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TASHABBUSI HUQUQI

GUIDANCE DOCUMENT

MONITORING PLACES OF DEPRIVATION OF LIBERTY

PRISON FACILITIES (PRE-TRIAL AND POST-TRIAL DETENTION)

This document has been produced within the framework of the project “Advancing Fundamental Rights: Strengthening Civil Society, Preventing Torture, and Transforming Prisons for Human Rights in Tajikistan”, funded by the European Union.

The contents of this document are the sole responsibility of the Prison Insider and can under no circumstances be regarded as reflecting the position of the European Union.

INTRODUCTION

This guidance document offers concise summaries of international standards on detention, along with indicative questions to support the monitoring of prison facilities —covering both pre-trial* and post-trial detention.

The content is structured around five key dimensions:

1. **Material conditions** – including food, sleeping arrangements, and hygiene;
2. **Medical care** – encompassing access to medical care;
3. **Being protected** – ensuring psychological and physical integrity;
4. **Being active** – access to work, education, recreation and spiritual activities;
5. **Being connected** – maintaining connections with the outside world.

Each dimension is further divided into sub-dimensions, with detailed guidance to facilitate a thorough understanding of all relevant standards. For each sub-dimension, a summary of relevant international standards is completed with questions aimed at assessing compliance with these standards.

The summaries are grounded in core international instruments that define minimum standards for the treatment of individuals in detention. These include, but are not limited to, the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, the General Comment No. 35 of the Human Rights Committee, Article 9, the Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, the "Nelson Mandela Rules", the "Bangkok Rules", the "Beijing Rules", and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty.
This guidance document also draws upon toolkits, practical manuals, and briefing papers from organisations with relevant expertise, including the Association for the Prevention of Torture (APT) and Penal Reform International (PRI).

The annex presents the relevant international standards for each sub-dimension in detail. It is structured according to the guidance document, allowing direct consultation of the standards on which each dimension's summary is based.

Drawing on its extensive experience with diverse stakeholders worldwide, Prison Insider has supplemented the chapters of this guidance document with targeted questions designed to help assess whether the conditions of detention in a visited prison comply with international standards on detention.

Prison Insider has also produced a toolkit of National Preventive Mechanisms good practices in collaboration with the Council of Europe and a toolkit on practical interview guidance for monitoring prison facilities.

This toolkit is designed to be a practical tool. It does not claim to be exhaustive.

SUMMARY

INTRODUCTION **2**

SUMMARY **3**

MATERIAL CONDITIONS **4**

WATER AND FOOD 4
ACCOMODATION 4
HYGIENE 6

MEDICAL CARE **9**

PREVENTIVE FRAMEWORK 9
GENERAL HEALTH 11
MENTAL AND DENTAL HEALTH 13
CARE FOR PEOPLE WITH SPECIFIC NEEDS 15
CONTINUITY OF CARE 16

BEING PROTECTED **17**

LEGAL SAFEGUARDS 17
EXISTENCE OF A PREVENTIVE FRAMEWORK 20
EFFECTIVITY OF THE PREVENTIVE FRAMEWORK 22
COMPLAINT & INSPECTION MECHANISMS 26

BEING ACTIVE **28**

WORK 28
TRAINING AND EDUCATION 29
CULTURAL, SPORTING AND SPIRITUAL ACTIVITIES 30

BEING CONNECTED **33**

CONNECTION TO LOVED ONES 33
CONNECTION TO SOCIETY 38

MATERIAL CONDITIONS

WATER AND FOOD

The standards in brief *(see annex for full reference)*

People in prison have consistent and sufficient access to potable water, whenever they need. The prison administration provides food covering the nutritional needs in quantity and quality. Meals are served at the usual local hours and the food is well prepared and served.

QUESTIONS

- Does the prison administration provide water and food to each incarcerated person?
- At what time is the food served? Does it align with the typical mealtimes in the country?
- How many meals are distributed? Describe the food. Does it cover the nutritional needs in terms of quantity and quality?
- Are people with special diets (medical needs, spiritual reasons...) provided with appropriate meals?
- Are any categories of incarcerated discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* and young adults, people on pre-trial detention*, other relevant prison population).

ACCOMODATION

SPACE

The standards in brief *(see annex for full reference)*

Sleeping accommodation shall take into account the principle of intimacy and security. Each person should sleep in an individual cell. This principle should be applied with consideration for local and cultural contexts. Where appropriate, collective accommodation may be used. In such cases, individuals must be carefully selected to ensure they are suitable to share living space under those conditions.

If for special reasons, such as temporary overcrowding, it becomes necessary for the prison administration to make an exception to this rule, it is not desirable to have two people in a cell or room.

For reference, the CPT establishes the minimum standard for personal living space in prison facilities as follows:

- 6m² of living space for a single-occupancy cell + sanitary facility

- 4m² of living space per person in a multiple-occupancy cell + fully partitioned sanitary facility

- at least 2m between the walls of the cell

- at least 2.5m between the floor and the ceiling of the cell

SLEEPING CONDITIONS

The standards in brief *(see annex for full reference)*

All people in prison are provided with a separate bed and appropriate bedding, suited to the climate and local standards.

Bedding is kept in good order and changed often enough to ensure its cleanliness.

Artificial lighting is not kept on 24 hours a day in sleeping areas. It shall observe the hours of night and day and allow incarcerated individuals to sleep without artificial lighting.

CELL CONDITIONS

The standards in brief *(see annex for full reference)*

The premises are kept clean and properly maintained. They are in good condition and meet all requirement of health and safety. The premises have an alarm system that allows incarcerated individuals to call for help.

People in prison are provided with windows large enough to enable them to read or work by natural light. They are also provided with sufficient artificial light to read or work without injury to eyesight.

Windows are so constructed that they can allow the entrance of fresh air. Temperature control is appropriate to climatic conditions. People in prison are provided with functional heating and/or ventilation.

QUESTIONS

- Are the cells collective or individual? How many people are incarcerated per cell? How many hours per day do they spend in the cell? Are the meals taken inside the cells?
- What is the space available in each collective cell and individual cell? (estimate the average in square meters, sanitary facilities excluded)
- Are the sanitary facilities located in the cells?
- Is each incarcerated individual sleeping on a bed composed of a structure, mattress and bedding adapted to the temperature? In what condition are they? (wear and cleanliness)
- How often can incarcerated individuals wash their bedding? Is there a laundry system or must they pay and wash it by their own means?
- Is the cell equipped with a window large enough to provide daylight and fresh air?
- What are the temperatures in the cell across the seasons? Is there a functional ventilation and heating system to maintain an appropriate temperature?
- Is there an alarm system inside the cell for incarcerated individuals to call for help?
- Is the light turned off at night to allow incarcerated individuals to rest? (Pay specific attention to people in stricter regime or under specific surveillance: is there a regular checking on them that disrupts sleep by turning on the lights, or requiring the incarcerated individuals to move or speak, including at nighttime? If so, to which frequency?)
- Describe the material conditions of the cells: furniture, cleanliness, deterioration...
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

HYGIENE

SANITARY FACILITIES

The standards in brief *(see annex for full reference)*

People in prison have access to sanitary facilities at all times. These facilities are located in or near the cell.

They have access to bathing and shower installations. This access is regular and sufficient. Sufficient supply of water, at a temperature suitable to the climate, is available. The water supplied is clean.

PERSONAL HYGIENE

The standards in brief *(see annex for full reference)*

Sanitary facilities are clean and decent. People in prison are provided with necessary toilet articles to maintain health and cleanliness (such as soap, toilet paper, shaving supplies, sanitary pads, hairbrush). Facilities are provided for the proper care of incarcerated individuals' hair and beard.

CLOTHES

The standards in brief *(see annex for full reference)*

People in prison have access to clothing suitable for the climate and adequate to keep them in good health (either provided by the administration or their own). When clothing is provided, there are in no manner degrading or humiliating. Incarcerated individuals' clothing are washed as often as necessary.

QUESTIONS

- Where are the sanitary facilities (showers, toilets, sink...) located? Is the access to these facilities individual or collective?
- If they are outside of the cells, how can people in prison access them at day? At night? (authorisation, frequency of access...)
- Describe the state of the sanitary facilities: equipment, cleanliness, deterioration...
- Is the water supply sufficient? Is the water clean and at a temperature suitable for the climate?
- Can people in prison shower and use toilets in intimacy?
- Describe the toilet articles provided by the administration. Indicate the quantity and regularity of provision (soap, toilet paper, shaving supplies, sanitary pads, hairbrush,
- shaving supplies, or other relevant items). Are they sufficient in quantity? Are people with specific needs provided accordingly? (women, children*, elderly people...)
- If people in prison need to buy items due to a lack of provision or for better quality products, please describe the prices and types of articles they can purchase at the prison commissaries. Consider the financial situation of people in prison: is it difficult to afford?

- Are people in prison provided by the administration with clothing suitable for the climate? Are the clothes respecting their dignity? (no humiliating colours or other marks of disrespect)
- If not, how do people in prison get supplied with clothing (local non-profit organisations, loved ones*...)?
- Is there a laundry system for people in prison to get their clothes washed? If so, describe its functioning. If not, describe how they manage to wash their clothes themselves (supply of washing products, equipment to wash and dry...).
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

MEDICAL CARE

PREVENTIVE FRAMEWORK

The standards in brief *(see annex for full reference)*

People in prison* are examined by a physician or other qualified health care workers as soon as possible following their admission.
The medical examination is complete. It allows in particular to identify any signs of psychological or other stress, as well as any ill-treatment or sexual violence that they may have been subjected to prior to their admission. Health care workers report any sign of torture* or ill-treatment observed, in a confidential report available to the incarcerated individual*. All medical examinations are carried out in respect with the principle of confidentiality.

People in prison have access to health awareness and information programmes, delivered by qualified health care workers or trained prison staff. Upon admission and regularly during detention, incarcerated individuals are provided with testing* for contagious diseases and screenings* by qualified health care workers or trained prison staff. Information regarding an incarcerated individual's testing* and screenings* results is not included in documents accessible to prison staff. Disclosure of such information is permitted only when deemed necessary by healthcare professionals, in accordance with medical ethics, to protect the health and safety of both incarcerated individuals and staff.

People in prison have unrestricted access to equipment to limit the risk of infection. This access respects the principle of confidentiality. Those who suffer from contagious diseases can be isolated for clinical reasons within specific facilities.
People in prison have access to vaccination programmes organised within the place of detention. These programmes are tailored to the prevalent diseases in detention and in society in general.

QUESTIONS

<u>Examination upon admission:</u>

- Are incarcerated people examined upon admission?
- What are the qualification of the examiners (nurse, doctor, health practitioner…)?
- Are there any delays in accessing the initial medical examination upon admission?
- Are they any records of psychological, physical violence or any other ill-treatment and torture* prior or during detention?
- Are medical examination regularly made during detention?
- Is the individuals' fitness to participate in physical activities, exercise, or work assessed and how?
- Is the presence of prison staff during the medical examination prohibited?
- Are all medical examinations conducted in a private and confidential manner?

For the recording of medical information, see "continuity of care" section below.

- Are people in prison provided with testing* for contagious diseases and screenings*? (for Tuberculosis, Human Immunodeficiency Viruses, hepatitis, etc.) If so, describe the requirements to access these, and their frequency.
- Are the results confidentially communicated to the incarcerated individuals concerned? Do the health staff provide people in prison with recommendations and advice related to the results?
- Describe the health information programmes delivered (type and qualification of the staff delivering them, people benefiting from them, places, material, and confidentiality).
- Are they tailored to the needs, cultural and educational backgrounds of people in prison? List the languages in which they are delivered and specify if it corresponds to the prevalent languages in prison.
- What are the most prevalent diseases in prison? What are the vaccination programmes delivered, and who in prison has access to these vaccination programmes? Do the vaccinations correspond to the prevalent diseases in prison?
- Is there any lack in providing the points mentioned above? (health awareness, vaccination, complete medical examination) If so, describe what are the lacks and identify potential reasons (lack of staff, incomplete programmes, irregularity of examination…)
- Lists the preventive equipment to which people in prison have access (condoms, lubricant, sterile injection equipment (within the framework of dedicated specific programmes), scissors, razors, toothbrushes, tattooing and disinfection materials…). Describe the access (procedures and requirements to access, quantity of supply, confidentiality…).
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

GENERAL HEALTH

The standards in brief *(see annex for full reference)*

Access to general health care

People in prison* can access health care often and regularly. In case of emergency, the access is quick.

Access to health care is provided in a way that safeguards people in prison's privacy and dignity. It respects the principle of confidentiality.

General health care infrastructures

Health infrastructures are adequately staffed, equipped and supplied. They are clean and closed for health workers to carry out medical examinations in complete confidentiality. When an incarcerated person requires treatment or surgery, they have to be transferred to specialised institutions or to civil hospitals.

General health care workers

The health care service consists of an interdisciplinary team with sufficient qualified personnel and fall under the public health administration.

Health care workers have relevant diploma attesting their expertise and practice. They receive a specific training delivered by the administration on health care in prison.

Health workers are the only entrusted when it comes to clinical decisions making.

They do not have any role in the imposition of disciplinary sanctions or other restrictive measures and ensure that isolation is not prejudicial to incarcerated individual's health. They document and report to the competent authorities whenever they consider that a situation is prejudicial to an incarcerated individual's* physical or mental health and any signs of torture* or other cruel, inhuman or degrading treatment or punishment.

QUESTIONS

- Describe the health care service: premises, equipment, supplies, cleanliness…
- Describe the health care team: number of staff, qualifications, number of FTE (full-time equivalent), confidentiality of their work.
- What is the organisational structure of the health service? Is it centralised at the national level, or does it function through regional branches?
- Are health workers employed by the health administration (and related ministry) or the prison administration (and related ministry)?
- Do health workers have any professional interdependence with the prison staff or administration, which could potentially compromise their independence and influence their medical decisions?
- Are health workers solely responsible for making clinical decisions, without interference of prison staff? Do they have any role in imposing disciplinary sanctions or other restrictive measures?

- Are health workers consulted when decisions are made about imposing a disciplinary sanction such as an isolation measure?[1] Can they freely express whether such measure might be harmful to the physical or mental health of the individual? If they raise concerns, is the disciplinary measure still implemented despite their expertise?

Question health care workers about their work if it is possible to do so confidentially.

- Do they feel they are able to work with full professional independence?
- Are there any limitations to their work — whether material, organisational, or related to staffing?
- What is the procedure and delay to access health care? (request to prison staff, direct access to health staff, written or oral request…)
- Describe the type of health care provided in the facilities.

Question incarcerated individuals if it is possible to do so confidentially and safely for them.

- Do they feel they have adequate access to general health care when needed?
- What barriers, if any, do they face in accessing health services (e.g. type of care available, delays, lack of confidentiality)?

- Can incarcerated individual access appointments out of the prison within reasonable delays? Are they transferred to a hospital or specialised institution when required? In which conditions are they transported and taken care of in hospitals and specialised institutions?
- Describe the type of health care incarcerated individuals access out of prison.
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

[1] All Isolation measures* shall be considered when answering these questions, including isolation imposed on other ground than disciplinary sanctions (lack of staff, protection of the individual…)

MENTAL AND DENTAL HEALTH

The standards in brief *(see annex for full reference)*

Access to mental and dental health care

People in prison* can access specialised mental and dental health care often and regularly. In case of emergency, the access is quick.

Mental and dental health care is provided in a way that safeguards people in prison's privacy and dignity. It respects the principle of confidentiality.

Mental and dental health care infrastructures

Mental and dental health infrastructures are adequately staffed, equipped and supplied. They are clean and closed for health workers to carry out medical examinations in complete confidentiality. When an incarcerated person* requires treatment or surgery, they have to be transferred to specialised institutions or to civil hospitals.

Mental and dental health care workers

Mental and dental health care service consists of an interdisciplinary team with sufficient qualified personnel and encompass sufficient expertise in psychology, psychiatry and dental care. They fall under the public health administration.

Mental and dental health care workers have relevant diploma attesting their expertise and practice. They receive a specific training delivered by the administration on health care in prison.

Mental and dental health care workers are the only entrusted when it comes to clinical decisions making. They do not have any role in the imposition of disciplinary sanctions or other restrictive measures. They ensure that isolation is not prejudicial to incarcerated individuals' health.

They document and report to the competent authorities whenever they consider that a situation is prejudicial to an incarcerated individual's physical or mental health and any signs of torture* or other cruel, inhuman or degrading treatment or punishment.

QUESTIONS

- Describe the mental and dental health care service: premises, equipment, supplies, cleanliness…
- Describe the mental and dental health care team: number of staff, qualifications, number of FTE (full-time equivalent), confidentiality of their work.
- What is the organisational structure of the mental and dental health service? Is it centralised at the national level, or does it function through regional branches?
- Are mental and dental health workers employed by the health administration (and related ministry) or the prison administration (and related ministry)?
- Do mental and dental health workers have any professional interdependence with the prison staff or administration, which could potentially compromise their independence and influence their medical decisions?

- Are mental and dental health workers solely responsible for making clinical decisions, without interference of prison staff? Do they have any role in imposing disciplinary sanctions or other restrictive measures?
- Are mental and dental health workers consulted when decisions are made about imposing a disciplinary sanction such as isolation measure?[2] Can they freely express whether such a disciplinary measure might be harmful to the physical or mental health of the individual? If they raise concerns, is the disciplinary measure still implemented despite their expertise?

<u>Question mental and dental health care workers about their work if it is possible to do so confidentially.</u>

- Do they feel they are able to work with full professional independence?
- Are there any limitations to their work — whether material, organisational, or related to staffing?
- What is the procedure and delay to access health care? (request to prison staff, direct access to mental and dental health staff, written or oral request…)
- Describe the type of mental and dental health care provided in the facilities.

<u>Question incarcerated individuals if it is possible to do so confidentially and safely for them.</u>

- Do they feel they have adequate access to mental and dental health care when needed?
- What barriers, if any, do they face in accessing mental and dental health services (e.g. type of care available, delays, lack of confidentiality)?
-
- Can incarcerated individual access appointments out of the prison within reasonable delays? Are they transferred to a hospital or specialised institution when required? In which conditions are they transported and taken care of in hospitals and specialised institutions?
- Describe the type of mental and dental health care incarcerated individuals access out of prison.
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

[2] All Isolation measures* shall be considered when answering these questions, including isolation imposed on other ground than disciplinary sanctions (lack of staff, protection of the individual…)

CARE FOR PEOPLE WITH SPECIFIC NEEDS

The standards in brief *(see annex for full reference)*

People with specific needs receive the most appropriate treatment and care commonly available in the community, such as:

Transgender people: hormonal therapies and/or modification of bodily appearance linked to gender-reassignment and psychological support.

Elderly people: geriatric care, physiotherapy, assistance to people with a loss of autonomy and specialised counselling related but not limited to end-of-life issues or loss of autonomy.

Children*: paediatric care, primary health care and medical monitoring of their development.

Women: gender-specific health care and gynecological care.

When it is needed, prenatal and postnatal care and treatment are provided in special accommodations. Arrangements are made wherever practicable for children* to be born in a hospital outside the prison. At their request and to the extent possible, women are examined by a women health care worker.

People with communicable diseases: required treatments for communicable diseases (antiretroviral therapy, tuberculosis treatment) and care aimed at maintaining comfort by alleviating symptoms (food supplements, pain management medication, anti-nausea medication, etc.)

People with addictions: medication (opiate substitution treatment, medication to manage withdrawal symptoms, etc.), overdose prevention programmes, and psychological support.

People with mental illnesses or psychiatric disorders: regular psychiatric and psychological follow-up in specialised services.

People with disabilities: specialised care related to their disability (occupational therapy, physiotherapy, orthoptics, etc.) and psychological support.

QUESTIONS

- Are transgender people provided with hormonal therapies, modification of bodily appearance linked to gender-reassignment and psychological support? Describe the conditions in which it is provided. Can transgender people be examined by a health worker of the gender they identify with? Is there any lack in providing specific health care for this population?
- Are elderly people provided with geriatric care, physiotherapy, assistance for loss of autonomy and specialised counselling related but not limited to end-of-life issues or loss of autonomy? Describe the conditions in which it is provided. Is there any lack in specific health care for this population?
- Are children* provided with paediatric care, primary health care and medical monitoring of their development? Describe the conditions in which it is provided. Is there any lack in specific health care for this population?
- Are women provided with gender-specific health care and gynecological care? Are women examined by a women health care worker? Do they have access to prenatal and postnatal care and treatment

provided in special accommodations? Do arrangements exist for children* to be born in a hospital outside the prison?

- Describe the conditions in which it is provided. Is there any lack in specific health care for this population?
- Are people with communicable diseases provided with required treatments (antiretroviral therapy, tuberculosis treatment) and care aimed at maintaining comfort by alleviating symptoms? (food supplements, pain management medication, anti-nausea medication, etc.) Describe the conditions in which it is provided. Is there any lack in specific health care for this population?
- Are people with addictions provided with medication (opiate substitution treatment, medication to manage withdrawal symptoms, etc.), overdose prevention programmes and psychological support? Describe the conditions in which it is provided. Is there any lack in specific health care for this population?
- Are people with mental illnesses or psychiatric disorders provided with regular psychiatric and psychological follow-up in specialised services? Describe the conditions in which it is provided. Is there any lack in specific health care for this population?
- Are people with disabilities provided with specialised care related to their disability (occupational therapy, physiotherapy, orthoptics, etc.) and psychological support? Describe the conditions in which it is provided. Is there any lack in specific health care for this population?

CONTINUITY OF CARE

The standards in brief *(see annex for full reference)*

An individual medical file is opened upon admission for each person in prison. It is confidential and accessible only to health workers. People in prison* can access their medical file and they are made aware of the access process.

The medical file provides information about the individual's health before admission and their health problems, their healthcare needs (special dietary requirement, treatments etc.), the care received, and any sign of torture*, sexual violence or ill-treatment. The medical file is kept up to date. In case of transfer, it is communicated to the transfer facility's health workers.

People in prison continue to receive the health care or treatment started before admission. When transferred from a facility to another, the continuity is also ensured.

QUESTIONS

- Upon admission, can people in prison continue the health treatment or care started before entering prison? Are there any obstacles to continuing it?
- Is an individual medical file opened upon admission for each person in prison? Are health information prior to the incarceration recorded in this file?
- Describe its format and the information contained. Who can access this file? (health workers, prison staff, the incarcerated individual concerned…) How regularly is the file updated?
- When transferred from one prison to another, is the medical file transferred to the health staff of the prison of destination? Can the transferred individual continue the health treatment or care from one prison to another?
- Pay attention to the structure of the health system. In regional systems, is there further difficulties in transferring the file and continuity of treatment when going from a prison to another within the same region, or changing region?
- Specify if certain treatment or care are difficult or forbidden to continue when being incarcerated or transferred.
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population). Also consider the people with specific needs mentioned in the section above.

BEING PROTECTED

LEGAL SAFEGUARDS

ACCESS TO LEGAL ASSISTANCE

The standards in brief *(see annex for full reference)*

People in prison* are informed on how they can benefit from a legal assistance* and legal aid* scheme, provided by qualified law professionals within 48 hours following their entry in prison. They can consult a legal adviser of their own choice as often as they want.
They are given the time and means to access legal assistance*. They have access to or are allowed to keep in their possession without access by the prison administration, documents relating to their legal proceedings.
Facilities are made available to meet their legal adviser. They are well maintained and ensure confidentially of the exchanges. Consultations may be within sight, but not within hearing, of prison staff.

NOTIFICATION TO A THIRD PARTY* (INCARCERATION, TRANSFER, SERIOUS ILLNESS OR INJURY)

The standards in brief *(see annex for full reference)*

People in prison are given the ability and means to inform immediately and confidentially a relative or any other person designated as a contact person about their imprisonment, their transfer to another facility, and any serious illness or injury. Records must be kept to confirm that the information has been communicated.

CONFIDENTIAL FILE IN THE OFFICIAL REGISTERS

The standards in brief *(see annex for full reference)*
People are admitted in prison with a valid commitment order. Those on pre-trial detention* have the right to be promptly informed about the reasons for their detention and about any charges against them.
A confidential file is open for each person in prison. It must be complete, up to date, and accessible to the person concerned whenever they want. It must contain information collected upon admission (see below), and information related to the detention. (see below)

ACCESS TO INTERNAL REGULATIONS

The standards in brief *(see annex for full reference)*
Upon admission, people in prison are made aware of the internal regulations of the prison*, what is expected of them and what they can expect of the prison staff. They are given a personal copy of the prison regulations*.
They are being informed of the prison law and applicable prison regulations*; their rights and methods to seek information, legal advice, make requests or complaints; their obligations and the applicable disciplinary sanctions.

QUESTIONS

- How are people in prison informed of the legal assistance and aid scheme*? Are incarcerated individuals given the means to exchange with their legal adviser? (financial support, court-appointed lawyer, material to establish correspondence or make phone calls...)
- Describe the access to legal assistance and aid* (whether through written correspondence, phone calls or physical visits: confidentiality, delay and regularity of the exchanges, legal proceedings documents access and confidentiality).
- Describe the facilities in which people meet their legal adviser. Are prison staff able to hear the exchanges?
- Is access to legal assistance and aid* limited by control measures? (reading and censuring of correspondence, delay in transmitting correspondence, surveillance of calls and/or visits...). Describe occurrences of such measures and whether they can be considered abusive.
- Are independent and qualified translators made available to foreign incarcerated people? Can they contact embassies, consulates or organisations involved in the defense of rights of foreign nationals? When incarcerated, transferred to another facility, and in case of any serious illness or injury, are

relatives or contact persons of incarcerated people informed immediately and confidentially? Describe the communication process and specify if records of the communication are kept.

- Are incarcerated individuals who are foreign nationals informed of their right to contact their diplomatic and consular representatives upon their admission?
- Are people brought to prison with a valid commitment order? Are people on pre-trial detention* informed about the reasons for their detention and any charges against them?
- Is a standardised and confidential file[3] opened for each incarcerated individual? Specify the regularity of its update and how concerned incarcerated people can access it.
- Does it contain the following information?

<u>information to be collected upon the admission of each person in prison:</u>
Identity information respecting self-identified gender*; information related to the date, time and place of arrest; to their admission or transfer; about any visible injuries and complaints about prior ill-treatment; inventory of their personal property; names of family members, including, where applicable, their children*, the children*'s ages, location and custody or guardianship status; emergency contact details.

<u>information to be collected during the detention of each person in prison:</u>
Information related to the judicial process, assessment and classification reports; information related to behaviour and discipline; requests and complaints, including allegations of torture* or other cruel, inhuman, or degrading treatment or punishment (unless they are of a confidential nature); disciplinary sanctions; information on the circumstances and causes of any injuries or death and, in the case of the latter, the destination of the remains, visiting records in particular when the visit is an "official" visit, such as that of a foreign consulate, or defence counsel, assessing and recording of the individual needs of prisoners and their programme of treatment, comings and goings in detention

- Are incarcerated people informed of the points listed below, and how? (delay after admission, material support or oral information, languages…)
  - The prison law and applicable prison regulations*
  - The internal regulations of the prison*
  - The rights and methods to seek information, legal advice, make requests or complaints
  - The obligations and applicable disciplinary sanctions
- Observe the premises of the facility: are summaries of information visibly displayed in the prison's common areas?
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

[3] Medical files are kept in a separate record. See Continuity of care section above.

EXISTENCE OF A PREVENTIVE FRAMEWORK

This section aims to assess whether a preventive framework is properly established through formal internal regulations and in compliance with international standards. Its effective implementation will be addressed in the section “effectivity of the preventive framework” which follows.

PUBLIC REGULATIONS

The standards in brief *(see annex for full reference)*

Public regulation details the structure of an appropriate disciplinary system. Disciplinary sanctions are reasonable and proportional to the disciplinary offense.

Regulations prohibit:

- any disciplinary sanctions amounting to torture* or other cruel, inhuman or degrading treatment or punishment (more specifically: prolonged or indefinite solitary confinement*, placement in a dark or constantly lit cell, corporal punishment or the reduction of an incarcerated individual’s diet or drinking water, collective punishment, use of instruments of restraint as a sanction for disciplinary offences)
- the use of instruments of restraint on pregnant women during labour, childbirth or immediately after childbirth
- the imposition of solitary confinement* on people with mental health or physical disabilities when their conditions would be exacerbated by such measures; pregnant women, women with infants and breastfeeding mothers; children* or young adults; people with mental health disorders when their conditions would be exacerbated by such measures.

Regulations regulate:

- the use of force and constraints to non-disciplinary ends
- the use of searches. They must be conducted in a manner that is respectful of the inherent human dignity and privacy of the individual being searched, as well as the principles of proportionality, legality and necessity. All searches, strip and body cavity searches and searches of cells must be recorded, with the reasons for them, the identities of those who conducted them and any results.

Regulations are regularly updated according to the evolution of standards.

SEPARATION OF CATEGORIES OF INCARCERATED PEOPLE

The standards in brief *(see annex for full reference)*

The following categories of people are placed in separate facilities and wards: men and women; people in pre-trial detention* and those convicted; children* or young adults and adults. The principle governing separation of people is protection. Any other people requiring separation for their protection can be placed in separate facilities.

WORKING AND TRAINING CONDITIONS OF PRISON STAFF

The standards in brief *(see annex for full reference)*
All prison staff shall be provided with complete training (see below). They are appointed on a full-time basis as professional prison staff and have civil service status. Their salaries, employment benefits and conditions of service are adequate in view of the work performed.
They are not armed, except under special circumstances specified in the prison internal rules. This exception cannot apply in any facility where children* are detained.
Prisons are adequately staffed at day and night to allow for sufficient supervision in line with the facility's security category.

QUESTIONS

- Refer to the national regulations (and regional or local, if applicable). Are they made public, and what is the procedure to access them? If not public, who can access them? When were the regulations last updated?
- Do regulations clearly define the conducts constituting a disciplinary offence, and for each of them the type and duration of the sanction to be applied? Are the disciplinary sanctions proportional to the offence?
- Do regulations designate who is the competent authority to decide of the disciplinary sanction to be applied?
- Refer to the previous boxed text on the public regulations, and the lists "regulations prohibit" and "regulations regulate". Are the practices listed prohibited and regulated? Is the use of force, constraints to non-disciplinary ends, and searches regulated with precision?
- List the categories of people separated. How are they separated (different wards, floors, or facilities)? Can they hear, see, meet other categories of people from which they are to be separated/other categories of incarcerated people?
- Are LGBTQI+ people placed in facilities or wards based on their self-identified gender*?
- Are persons with disabilities placed in facilities under the supervision of qualified health-care professionals?
- Are any other incarcerated people who require protection separated?
- Describe the different degrees of security and regimes of detention. Are the separation and the detention regimes of people regularly assessed?
- Explain the recruitment of prison staff. Is it based on transparent policy, with clear criteria?
- Describe the training prison staff undergo before entering into duty (length, theoretical and practical aspects, internships…). Specify if the training includes:
  - Security and safety (including the concept of dynamic security*)
  - Relevant national legislation, regulations and policies, as well as applicable international and regional instruments,

- Human rights, prohibition of certain conducts (e.g. torture* and other cruel, inhuman or degrading treatment or punishment)
- Specific training for those in charge of certain categories of incarcerated individuals (children*, physically disabled people, LGBTQI+…)
- First aid, and early detection of mental health problems

· Are prison staff continuously trained? List the training courses they follow throughout their career.

· Do prison staff identify any lack in the provision of training before or after starting their job? If so, what are the thematics they are lacking training on? Based on your observations, do you identify other lacks in training?

· Are the salaries, employment benefits and conditions of service of the staff adequate in view of the work performed? Do they have civil status, and are they employed full time?

· Are the staff not armed, except under special circumstances specified in the prison internal rules? No exception can be applied in facilities where children* are held.

· Are prisons adequately staffed at day and night to allow for sufficient supervision in line with the facility's security category?

· Is the staffing sufficient to ensure the functioning of the facility in terms of attendance to appointments, activities, or visits…?

· In case of staff shortages, describe how it impacts the functioning of the facility (suspension of visiting rights, work, education, or activities, isolation in cells...).

· Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

EFFECTIVITY OF THE PREVENTIVE FRAMEWORK

This section aims to assess whether the preventive framework, as described in the previous section, is properly implemented in practice and whether it is in compliance with international standards.

The standards in brief *(see annex for full reference)*

Physical harm

There must be no incidents of violence against incarcerated individuals* by prison staff and no incidents of violence between incarcerated individuals. Disciplinary sanctions are regulated by procedural guarantees. Solitary confinement* is used as a last resort, for as short a time as possible. It is authorised by a competent authority and subject to independent review. Authorised instruments of restraint* are used as a last resort, and never as a disciplinary sanction.

Enforcement of discipline

Prison staff do not use force except in self-defence or in case of attempted escape, or active or passive physical resistance. When using force, prison staff must report immediately to the prison director. Cell and body searches are conducted only when necessary, and are proportionate to legitimate security considerations, and in the respect of private life and dignity of the people. Body cavity searches are conducted only by qualified health-care professionals or, at a minimum, by staff appropriately trained. They are no occurrences of:

- The use of instruments of restraints on pregnant women during labour, childbirth or immediately after childbirth
- The imposition of solitary confinement* on people with mental or physical disabilities when their conditions would be exacerbated by such measures; pregnant women, women with infants and breastfeeding mothers; children* and young adults; people with mental health disorders when their conditions would be exacerbated by such measures.

Abusive, cruel, inhuman and degrading treatments

People in prison* are never subjected to cruel, inhuman or degrading treatment either by prison staff and/or the administration, including:

- Torture* as “the infliction of severe pain or suffering, whether physical or mental, with the consent or acquiescence of a public official, for a specific purpose, such as obtaining information, punishing, or intimidating.”
- Solitary confinement*, instruments of restraint and use of force, when used abusively
- Intrusive measures such as repeated searches
- Conditions of detention unworthy of human dignity
- Refusal to provide adequate treatment
- Keeping in detention persons who are found to be not criminally responsible, or who are later diagnosed with severe mental disabilities and/or health conditions.

QUESTIONS

· Does the register show any recorded incidents of violence against incarcerated individuals by prison staff? Of violence between incarcerated individuals?

- Question incarcerated individuals if it is possible to do so confidentially and safely for them. Do they relate occurrences of such incidents?
- For each allegation, compare the registers with the answers of incarcerated individuals. If there is a gap between the two, investigate further to try and explain it. Is the recording dysfunctional?
- In case of a disciplinary sanction, what are the procedural guarantees for an incarcerated individual to defend themself and seek judicial review? Are they effectively applied? Pay attention to any arbitrariness.

Consider the following practices:

Solitary confinement/isolation*

- Is this sanction used at last resort only, and authorised by a competent authority?
- Describe the different durations that can be imposed. Is the placement in solitary confinement reviewed? If so, by who, and are they independent? How regularly is it reviewed?
- Describe the material conditions of the solitary confinement imposed (size of the cell, daylight and air, access to sanitary, cleanliness…).

Authorised instruments of restraint*

- Describe the instruments used. Are they used as a last resort only, and never be as a disciplinary sanction?
- Are there any occurrences of the following forbidden practices?
- Imposition of a double sanction for a single offence
- Collective punishment (collective cell searches, collective restriction on the access to activities or visits...)
- Imposition of a disciplinary sanction for a person's conduct which is a direct result of their mental illness.
- Imposition of solitary confinement* on people with mental or physical disabilities when their conditions would be exacerbated by such measures; on pregnant women, women with children* and breastfeeding mothers; on children*
- Use of instruments of restraint on pregnant women during labour, childbirth or immediately after childbirth.

- When do prison staff use force? Do they report to the prison director when doing so?
- How are cell and body searches conducted? Are they conducted only when necessary, proportionate to security considerations and in the respect of private life and dignity of the people?
- Are body cavity searches conducted only by qualified health-care professionals or staff appropriately trained?

- Are people in prison are subjected to cruel, inhuman or degrading treatment either by prison staff and/or the administration? These include:

  - Torture* as “the infliction of severe pain or suffering, whether physical or mental, with the consent or acquiescence of a public official, for a specific purpose, such as obtaining information, punishing, or intimidating”
  - Abusive use of solitary confinement*, instruments of restraint and use of force
  - Intrusive measures such as repeated searches
  - Conditions of detention unworthy of human dignity
  - Refusal to provide adequate treatment
  - Keeping in detention persons who are found to be not criminally responsible, or who are later diagnosed with severe mental disabilities and/or health conditions.

- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

COMPLAINT & INSPECTION MECHANISMS

INTERNAL AND EXTERNAL INSPECTION MECHANISMS[4]

The standards in brief *(see annex for full reference)*
Both internal and external inspections are to be regularly conducted within prisons.
These inspections must focus on:
- the living conditions of people in prison (regime of detention, access to medical care, material conditions...)
- the respect of health and hygiene norms
- the levels of overcrowding as well as the possible causes of such overcrowding
- the treatment of people in the most vulnerable situations*
- any allegation of ill treatment

The inspection teams can conduct ad hoc visit out of the usual working hours. They have unrestricted access to all premises and can exchange with any incarcerated individual in full confidentiality. The inspections are not restricted by abusive control measures (censorship, interception, late delay, bugged/wiretapped exchanges...)

Internal inspections* are conducted by a multidisciplinary team from the central administration with the appropriate training. After the visit, the inspection team communicate its conclusions to the authorities, which can lead to disciplinary sanctions.
External inspections* are conducted by a multidisciplinary team with the appropriate training. After the visit, it communicates its conclusions to the authorities. These conclusions are published.

QUESTIONS

· Are there internal inspection mechanisms? If so, for each of them, specify:
  - To which service, administration or organisation it belongs. (see glossary for examples of organisations conducting external inspections)
  - How is the inspection team constituted (qualifications and interdisciplinarity)
  - What is the frequency of the visits
  - What are the modalities for access (unannounced and announced visits, access to all facilities)
  - How is the confidentiality ensured (confidential exchanges with any incarcerated individual or staff)
  - What issues were covered during the visits (living conditions, overcrowding, health and hygiene norms, ill treatments or torture*, treatment of people in the most vulnerable situations*…)

  - What were the conclusions, was any action or consequence implemented following the recommendations, and was the reporting made public?

[4] *This section can be mobilised as auto evaluative questions tool for external inspections mechanisms to report on the successes and limits of their missions.*

- Can the inspections be organised in full independance, be it for the visit and for the reporting? Are the mechanisms sufficiently resourced to properly fulfill their inspections and reporting? Is there any obstacle to the effective functioning of inspection mechanism? If so, explain their nature and impact.

COMPLAINT AND APPEAL SYSTEMS

The standards in brief *(see annex for full reference)*
Every incarcerated individual* can make a request or complaint through an internal and confidential mechanism.
Following this request or complaint, the local prison administration impartially processes the request or complaint within reasonable delay and initiates an investigation in case of suspected violation of an incarcerated individual's rights.
Every incarcerated individual can make a request or complaint to the central prison administration and to the judicial or other competent authorities. Adequate safeguards and facilities exist for submitting complaints safely and confidentially and for preventing reprisals or intimidation.
If an incarcerated individual is unable to file a complaint, their legal adviser, a member of their family or any other person with knowledge of the case may do so.

QUESTIONS

- How can incarcerated individuals make a request or complaint to the local prison administration (prison staff, prison director…)? Explain the process and how the local prison administration processes it (material support, anonymity, delays of response, investigation, impartiality…)
- How many requests or complaints have been made over the year, and how many have led to investigations by the local prison administration? Is there an increase or a decrease in the number of request or complaints, and investigations?
- How can incarcerated individuals make a request or complaint to the central prison administration and to the judicial or other competent authorities? Explain the process (material support, anonymity, delays of response, investigation, impartiality…)
- How many requests or complaints have been made over the year? Is there an increase or a decrease in the number of request or complaints?
- Can a legal adviser, a family member, or another person with knowledge of the case file a complaint on behalf of an incarcerated individual?
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

BEING ACTIVE

WORK

The standards in brief *(see annex for full reference)*
Forced labour*
People in prison* are not subjected to forced labour*, which is defined as followed: *"Any work or service which is exacted from a person under the menace of any penalty and for which the said person has not offered himself voluntarily; Work of an afflictive (i.e. harmful) nature; Work that is not performed under the supervision and control of public authorities; When incarcerated individuals are granted or placed at the disposal of private individuals, companies or legal entities"*
"Forced or compulsory labour" does not include any work or service normally required as a consequence of a conviction in a court of law, provided it is carried out under the supervision of a public authority. As such, people in pre-trial detention* are offered the opportunity to work but are not required to do so.

Job access and diversity
All incarcerated individuals* are offered the opportunity to work. The work offer is diversified and appropriate, with equitable and transparent procedures for assigning individuals to available positions.

Remuneration
Incarcerated individuals who work receive decent and equitable remuneration for their work. They can use at least part of their earnings freely, including to purchase approved article for their own use and can send part of their earnings to their loved ones*.

Working conditions
The organisation and working methods are similar to those among the general public. A minimum/maximum number of daily/weekly working hours is set by law or administrative regulation, taking into account local rules or custom regarding free workers. Incarcerated individuals who work have at least one day of rest per week.
Work is not exploitative nor can it have harmful physical or mental effects. Precautions are taken to ensure health and safety of incarcerated individuals working in prison. They are covered by social security (including for occupational accidents and work-related illnesses) and can join or contact trade unions organisations.

QUESTIONS

· Are people in prison forced to work, according to the definition of "forced labour*" above? If so, describe who is forced to work among the prison population, the type of work performed and the conditions in which they do so (working hours, safety, remuneration…). Specify:

- Are they working under the menace of any penalty?
- Are they granted or placed at the disposal of private individuals, companies or legal entities?
- Is the work of an afflictive (i.e. harmful) nature?

- Are all incarcerated individuals given the opportunity to work? If not, specify to which categories of people jobs are proposed and who is excluded from this right.
- Describe the assignment process, including the requirements, the authorities responsible for making assignment decisions, and the transparency of those decisions.
- Give examples of the type of jobs proposed. Are they sufficiently diverse? Pay specific attention to the offer proposed to women. Do they have access to the same types of jobs than men, or is the offer gender biased? Are the jobs offered to women less remunerated?
- Are incarcerated individuals who work remunerated? State the various remuneration levels. Are they equitable in light of the work performed?
- Can workers use part of their earnings to purchase article for their own use? Can they send part of their earnings to their loved ones*?
- Does the pay align with the price level in the prison commissaires?
- What are the working hours, and do they align with local customs? Is there at least one day of rest per week? Are the premises where incarcerated individuals work adequately ventilated and equipped with natural and artificial light? Do windows allow fresh air in and is the artificial lighting sufficient to prevent vision impairment while working?
- Do the conditions in which incarcerated individuals' work put at risk their safety or security? Is work exploitative or has harmful physical or mental effects?
- Are incarcerated individuals who work in prison covered by public system such as social security (including for occupational accidents and work-related illnesses), unemployment benefits, retirement pensions…? Can they contact or join trade unions organisations?
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

TRAINING AND EDUCATION

The standards in brief *(see annex for full reference)*

Vocational training

Incarcerated individuals* who wish to do so have access to vocational training, provided by qualified teachers and recognised through accredited qualifications. The training programmes are sufficiently varied to meet the actual needs of the prison population.

Education

Incarcerated individuals who so wish have access to education, provided by qualified teachers through programmes integrated with the education system of the country and officially recognised. The education programmes are adequate and personalised.
Those who are illiterate, allophone or of compulsory school age are provided with education suited to their needs.

QUESTIONS

- Examine the different **vocational training** and **education programmes** organised. Specify:
  - Who are the providers (qualified teachers, volunteers from associations…) What are their accredited qualifications?
  - What is the duration of the programmes?
  - How varied is the offer (pay specific attention to the offer proposed to women. Is it gender biased?)
  - How the access is organised and are there restrictions? (requirements, selection...)
  - Are the programmes provided free of charge?
  - What are the material conditions (dedicated rooms, sufficient equipment and supply…)
  - For the education programmes, specify if they are integrated with the national education system and if they are suited in particular to the needs of those who are illiterate, allophone or of compulsory school age.

- Both for vocational training and for education, is the offer sufficient with regards to the number of people who would like to attend?

- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

CULTURAL, SPORTING AND SPIRITUAL ACTIVITIES

The standards in brief *(see annex for full reference)*

Hour outside

People in prison* spend at least one hour of suitable exercise in the open air every day.
Outdoor exercise facilities are reasonably spacious and offer shelter from inclement weather.

Library

The library is adequately stocked with both recreational and instructional materials.
The library and its contents are easily accessible (a*vailability of books*).

Recreational and cultural activities

People in prison can participate regularly in cultural and recreational activities organised by the administration. A varied and appropriate programme of activities is provided.

Physical and sporting activities

People in prison can participate in suitable physical and sporting activities regularly organised by the prison administration. Suitable space, installations and equipment are provided in good condition.

Religious and spiritual beliefs

The religious beliefs and moral precepts of people in prison are respected. Each incarcerated individual* who so wishes has the right to speak to a representative of their religion and to keep religious objects in their cell, such as books of religious observance and instruction of their denomination. A prayer room accessible to all incarcerated individuals is present in the facility. If the prison holds an important number of people of the same religion, a qualified representative of that religion is appointed, and religious services are organised.

QUESTIONS

- How many hours do incarcerated individuals spend in the open air per day?
- Describe the space in which they have access to the open air. Is the view of the sky free from grids? Is it spacious and does it offer shelter from weather?
- Describe the library (dedicated room or shelves in a common area, opening times, types of books, people in charge…).
- How can people in prison access to the library? Can they borrow books and what is the procedure? For those who cannot physically come to the library, is is possible to borrow books remotely?
- In what languages are the books available? Do they correspond to the languages spoken by incarcerated individuals, including those who do not speak the national languages?
- Is the library also equipped for disabled people (books in Braille, audio books…)?
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities,

LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

- List the various cultural and recreational activities organised. Are they organised by the prison administration, or do they depend on voluntary contributions from local or national organisations? Specify:
  - Their regularity;
  - The variety of the offer (pay specific attention to the offer proposed to women. Is it gender biased?);
  - Modalities of access and restrictions (requirements, selection..);
  - Whether they are free of charge;
  - What are the material conditions (dedicated rooms, equipment and material…).

- List the different physical and sporting activities organised, with the same questions as above for the cultural and recreational ones. Is the offer sufficient with regards to the number of people who would like to attend these activities?
- What are the most prevalent religious and spiritual beliefs observed by the prison population? Is a qualified representative of these beliefs present in the facility? To which regularity?
- Can people in prison keep religious or spiritual objects in their possession in their cells?
- Is there a prayer room available to all incarcerated individuals in the facility? Describe the premise. Is it oriented and decorated to observe a specific religion or spirituality?
- If there is no prayer room, or if it is dedicated to a specific religion or spirituality, where do other people pray?
- Can they be provided with arrangements related to their religious and spiritual observance (specific diets, observance of religious celebrations or traditions…)?
- Question incarcerated individuals if it is possible to do so confidentially and safely for them. Do they feel free to observe and practice the religion or spirituality of their choice?
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

BEING CONNECTED

CONNECTION TO LOVED ONES

WRITTEN CORRESPONDENCE

The standards in brief *(see annex for full reference)*
People in prison* are supplied with the necessary writing utensils (pens, paper, stamps) and/or electronic means are provided (phone, computers, tablets). They can correspond frequently with as many people as they wish.
The right to correspond in writing is not restricted by abusive control measures or abusive disciplinary sanctions. The means of contacts with loved ones* may only be restricted for a limited time period and as strictly required for the maintenance of security and order on a case-by-case basis.

QUESTIONS

- Are people in prison provided with the means to correspond in writing with their loved ones*? Describe the supply they are provided with (type, quantity, frequency).
- If not, how can people in prison get these supplies, and to which cost? Consider the financial situation of people in prison: is it difficult to afford?
- To whom can people in prison write? If a pre-determined list of contact has to be approved by the administration, describe its process (number of contacts allowed, requirements of contacts to be approved, delays in the approval or renewal of the list…)
- Can people from foreign countries correspond in writing with their loved ones* in their country of origin, and in which conditions (frequency, language, price, delays…)?
- Is the right to correspond in writing with loved ones* subject to abusive restrictions? (abusive disciplinary sanctions, excessive censorships, systematic control/reading or retention of the letters or mails…)
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

PHONE CALLS

The standards in brief *(see annex for full reference)*
People in prison* are provided with adequate means to exchange telephone calls with their loved ones*. They can communicate frequently with as many people as they wish.
The right to talk with one's loved ones* on the phone is not restricted abusively (practice not listed in the disciplinary regulations, duration exceeding several days, ...)

The right to talk with one's loved ones* on the phone is not restricted by abusive control measures or abusive disciplinary sanctions. The means of contact with loved ones* may only be restricted for a limited time period and as strictly required for the maintenance of security and order on a case-by-case basis.

QUESTIONS

- Are people in prison provided with the means to exchange telephone calls with their loved ones*?
- Are the phone installations sufficient with regards to the number of people incarcerated? Do they have to pay to obtain calling time, and what is the cost? Consider the financial situation of people in prison: is it difficult to afford?
- Are people in prison limited in the time they can call per week? If so, specify the limitations.
- Who can people in prison phone call? If a pre-determined list of contact has to be approved by the administration, describe its process (number of contacts allowed, requirements of contacts to be validated, delays in the approval or renewal of the list…).
- Can people from foreign countries exchange phone calls with their loved ones* in their country of origins, and in which conditions? (frequency, language, price, delays…).
- Is the right to exchange telephone calls with loved ones* subject to abusive restrictions (abusive disciplinary sanctions, excessive censorships, systematic control/listening, interruptions of the calls…)?
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

The standards in brief *(see annex for full reference)*
People in prison* receive visits from their loved ones* in decent conditions (absence of degrading entry procedures for visitors, respect for privacy, clean and suitable facilities)
People in prison should be allocated to places of detention close to their home or their places of social rehabilitation. Those detained in locations far from their homes are offered arrangements.
People in prison are allowed to receive frequent visits from all their loved ones*.
The right to receive visits is not restricted by abusive control measures (excessive separation devices, listening of prison staff…) or abusive disciplinary sanctions. The means of contact with loved ones* may only be restricted for a limited time period and as strictly required for the maintenance of security and order on a case-by-case basis.

VISITS

QUESTIONS

- Examine the various visiting rights:
  - duration and time limitation (per visit, per day/week/month)
  - frequency of the visits
  - loved ones* authorised to visit (please specify if any individuals are forbidden to visit)
  - procedure for incarcerated individuals (contacts declaration…)
  - procedure for the visitors (identity papers certification, proof of family links, appointment…)

If these rights vary according to categories of people incarcerated or detention regimes, please specify.

- Do visits take place in dedicated premises? Describe them. Are visits within sight or hearing distance of prison staff? Are people in prison separated from their loved ones* by separation devices during visits? (glass screen, iron bars…)
- Are there any obstacles for incarcerated people to receive visits? (abusive disciplinary sanctions, excessive control or separation devices, excessive requirements or delays to obtain visits permits…)
- Are there any obstacles for loved ones* to visit incarcerated people (degrading visiting procedures upon entry such as abusive searches or humiliation, excessive restrictions on clothes or any other motives, excessive requirements or delays to obtain visits permits…)?
- Do people incarcerated far from their home benefit from specific visiting arrangements?
- Are conjugal visits allowed? If so, describe the requirements to access to them and the conditions in which they take place.
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

TEMPORARY LEAVES

The standards in brief *(see annex for full reference)*
In case of serious illness or death of a near relative or any significant other, the prison administration shall inform incarcerated individuals* and grant them temporary leaves for compelling family reasons. People in prison may also regularly be granted temporary leave to simply visit their loved ones*.
They shall be allowed to wear their own clothing or other inconspicuous clothing* during their leave.

The right to be granted temporary leaves is not restricted by abusive control measures (refusal without justification in case of compelling family reasons, systematic refusal without justification) or abusive disciplinary sanctions. The means of contact with loved ones* may only be restricted for a limited time period and as strictly required for the maintenance of security and order on a case-by-case basis.

QUESTIONS

- In case of compelling family reasons such as serious illness or burial, are people in prison granted temporary leave? Are they regularly granted temporary leave to simply visit their loved ones*?
- For both these cases, specify if there are specific requirements (proof of family links, security regimes…). Describe the procedures to request these leaves, their duration and conditions. Are they easy to obtain?
- Are there specific arrangements for people serving short sentences, or near release, to access these temporary leaves?
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

CHILDREN* OF AN INCARCERATED MOTHER[5]

The standards in brief *(see annex for full reference)*
Mothers of young children* should be able to obtain reasonable suspensions of detention.
When children* stay with their mother in detention, they are both placed in special units with appropriate facilities, providing an environment as normal as possible for the child. Mothers staying in prison with their children* can spend most of their time with them.
Measures are taken to provide internal or external childcare facilities, staffed by qualified persons, where children* are placed when they are not in the care of their parent. Children* in prison are not separated from their mother as a result of disciplinary sanction, and they are never treated as incarcerated individuals*.

QUESTIONS

- Is there a provision for suspending or postponing detention of a parent of young children*? If so, please describe the eligibility criteria and how the mechanism operates.
- Are children* staying in detention with their parent? If so, describe the unit in which they are allocated and the specific care they receive (internal or external childcare).
- Are both men and women granted the right to be incarcerated with their young children*? (see footnote below)
- Can parents staying in prison with their children* be separated from them as a result of disciplinary sanction?
- Up to which age are children* allowed to stay in detention with their incarcerated parent? Who decides when the child will be separated from the parent and taken out of prison/removed from prison? Is this decision based on an individual assessment, in the best interests of the child and within the scope of relevant national laws?
- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).

[5] Standards specifically refer to “mothers” in matters concerning children* of incarcerated parents. However, several countries have expanded the right to be imprisoned with a child to all parents, regardless of their gender or sex.

CONNECTION TO SOCIETY

The standards in brief *(see annex for full reference)*
People in prison* have access to information and various media (newspapers, magazines, television, radio…). These media provide up-to-date information.

People in prison who have retained their right to vote can vote in every election. Means are put in place for them to exercise it.

QUESTIONS

- How can incarcerated individuals access information and media? Specify:
  - What types of support (television, newspaper…) are available;
  - Where the support are located (television per cell or in common areas, newspaper in library…);
  - What the diversity of the sources is (media covering different themes, opinion, localisation…);
  - What is the process for access (request to prison staff, borrow system with the person in charge of the library…);
  - What are the costs (if applicable, consider the financial situation of people in prison. Is it difficult to afford?).

- Do people in prison retain their right to vote? If so, what are the requirements for them to access this right? (identity documents, certificate of residence…)

- What are the means put in place for them to participate in the elections (election within the prison, voting by proxy, by post or on leave…)?

- Are incarcerated individuals allowed to access to the internet? If so, what are the requirements and in which conditions do they access it?

- Are any categories of incarcerated individuals discriminated against or treated unequally regarding the above? (women, people subject to a stricter detention regime or isolation measures*, people with physical or mental disabilities, people from foreign countries, people from ethnic or religious minorities, LGBTQIA+ people, children* or young adults, people on pre-trial detention*, other relevant prison population).