canteen (residential services)

- Can prisoners exercise their legal rights, including applying for bail? Do they have adequate and confidential access to their legal representatives?
- Does the food meet the varied needs of prisoners, including those with specific religious and cultural needs?
- Is the prison shop operating effectively?
- Is there an effective complaints and applications system? Is analysis of complaints undertaken and acted on?
- Is effective prisoner consultation in place and does it lead to action where necessary?

2d. Equality, diversity and faith

- Is strategic oversight of equality and diversity in place, including monitoring, analysis and action planning?
- Do managers and staff have sufficient time and support to carry out equalities work?
- Are pregnant women and those caring for children in prison fully supported throughout their time at the prison by appropriately trained staff?
- Are external community representatives able to provide strategic advice and support to prisoners?
- How is the prison consulting with minority groups to understand the impact of the restrictions on them and to inform decision-making?
- Is there monitoring of the differential impact of restrictions on particular groups? Are any mitigations put in place to address evidence of differing impacts?
- Is discrimination or harassment investigated and challenged?
- Are reasonable adjustments made to allow for prisoners to participate in prison life?
- Are prisoners supported to practice their religion? Can they access places of worship?
- Does the chaplaincy have a presence and provide adequate pastoral support?

2e. Health care

- Is there effective partnership working and management oversight of health care services to ensure health needs are being met?
- Is there an up-to-date local outbreak control plan and joint risk register to mitigate infection risks, including robust plans to support pregnant women and mothers and babies if required?
- Are all new arrivals receiving a safe and comprehensive health screen?
- Are age- and gender-specific immunisation and vaccination programmes in place?
- Do patients have access to primary health care, mental health and substance misuse services which meet their age and gender needs?
- Is there evidence that health providers are innovative in implementing new ways to deliver care to meet individual needs?
- Is there a timely and equivalent dental service available to prisoners, including emergency treatment?
- Do prisoners have their ongoing social care needs met? Are those with unmet needs being identified and assessed in a timely manner?
- Are medicines appropriately prescribed and reviewed? Are they received without delay and in a safe manner?
- Do prisoners receive relevant pre-release assessment and support, and can they access community services to maintain continuity of care on release?
- Are the health care needs of pregnant women and mothers and babies being met? Is public health England (PHE) guidance being followed for these groups? What arrangements are in place for pregnant women due to give birth? Are there credible plans in place for them to give birth in hospital safely?
- Are immediate sexual and reproductive health and other needs being identified and met? For example, support for unplanned pregnancy or sexual assault?

3. Purposeful activity

- Is time out of cell adequate and are any restrictions on it proportionate to current risks?
- Do all prisoners have daily access to the open air for at least one hour?
- Have activities that can be undertaken with sensible precautions been reinstated, e.g. gardening, workshops with social distancing, etc?
- Can prisoners participate in education, including basic English and maths, and distance learning?

- Do prisoners have regular access to library resources and physical exercise to support their emotional and physical wellbeing?
- Has the prison provided enough good quality, creative in-cell activity?

4. Rehabilitation and release planning

4a. Contact with children and families

- Are prisoners with caring responsibilities (for children and others), including foreign nationals, being supported and enabled to make arrangements for their dependents given the change in circumstances? For example, education of children, social care provision for elderly parents? Is this free of charge where necessary?
- Is the prison taking proactive steps to plan for the reintroduction of social and official visits as soon as safely possible?
- What impact do restrictions have on the quality of visits?
- Are alternative means of communication, such as video-calling, extra letters and mobile phones, frequently and freely available to prisoners? Are prisoners encouraged and supported to take up these means of contact? What is the quality of video calls?
- Is family support work taking place? For example, is support available to families who are experiencing a crisis in the community due to current restrictions?
- Are prisoners' family and other community ties being fully considered and explored when assessing eligibility for and appropriateness of temporary leave or early release?

4b. Sentence progression and risk management

- Are prisoners able to progress through their sentence and are they actively supported by prison offender managers (POMs)?
- Can POMs contact (community offender managers) COMs and relevant community services?
- Are risk of harm assessments and sentence plans being completed?
- Can prisoners access work to address their offending behaviour (e.g. programmes or one-to-one work) and release on temporary licence (ROTL)?
- Are progressive transfers possible and taking place where appropriate?
- Is the interdepartmental risk management team (IRMT) functioning effectively? Are multi-agency public protection arrangement (MAPPA) levels reviewed ahead of release?
- Are public protection arrangements reviewed frequently enough (e.g. decisions to put prisoners onto monitoring or to remove them)?
- Is phone and mail monitoring still taking place in a timely manner?

4c. Release planning

- Are resettlement plans completed effectively, taking into account changed circumstances due to COVID-19 (such as inability to access face-to-face services)? Is required pre-release support provided?
- Are prisoners who have experienced trauma, including abuse, rape or domestic violence, identified and supported to address their specific needs?
- Is there help available for prisoners with housing problems? Have any prisoners been released homeless recently? How many have been released to emergency and short-term accommodation?
- Are suitable measures in place for prisoners who have or are vulnerable to COVID-19 on release?
- Are prisoners assisted to understand and comply with community restrictions on release?
- Are prisoners who are suitable for early release (End of Custody Temporary Release/Coronavirus Restricted Temporary Release, Special Purpose License, Home

Detention Curfew) (ECTR/CRTR, SPL, HDC) assessed thoroughly and quickly, and released promptly?

- If prisoners are being released early, what support are they being given, including in relation to reuniting with their children?

Expectations

The *Expectations* from which these questions are derived are as follows:*

I. Safety

- Women are safe at all times while under escort, and individual needs are recognised and given proper attention. (2)
- Women feel and are safe on their reception into prison and for the first few days in custody. (4)
- The safety of women's children and other dependents is assessed and safeguarded. (6)
- Women's needs are accurately assessed on arrival and timely action is taken to address them. Officers ensure that individuals' needs or immediate anxieties are addressed before they are locked away for the night. (8)
- Women at risk or who have been subject to victimisation or violence are protected. (11)
- The incentives and earned privileges (IEP) scheme is proportionate and applied fairly, transparently and consistently. (14)
- Women at risk of self-harm or suicide receive personal and consistent care and support to address their individual needs and have unhindered access to help. (16)
- Women, particularly adults at risk, are provided with a safe and secure environment which protects them from harm and neglect. They receive safe and effective care and support. (17)
- Women are able to reside in a safe environment where security is proportionate to the risks of the women held. (19)
- Effective processes are in place to protect women from misconduct or illegal conduct by staff. (23)
- Women are subject to reasonable disciplinary procedures, which are applied fairly and for good reason. (24)
- Women are only subject to force which is legitimate, used as a last resort and subject to rigorous governance. (26)
- Women are located in special or unfurnished accommodation, or placed in mechanical restraints or strip clothing, only as a last resort and are subject to measures which protect their human dignity. (28)
- Women are segregated safely and decently for the shortest possible period and are supported to reintegrate into the normal regime at the earliest opportunity. (30)
- Women dependent on drugs and/or alcohol receive clinical treatment which is safe, effective and meets individual needs. (33)

2. Respect

- Women live in a safe, clean and decent environment which is in a good state of repair and fit for purpose. (1)
- Women are encouraged, enabled and expected to keep themselves, their cells and communal areas clean. (3)
- Women have enough clean clothing of the right kind, size, quality and design to meet individual needs. (5)
- Women are treated with humanity and respect for their human dignity at all times. Staff actively engage with women and relationships are positive and courteous. (7)
- By employing fair processes, the prison ensures that no prisoner or group is unfairly disadvantaged. (10)

- The prison demonstrates strong leadership in delivering a coordinated approach to eliminating all forms of discrimination. (11)
- Staff promote a respectful and safe environment, in which each of the distinct protected characteristics of women is recognised and addressed with respect and dignity. (13)
- Pregnant women and those caring for children in prison are fully supported throughout their time at the prison by appropriately trained staff. (23)
- Mothers and babies are provided with a safe, supportive and comfortable environment which prioritises the care and development of the child. (25)
- Women are enabled and encouraged to practise their religion fully and in safety. Different religious faiths are recognised and respected. (26)
- Women are fully supported by the chaplaincy, which contributes to prisoners' overall care, support and resettlement. (27)
- Women have confidence in complaints procedures, which are effective, timely and well understood. (28)
- Women are informed of and understand their sentence, or remand in custody, including the opportunities and terms of release and the consequences of breach of licence. (30)
- Women are supported by the prison staff to freely exercise their legal rights. (31)
- Women have a varied, healthy and balanced diet which meets their individual needs, including religious, cultural or other special dietary requirements. (45)
- Women can purchase a suitable range of goods at reasonable prices to meet their diverse needs and can do so safely. (47)

Health care

- Women are cared for by a health service that accurately assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. (32)
- Women benefit from evidence-based health services which are safe and accessible, and which maintain decency, privacy and dignity and promote their wellbeing. (33)
- Patients are treated with respect in a professional and caring manner which is sensitive to their diverse needs, by appropriately trained staff. (34)
- Women's immediate health and social care needs are recognised on reception and responded to promptly and effectively. (37)^{vi}
- Women's individual health care needs throughout their duration at the prison are addressed through a range of care services. (38)
- Women assessed as requiring secondary care services are able to access them without undue restrictions to ensure continuity of care. (40)
- Women are cared for by a pharmacy service which assesses and meets their needs and is equivalent to that in the community. (41)
- Women are cared for by a dental health service that assesses and meets their needs and is equivalent to the standard and range in the community. (42)
- Women with common mental health problems are recognised and supported by health staff and specialist services at the prison and have unhindered access to help in pursuing recovery. (43)
- Women's severe and enduring mental health needs are recognised and supported by health staff and specialist services at the prison, and they have unhindered access to help. (44)

3. Purposeful activity

- Women have regular and equitable access to a range of out of cell activities. (1)
- All women are occupied purposefully during the core day. (4)
- Women benefit from learning and skills and work provision that is of a high standard and meets their needs. (5)

- Women involved in learning and skills and work achieve learning goals that meet their identified needs, and increase their employability. (6)
- Women benefit from regular access to a suitable library, library materials and additional learning resources that meet their needs. (7)
- Women benefit from physical education and fitness provision that meets their needs. (9)

4. Rehabilitation and release planning

- Each prisoner's risk of harm to others is kept to a minimum and their likelihood of reoffending reduced. (3)
- Women understand and are motivated to meet sentence plan targets and are supported at the prison in their efforts to achieve them. (4)
- Any imposed restrictions or requirements placed on women are proportionate to managing their risk and protecting the public. Women are appropriately assessed and decisions are clearly communicated. (5)
- All women, including those on remand or serving short sentences, have a custody plan that includes targets to address identified resettlement needs. These targets are monitored and reviewed until the point of release. (8)
- Women, at the point of release, receive adequate provision for re-entering the community. (9)
- Women and their families receive ongoing active support to maintain or re-establish relationships, where it is appropriate. (11)
- Women have sufficient access to visits to sustain healthy relationships with their children and families. Women are aware of the prison procedures and their visits entitlements. (12)
- Women are actively supported to maintain contact with children and families through regular and easy access to mail, telephones and other communications. (14)
- Women who have been the victim of abuse, rape or domestic violence are identified and supported to address their specific needs. (15)
- All women have suitable, sustainable and safe accommodation arranged prior to their release. (18)
- Women have access to interventions that produce a positive and demonstrable change in attitudes, thinking and behaviour. (24)

6. Visit methods

Inspectors will, wherever possible, base all findings on the triangulation of multiple evidence sources. Triangulation describes the corroboration of an evidence source with at least two other different sources. Inspectors will use the following methods to arrive at findings:

- Data to enable triangulation.
- Observations while walking around establishments.
- Speaking to prisoners. This will be done while adhering to social distancing guidelines and in the following ways:
 - on wings where prisoners may already be unlocked
 - opening cells where it is safe to do so
 - in workshops, if they are running
 - at mealtimes when prisoners are collecting their food
 - during other periods when prisoners may already be unlocked
 - by using in-cell phones where they are available
 - isolating prisoners will normally only be spoken to by phone. If that is not possible and inspectors consider it important to speak to an isolating individual, this will be done only with HMI Prisons' own personal protective equipment (PPE) and normally by the HMI Prisons health inspector.

- Speaking to staff. This will also be done while walking around establishments and while maintaining suitable distance.
- Prisoner and staff surveys will also be undertaken.
- The off-site inspector can check NOMIS, OASys and other computerised case notes as required.
- Maintaining a direct link with Independent Monitoring Boards (IMBs). The IMBs are gathering considerable information from forms of remote monitoring, including a telephone line set up specifically for prisoners. This information will continue to be shared with HMI Prisons as it has been during the short scrutiny visits (SSVs). We will continue to provide the IMBs with our findings.

Health and safety

The detailed health and safety guidance established for SSVs has been updated in light of current knowledge and circumstances, with the aim of minimising the risk of spreading infection when carrying out SVs. Risks and mitigations are extensively documented in the current version of HMI Prisons' COVID-19 health and safety guidance, which is available [on our website](#).

Safeguarding and sanctions

HMI Prisons will continue to follow its existing safeguarding and sanctions protocols.^{vii}

7. Reporting findings

HMI Prisons will provide written briefings to individual establishments, HM Prison and Probation Service (HMPPS) and health providers in the same week as the visit. Within one month of the visit, HMI Prisons will publish an individual establishment report on the treatment of and conditions for prisoners during the recovery from COVID-19. The report will include a commentary on the pace of progress towards reintroducing constructive and rehabilitative regimes. Recommendations made in previous full inspection reports will not be followed up at SVs, but recommendations made at a previous SV will be.

HM Chief Inspector of Prisons (HMCIP) may write to the Secretary of State to bring to their attention serious concerns that in his judgement require immediate attention. HMCIP reserves the right to publish any such correspondence. However, the Urgent Notification process, which was designed with full inspections in mind, will not be used for SVs. The reports will be structured as follows:

- Introduction
- Fact page
- Where relevant, judgements on previous key recommendations
- Key concerns and recommendations from this visit
- Notable positive practice
- Main findings under healthy prison areas
- Photographs where useful

Prisoner and staff surveys will be published alongside the report on the HMI Prisons website.

HMI Prisons may collate the findings of individual visits to produce thematic reports on specific issues that affect the whole estate.

8. Conclusion and implementation

HMI Prisons' developing approach to scrutiny during the COVID-19 pandemic will enable greater depth and breadth of scrutiny and more triangulation of evidence. Scrutiny visits (SVs) will continue to provide constructive and evidence-based commentary, which tells the story of prison life during recovery from the COVID-19 crisis. The reports will be published quickly enough to influence decisions.

The SV methodology is intended to be sufficiently flexible to allow for more intensive scrutiny and longer visits as conditions improve. It will be subject to regular review to ensure that HMI Prisons' approach is responsive to changing circumstances. The viability of returning to the full inspection methodology is also under constant review and they will be re-established as soon as it is safe and practicable to do so.

Notes

- i As recognised by the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (SPT), the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) and the World Health Organization (WHO), it is crucial that National Preventive Mechanisms (NPMs) can continue to exercise their mandate, as set out in OPCAT, throughout the COVID-19 outbreak, particularly in light of the risks the outbreak poses to those detained. At times of crisis and operational pressure, the risks of both conscious and unintentional mistreatment increase, and external perspective and oversight of closed institutions can be even more important than usual. The SPT guidance stresses these points and states that NPMs, ‘should continue to undertake visits of a preventive nature, respecting necessary limitations on the manner in which their visits are undertaken.’ The CPT states that, ‘Monitoring by independent bodies, including National Preventive Mechanisms ... remains an essential safeguard ... States should continue to guarantee access for monitoring bodies to all places of detention, including places where persons are kept in quarantine.’ For more information, see the accompanying human rights scoping document, HMI Prisons, *COVID-19 Human Rights Scoping*, July 2020.
- ii There are significant limitations to what can be learned from data alone. During inspections, we view data as a starting point and our final conclusions often diverge from the direction in which it was initially taking us. The quality of information also depends on careful recording; in the current situation we may be able to place less reliance on full and thorough records given that staff may have other urgent priorities.
- iii This is an indicative timetable and may be subject to minor variations in light of experience.
- iv The selection of the relevant *Expectations* and the development of the guidance questions followed a human rights scoping exercise specific to COVID-19, available [on our website](#). This exercise looked at standards applicable across detention settings. In addition, in relation to women, specific standards include the following:
 - The specific needs of women must be considered when determining and implementing measures to be put in place in response to COVID-19, including the impact of restrictions on them. Measures taken must not directly or indirectly discriminate against women and should take into account the multiple forms of discrimination that women may face;
 - Gender-based violence against women, including domestic violence, trafficking and forced marriage, must continue to be investigated with due diligence and perpetrators prosecuted. States must also continue to exercise due diligence in preventing such violence and protecting women from it, taking into account heightened risks during the pandemic. Women who have experienced such violence must have effective access to justice and be provided with support, including medical and psychosocial support;
 - Women must be provided with sexual and reproductive health services and information, including contraception, safe access to abortion and maternity care;
 - The impact of changes in the labour market due to COVID-19 on the employment of women, including those working in health and social care and in informal, temporary or precarious forms of employment, must be considered;
 - For those in detention settings holding women:
 - Women’s specific hygiene needs must be met, including in relation to being provided with a suitable range of menstrual care products and ready access to toilets and washing facilities;
 - Women’s contact with their families, including their children, must be encouraged and facilitated by all reasonable means and women should be able to participate effectively in

- parenting their children. On admission, women with dependents must be allowed to make arrangements for the care of those dependents;
- Women must be able to make an application for their baby to stay with them in prison and decisions must be based on the best interests of baby. Mothers and their babies reside in a child-friendly and safe environment which provides them with adequate support and care;
 - All searches must be undertaken by staff of the same gender as the prisoner and measures must be taken to maintain dignity and privacy;
 - Rehabilitation and planning for release must take into account any gender-specific needs; and
 - Decisions on early release should take into account the nature of offending, family reintegration needs and caregiving responsibilities.

See Articles 2-5, 10(h), 12 and 14(2), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); Rules 1, 2, 5, 6, 10-19, 25.2, 26, 41, 42.4, 46, 47, 49, 51 and 55, United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the 'Bangkok Rules'); Committee on the Elimination of Discrimination against Women, "Call for joint action in the times of the COVID-19 pandemic", 21 April 2020,

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT/CEDAW/STA/9158&Lang=en; Office of the High Commissioner of Human Rights (OHCHR), *Internal HRTB toolkit of treaty law perspectives and jurisprudence in the context of COVID-19*, May 2020 (updated 15 July 2020), pp. 15-16,

https://www.ohchr.org/Documents/HRBodies/TB/COVID19/HRTB_toolkit_COVID_19.pdf; Committee on the Elimination of Discrimination against Women, *Guidance Note on CEDAW and COVID-19*, April 2020,

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT/CEDAW/STA/9156&Lang=en; Council of Europe, *Recommendation CM/Rec(2018)5 of the Committee of Ministers to member States concerning children with imprisoned parents*, adopted April 2018,

<https://rm.coe.int/cm-recommendation-2018-5-concerning-children-with-imprisoned-parents-e/16807b3438>; and European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), *Factsheet: Women in prison*, CPT/Inf(2018)5, January 2018, <https://rm.coe.int/168077ff14>.

- v Numbers in brackets refer to the number of each expectation as it appears in the *Expectations: Criteria for assessing the treatment of and conditions for women in prison*.
- vi Care Act 2014; Social Services and Well-being (Wales) Act 2014.
- vii These can be found at <https://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>.