



Report on an unannounced inspection of

HMP Send

by HM Chief Inspector of Prisons

17 March - 3 April 2025



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Introduction

HMP Send is a closed training prison near Woking in Surrey. It was re-purposed to hold women in 1998 and provides places for up to 255, most of whom are serving long sentences up to and including life, and many of whom who pose a significant risk of harm to others. We last inspected Send in 2021 when we found a prison that was ensuring good outcomes in our healthy prison tests of safety and respect, and reasonably good outcomes in preparation for release; only in purposeful activity were outcomes insufficient. At this inspection, our findings were even better; the prison remained safe and respectful and had improved in both purposeful activity and preparation for release.

Prisoners received very good support upon arrival and were treated throughout their stay with respect and compassion. Rates of self-harm were low, with a wide range of help for women in crisis available, including direct support through various therapies and interventions and access to an active regime, as well as staff and peer-led support. There was little violence and that which occurred was rarely serious. All safety metrics were encouraging.

Support for family contact was excellent. Similarly, consultation with women was meaningful, although systems to support applications and redress needed some improvement. The environment was good and recently improved by the addition of new accommodation units, whilst the grounds were accessible to prisoners and supportive of well-being. The partnership between the prison and health care provider was excellent and delivering good outcomes, and work to promote fair treatment was improving across most protected characteristics.

Time unlocked was particularly good, with leaders promoting a positive learning culture. The regime in general had been reinvigorated and more women were now engaged in either work or education. Added to this, a range of meaningful recreational and extracurricular activity was also available.

The ethos of the prison was overwhelmingly rehabilitative, with a good focus on the majority population of long termers, although the increasing number of shorter-term prisoners arriving was a challenge that the prison was only beginning to grapple with. Offender management work was proactive and supported by some effective key work. There was an excellent range of interventions and therapeutic work, supported by good public protection and improving resettlement services.

Send is a very good prison. The Governor is highly visible, leads from the front and sets the ethos and standards that guide it. She is clearly ambitious for what can be achieved; this being evident in the way priorities are communicated, staff are supported, and new resources that create opportunities sourced. There is an energy, dynamism, and sense of purpose to Send. The Governor and her staff should be congratulated on what they are achieving.

Charlie Taylor

HM Chief Inspector of Prisons

June 2025

What needs to improve at HMP Send

During this inspection we identified six concerns. Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concern

1. **Data was not being used well enough to improve outcomes in some key functions.** For example, attendance at education, skills and work was not monitored using the same source of data and trends in the use of segregation were not being tracked.

Key concerns

2. **Oversight to make sure that restrictive measures on women at risk of self-harm were only used as a very last resort was not always evidenced.**
3. **Some staff used poor practice when using force against women and oversight by leaders had not identified these issues.**
4. **Support for prisoners who spoke little English was limited.** Little information was available in languages other than English and professional interpretation services were not always used when needed.
5. **Opportunities to enable achievement in education, skills and work at level 3 and higher were too limited.**
6. **Information sharing with prison offender managers (POMs) about public protection concerns was limited.** This hindered the POMs' ability to respond swiftly to breaches of restrictions and left them without current intelligence to inform risk management arrangements.

About HMP Send

Task of the prison/establishment

Women's training prison

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Women held at the time of inspection: 247

Baseline certified normal capacity: 255

In-use certified normal capacity: 255

Operational capacity: 255

Population of the prison

- 80% of the population were serving long sentences of over four years and a third were serving an indeterminate sentence.
- Half the population were assessed as presenting a high risk of serious harm to others.
- There had been 216 new arrivals in the last 12 months and, on average, 10 releases into the community each month.
- Over half the prisoners were receiving support for substance misuse.
- A quarter of the population were from black and minority ethnic backgrounds.

Prison status (public or private) and key providers

Public

Physical health provider: Central and Northwest London NHS Foundation Trust

Mental health provider: Central and Northwest London NHS Foundation Trust

Substance misuse treatment provider: Forward Trust

Dental health provider: Time for Teeth

Prison education framework provider: Milton Keynes College

Escort contractor: Geo/Amey and Serco

Prison group/Department

Women's estate

Prison Group Director

Carlene Dixon

Brief history

HMP Send has been a women's prison since 1998. It has a psychologically informed planned environment (PIPE) unit and the only democratic therapeutic community (DTC) for women. Since the last inspection, a new unit has replaced two dilapidated wings.

Short description of residential units

A wing: PIPE

B1: general population

B2: DTC

C wing: general population
D wing: retired prisoners
E and F wings: incentivised substance free living unit
J wing: induction wing and general population

Name of governor and date in post

Esther Dainton, since January 2024

Changes of governor since the last inspection

Abbie Gardner, acting governor July 2022 to January 2024

Mark Creaven: December 2021 – July 2022

Amy Frost: December 2020 – December 2021

Independent Monitoring Board chair

Philippa Helme

Date of last inspection

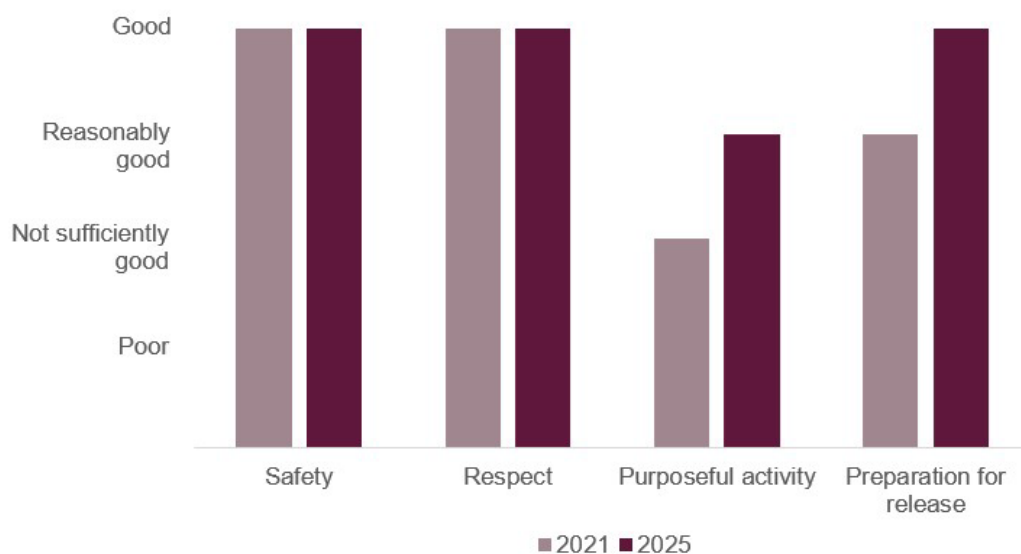
May 2021

Section 1 Summary of key findings

Outcomes for women in prison

- 1.1 We assess outcomes for women in prison against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Send, we found that outcomes for women were:
- good for safety
 - good for respect
 - reasonably good for purposeful activity
 - good for preparation for release.
- 1.3 We last inspected HMP Send in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Send prisoner outcomes by healthy prison area, 2021 and 2025



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last full inspection in 2021, we made 30 recommendations, three of which were about areas of key concern. The prison fully accepted 25 of the recommendations and partially (or subject to resources) accepted three. It rejected two of the recommendations.
- 1.5 At this inspection we found that both our recommendations about areas of key concern in purposeful activity and rehabilitation and release planning had been achieved. The recommendation in the area of respect was no longer relevant because it related to pandemic

restrictions. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

1.7 Inspectors found five examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice

- | | | |
|----|---|--------------------|
| a) | Given the high proportion of women who had experienced physical abuse in their lives, Brainkind, a national charity, had delivered training sessions to prison staff about the impact of brain injury on behaviour, which is training we rarely see. | See paragraph 3.6 |
| b) | Neurodiversity support plans and My Experience documents – a self-developed overview of experiences in life and responses to situations – were used well in adjudication hearings to help to understand the reasons behind behaviours and provide a more informed response. | See paragraph 3.25 |
| c) | A well-established, knowledgeable team delivered a number of initiatives to help women maintain or rebuild ties with their children and families. | See paragraph 4.1 |
| d) | Leaders had developed an excellent array of social and recreational activities which aimed to promote well-being and support the community ethos. | See paragraph 5.2 |
| e) | Women benefited from strong through-the-gate support from a chaplaincy mentoring programme and an NHS service delivered by Women in Prison before and after release. | See paragraph 6.16 |

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for women in prison. (For definition of leaders, see Glossary.)

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for women in prison. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 Four governors had run the prison since we last inspected, but despite this lack of continuity, progress had been sustained. Improvements in outcomes in purposeful activity and preparation for release had been achieved and the good outcomes in safety and respect had been maintained. Leaders had achieved or partially achieved 70% of the recommendations we made at our last inspection.
- 2.3 The current governor had set high standards and had a clear focus on rehabilitation through services specifically designed and delivered for women. She was clearly committed to having a culture within the prison that promoted care and compassion despite some staff being too ready to resort to using punitive responses to poor behaviour.
- 2.4 The governor was proactive in securing new resources, leading to the implementation of several projects, for example, training for officers to raise their awareness of the impact of brain injury on behaviours. She had also already planned the delivery of a training programme which would help to promote the level of compassionate care she aimed for.
- 2.5 The governor and her team had communicated their priorities and most staff agreed with them. Ongoing communication was good and the governor was visible around the site to provide a positive role model to her staff and prisoners.
- 2.6 The governor recognised the need for better joint working between functions but had not yet made sure that leaders' use of data was effective or that information management systems across all functions were robust.
- 2.7 The governor had introduced regular meetings for her leaders and managers to help develop their confidence and capability in role. However, the results from our staff survey showed that, for many, regular supervision sessions with line managers were not happening as often as the governor expected.
- 2.8 Staff in education, skills and work shared the governor's vision and leaders had promoted a positive learning culture by reinstating, reinvigorating and expanding purposeful activities. The reading strategy

had been implemented successfully, and the governor was a keen supporter of this as a gateway to learning, development and attainment.

- 2.9 Leaders had established very effective partnerships, particularly in health care, children and families work and with the on-site works contractor, GSFL. The direction and focus given by managers of the offender management unit was also particularly impressive.
- 2.10 The DTC (democratic therapeutic community) and PIPE (psychologically Informed planned environment) units were excellent and led well by strong clinical and operational teams. However, the range of forensic psychology support was more limited due to recruitment difficulties within the WEPS team.
- 2.11 Leaders had encouraged and developed an excellent range of social and recreational activities as well as extensive peer working which helped women cope in prison and enabled them to develop purpose and hope.
- 2.12 Leaders had recruited more officers than they needed and the proportion not available for operational duties was not excessive. This and the good retention rate made the delivery of the regime reliable overall.
- 2.13 The old, dilapidated units on the lower site had been replaced with impressive new accommodation and decency for prisoners had been maintained as a priority by senior leaders.

Section 3 Safety

Women, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 On arrival women waited in an unlocked, welcoming room where they were given a hot drink and food and a friendly and effective induction orderly put them at their ease. Reception processes were thorough and completed without delay.
- 3.2 Safety interviews took place in private and staff delivered them with care and compassion. Every prisoner saw a nurse. Women who arrived with only a few personal possessions were provided with essential items of clothing. The induction orderly explained what was available at Send and accompanied women to their accommodation. However, no induction orderlies lived on the induction wing which limited women's access to additional support or information outside core working hours.
- 3.3 Cells on the induction wing were clean and well prepared. Women generally arrived early enough in the day to allow them time to settle in and mix with their peers. They could have a free phone call and staff completed enhanced welfare checks during their first night.
- 3.4 The induction programme started the next working day after arrival and, in our survey, almost two-thirds said it covered everything they needed to know. All new arrivals were given a comprehensive booklet of information and a tour of the prison, visiting all the relevant services and departments. The chaplaincy visited all new arrivals to give them a welcome pack that included toiletries and helpful information. This was appreciated by women we spoke to.



Reception waiting room (left) and a first night cell

Promoting positive relationships and support within the prison

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

Safe and healthy relationships

- 3.5 Seventy per cent of all women surveyed said that staff treated them with respect and this increased to 95% for those living on the PIPE unit (psychologically informed planned environment).
- 3.6 We observed many examples of positive, patient and compassionate care by staff. In our survey, 80% of women said they had staff to turn to if they needed help. Staff knew women well and were familiar with their personal experiences and circumstances. The range of training and awareness-raising sessions for prison staff was better than we normally see. For example, Brainkind, a national charity, had delivered sessions about the impact of brain injuries on behaviour so that staff could learn how best to respond to prisoners. However, officers sometimes did not take the time to help women resolve their basic requests which caused frustrations to build up unnecessarily.
- 3.7 Most women received consistent and helpful support from their key worker (see Glossary). All those living on the PIPE unit said their key worker was quite or very helpful. It was very good to see examples of key workers meeting women while walking around the prison grounds, making sessions more relaxed and informal. Women with the most complex needs had additional sessions with their offender manager (see paragraph 6.4).
- 3.8 Staff managed intimate relationships between women sensibly and effectively. Relationships were reviewed at the multidisciplinary safety intervention meeting and, if it was considered supportive and healthy, partners were able to use spare social visits sessions to spend some time together away from their wings and peers.

Reducing self-harm and preventing suicide

- 3.9 Positive outcomes across our four healthy prison tests helped many women cope well and our survey showed that 61% said their positive well-being was promoted in the prison. There was a very good range of support including a strong community ethos, access to green spaces, purposeful activity and good peer support networks. These all worked well alongside a good range of therapies and interventions, including the PIPE and DTC.
- 3.10 While on an upward trend in the last year, the recorded rate of self-harm was similar to the last inspection and among the lowest in the women's estate. Some women had a longstanding and complex history of self-harm, and just eight individuals accounted for almost three-quarters of all incidents during the previous year.
- 3.11 The oversight of the use of restrictive measures on women who were at risk of self-harm was not fully effective. For example, some women supported by ACCT (Assessment, Care in Custody and Teamwork, which is a case management process for prisoners at risk of suicide or self-harm) were placed in segregated conditions on the wing and had their regime restricted with no record of clear and defensible decisions (see paragraph 3.27). A small number of women had items such as mattresses and bedding removed but we were not provided with authorisation paperwork that justified this. Physical force to prevent self-harm was rarely used, but we watched examples of this on video footage that we were shown and this did evidence some poor practice.
- 3.12 Constant supervision was used sparingly but it was used for lengthy periods for some women. They were sometimes supervised by a male officer which made some feel uncomfortable; for example, when they needed to use the toilet.
- 3.13 Women could access the Samaritans free of charge using their in-cell telephone but, in our survey, only 47% said it was easy to see a Listener (women trained by the Samaritans to offer confidential support to their peers) compared with 81% at the previous inspection. At the time of the inspection, the service was not available during the night, which was a significant omission.



Listeners' suite

- 3.14 The quality of ACCT support varied and actions in care plans rarely reflected the wealth of interventions and activities available. ACCT case management was undermined by the use of different case coordinators and a lack of multidisciplinary input into reviews.

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

- 3.15 There had been no self-inflicted deaths since 2010. Serious incidents of self-harm were relatively infrequent, but investigations into these incidents were often very limited, missing opportunities to learn.

Protecting women, including those at risk of abuse or neglect

- 3.16 Since the last inspection, leaders had paid attention to promoting adult safeguarding and there was good, coordinated work with other agencies, including the local authority and health professionals.
- 3.17 A programme of awareness raising had been rolled out to senior staff, but it was encouraging to find that others we spoke to also knew what to look out for and how to respond to any suspected safeguarding concerns.

Promoting positive behaviour

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

Supporting women's positive behaviour

- 3.18 The focus on rehabilitation, a wide range of social activities and celebratory events, peer working and an array of interventions and support, encouraged women to engage and behave well. Opportunities to live on the ISFL (incentivised substance free living unit), the PIPE or the DTC, as well as the chance to move to an open prison, were also key rewards and motivators.
- 3.19 The rate of violence between prisoners had gradually increased over the last 12 months but remained low in comparison to other women's prisons and most incidents were not serious. Analysis had been undertaken to understand the drivers, which included the breakdown of intimate relationships and conflict between women.
- 3.20 In our survey, a quarter of women said they currently felt unsafe and 47% said that they had been bullied or victimised by other prisoners. Mediation between prisoners was used well and a conflict resolution training package had been developed, but this had not yet been rolled out to staff.
- 3.21 In our survey, only 22% of women said that the prison dealt with bad behaviour fairly. The response to poor behaviour was excessively punitive in some cases which conflicted with the rehabilitative and progressive ethos and culture of the prison. For example, cellular confinement was used regularly as a punishment (see paragraph 3.23). The incentives policy was applied inconsistently and not used often enough to reward the many examples of good behaviour.
- 3.22 The quality of case management for perpetrators or victims of violence using Challenge, Support and Intervention Plans (CSIPs, see Glossary) was generally good. Reviews were timely and demonstrated good insight and knowledge, but targets were not specific enough and did not always capture the issues identified in the initial investigation. There was a lack of multidisciplinary involvement in developing and reviewing some of the plans.

Adjudications

- 3.23 There had been 378 adjudications in the last year, which was an increase on the previous year. In some cases, behaviours could perhaps have been dealt with using other, less formal, measures. Cellular confinement had been used 40 times in the last six months while community 'payback' work had only been used eight times, despite it representing a more constructive and engaging alternative.

- 3.24 There were few outstanding adjudications although 14 referrals were with the police at the time of the inspection, some for more than six months. The security team liaised with the local police each week in order to give prisoners and staff updates on progress.
- 3.25 Hearings were held on the wings and those we saw demonstrated good engagement with women, although the quality of investigation was variable. The adjudicating governor had access to additional information including neurodiversity support plans and My Experiences documents and we saw evidence of these being used effectively to understand the reasons behind behaviours and provide a more informed response.

Segregation

- 3.26 The prison continued to operate with no segregation unit, which was positive, and most women under segregation remained in their own cell on the wing. Their regime, however, remained very poor. Most spent more than 23 hours a day locked in with little to do and there was no evidence of targeted support for them.
- 3.27 Not all instances of segregation were recorded, and we were unable to determine how many times it had been used. Too many prisoners supported by an ACCT had been segregated but records did not provide assurance that this was always considered or undertaken as the very last resort, based on defensible decisions.
- 3.28 Leaders were not analysing data to identify trends, and gaps in information affected their ability to identify women who were frequently segregated and consider alternative responses to address their consistently poor behaviour.
- 3.29 A cell in between Reception and the Main Block corridor was still being used occasionally to hold women away from their normal location. Its use as segregation was not always properly authorised in completed paperwork and we were not confident that every use of the cell had been recorded.

Use of force

- 3.30 Force had been used less often than at our last inspection and remained among the lowest in the women's estate. Most incidents involved the use of low-level force and, during the previous year, just six prisoners accounted for 44% of the use of force incidents.
- 3.31 Staff routinely carried body-worn video cameras but did not always switch them on to capture the build up to an incident or the incident itself. This limited leaders' ability to review incidents, identify poor practice and provide feedback to staff. Weekly meetings were held to review incidents, but they were not always well attended by leaders and some poor practice that we saw had not been identified.
- 3.32 In our review of footage, we observed good efforts to engage with women and de-escalate the situation. However, in a few cases, the

level of force used was disproportionate to the threat or risk posed. We also had concerns about examples of poor incident management, inflammatory language being used by staff and the poor use of techniques, such as a prisoner being held prone for too long.

Security

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

- 3.33 The diversion and misuse of medication, either prescribed or smuggled into the prison, was a key threat and, in our survey, 37% of women said it was easy to get medication not prescribed to them. Despite this, the positive mandatory drug testing rate was the lowest across all women's prisons at 1.44% over the last six months, although testing did not capture some types of tradeable medications. The security team had taken sensible steps to tackle the threat, including good work with health care to reduce the opportunities for trading and the repositioning of CCTV cameras to improve supervision.
- 3.34 There was still no x-ray machine to check incoming property and the use of a body scanner on women in prison was not allowed, which made it very difficult to prevent contraband from getting to women.
- 3.35 Prisoners had a good level of freedom around the grounds and the ISFL unit afforded a more relaxed environment for trusted individuals. Individualised risk assessments were completed for all escorts, including hospital appointments, and we saw examples of women not being handcuffed during their time out of the prison.
- 3.36 The security department received approximately 300 intelligence reports a month but recent turnover in the team had led to a backlog of reports waiting to be analysed. This created delays in arranging for suspicion testing and searching if needed and prevented the team from being more proactive.

Section 4 Respect

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

Relationships with children, families and other people significant to women

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

- 4.1 Work to help women rebuild and maintain family ties was excellent. A well-established, knowledgeable team provided a good range of support including a pregnancy, mother and baby liaison officer who supported women including those coping with child loss. There was also a social worker and two family engagement workers. The family engagement workers completed individual casework and ran the 'relationships matter' course, which helped women to consider the impact of addiction and their childhood experiences on their own parenting.
- 4.2 A couple of weaknesses were evident. The use of temporary release for child care resettlement was limited, with only 38 events in the 12 months to February 2025. Women appreciated the 'email a prisoner' scheme but were very frustrated that photos their relatives had paid for and attached to an email were only printed out as small, black and white images.
- 4.3 Social visits were managed well and the number of sessions met demand. It was commendable that a prison minibus collected visitors from the nearby train station which is something we see rarely. There was also flexibility in the number of children allowed to visit an individual prisoner. There was a good range of extended family visits, which included an opportunity to eat together in the prison dining hall and the video calling service was due to expand shortly with additional laptops.
- 4.4 There was strong support for those who did not receive social visits. A regular coffee morning took place and the official prison visitors scheme run by the chaplaincy was working well. There were also firm plans for PACT (Prisons Advice and Care Trust) to run a similar service that would allow volunteers to visit some of the women.

Living in the prison community

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

Consultation and support within the prison community

- 4.5 Consultation through the prison council was well established. The monthly meeting was chaired jointly by a governor and one of the women, with attendance from representatives of most wings and staff from a good range of departments. A wide range of issues were discussed but some actions took too long to be completed.
- 4.6 There was an impressive range of peer working roles which helped women support each other and contribute towards their community. This included Shannon Trust and Forward Trust mentors who supported others in developing their reading skills and recovering from substance misuse. Most of those whom we spoke to enjoyed their roles and felt able to contribute meaningfully to helping other prisoners.

Applications and complaints

- 4.7 In our survey, almost all women said it was easy to make an application but only two thirds said they were dealt with fairly. The system was still not fully effective. Women told us that they sometimes received an answer face to face, which was good, but too many said that their completed form often went missing, leaving their requests unresolved.
- 4.8 In our survey, almost three-quarters of women said it was easy to make a complaint and forms were freely available. Only 39% of women thought they were dealt with fairly. We found that around a fifth were not logged as a complaint and were returned to women because, for example, they had been submitted on the wrong form. This created needless tensions and delays.
- 4.9 We sampled responses to 25 complaints and found the quality to be reasonably good overall. They were polite, timely and generally responded well to the issues raised. The resolution of issues was better when women were spoken to directly. Concerns raised about staff were taken seriously and addressed.

Legal rights

- 4.10 Arrangements were adequate for the mostly long-term, settled population. Legal visits could be booked easily and it was positive that leaders had recognised the need for more video link facilities. An appropriate range of legal texts was available in the library. Legal mail

was rarely opened without the prisoner being present and we were assured that it was never opened without good reason.

Living conditions

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

- 4.11 Outside communal areas across the prison were very pleasant. Wings were clean and maintained to a good standard. Leaders worked well with the on-site works contractor, GSFL (Government Facility Services Limited) and requests for repairs were responded to quickly and effectively. Excellent new pods had replaced the old E and F wings and had been designated as the incentivised substance free living unit (ISFL). Women there were particularly positive about the impact on their well-being of the open space and quieter environment.



ISFL grounds (left) and ISFL snuggly

- 4.12 Cells were suitably furnished. All women lived in single cells, most of which had their own shower. Communal showers on D wing had been refurbished to a decent standard.



Cell on J wing

- 4.13 Prison data showed that most emergency cell bells were responded to promptly and our own tests supported this.
- 4.14 Women had good access to clean clothes in a range of sizes, as well as bedding and cleaning materials, and they could wash their clothes, including underwear, in washing machines. Sanitary products were readily available on wings. However, more than 60 women were on the waiting list for a haircut; a commercial salon was due to open soon which would improve access.
- 4.15 Women could access their stored property reasonably quickly, although parcels from family and friends took too long to be delivered to them. Women could order additional clothes from a reasonable range of catalogues. The prison-based clothes shop, Senderella's, provided a good variety of new and donated items that prisoners could buy.



Senderella's clothes shop

- 4.16 The quality of the food was reasonably good and prisoners could choose a daily healthy option. A recent health and well-being day had encouraged women to try different healthy foods such as fruit smoothies. There was a clear focus on developing the menu following a recent visit from the 'Food Behind Bars' charity (which aims to improve the food served in prisons) and it was particularly good that vegetables and produce from the gardens were used to supply the kitchens.
- 4.17 Communal dining opportunities were positive to see and the self-catering facilities on the new ISFL unit were excellent. Women we spoke to really valued the opportunity to cook and eat together. In our survey, we asked prisoners what was positive about Send, and one said: "Living on ISFL...being independent and being able to cook what you fancy, having aircon and a pod to myself has had a positive effect."



Self-catering facilities on the ISFL

Health and social care

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

- 4.18 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 4.19 Central and Northwest London NHS Foundation Trust (CNWL) was the prime provider of health services with substance use services subcontracted to the Forward Trust.
- 4.20 Joint working between the provider, stakeholders and the prison was a strong feature, with a good range of partnership meetings taking place regularly. A new health needs analysis had been completed and was to be published.
- 4.21 Services were well led with an experienced team covering all women's health and social care pathways which was enhanced by a prison governor responsible for women's health. Clinical governance was robust, with regular, well-attended local and regional governance and

quality meetings providing good oversight. The provider was making excellent use of clinical audit to deliver assurance and drive service improvement.

- 4.22 Overall, staffing had improved since the last inspection. Mandatory training and appraisal compliance was very good and CNWL was supporting staff to upskill and take on enhanced roles. Clinical and management supervision was taking place regularly and staff we spoke to felt supported in their roles and valued by the organisation.
- 4.23 Clinical incidents were reported and managed well. Any lessons learned were shared effectively with teams and had been enhanced by the recent production of a learning lessons bulletin.
- 4.24 Patients now had access to a confidential health care complaints system, although our sampling of responses showed that they did not meet the required standards.
- 4.25 Safeguarding arrangements were well embedded and staff we spoke to knew how to raise concerns. The provider had recently delivered extra training in safeguarding, which was good (see paragraph 3.17).
- 4.26 Patient consultation was evident, with feedback forms completed after every appointment and leaders regularly attending the prison council. The provider was making effective use of peer workers, with a team of prisoner health champions and a patient experience representative.
- 4.27 Clinical notes we sampled were good and clinical environments were clean, well-ordered and met infection prevention standards.
- 4.28 Emergency resuscitation equipment was strategically placed around the prison, contained the necessary items and was checked regularly. Prison and health care staff told us an ambulance was always called in an emergency and only ever cancelled by a clinician. There had not been any issues with ambulances getting in and out of the prison quickly.

Promoting health and well-being

- 4.29 Health promotion material was visible across the prison and followed the national calendar. However, all the posters were in English, although there was access to a telephone interpreting service for appointments with non-English speakers when required (see paragraph 4.74).
- 4.30 All patients were given access to age-appropriate immunisations, and they had the opportunity to receive any vaccinations missed during childhood.
- 4.31 A targeted service for women over 50 was provided by 'Recoop' which offered a range of creative, informative and purposeful activities, as well as advice on several areas relating to health and well-being. This included groups and individual support for women experiencing the menopause.

- 4.32 The contingency plan to manage the outbreak of infectious diseases was adequate.

Sexual and reproductive health (including mother and baby units)

- 4.33 The lead sexual health nurse provided comprehensive help and advice for women during their sentence and on release. Patients were offered the full range of NHS prevention screening programmes. The specific screening needs of transgender patients were addressed. Where screening uptake was low, the sexual health nurse went on to the wings to talk to women about the importance of testing and to help relieve anxiety about the procedure.
- 4.34 All new arrivals were offered a test for blood-borne viruses including hepatitis B and C and, if women declined, the offer was reiterated and supported by health education. Women who tested positive received coordinated care from the health care team with follow-up from specialist services.
- 4.35 Women who had experienced loss, whether through termination, miscarriage or separation, received the necessary support through a multi-agency approach which included support from a counselling service and the pregnancy, mother and baby liaison officer (see paragraph 4.1).

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

- 4.36 Primary care services were delivered by CNWL. Clinical leadership was a strength and leaders had good oversight. Primary care and health and well-being services were good and waiting times were reasonable. Complex physical risks and vulnerabilities were managed well.
- 4.37 Ongoing health needs were identified during the initial screening process for new arrivals. These were carried out effectively and recorded in the electronic clinical notes by qualified nurses. Appropriate onward referrals were made where necessary. We saw examples of prompt referrals for women requiring specialist support.
- 4.38 A secondary screen was completed in line with national guidelines. Care plans were of good quality and comprehensive. Appropriate consent was gained and patient records from the community were sought in a timely manner.
- 4.39 A well-established paper-based application system was used for medical appointments. Applications were reviewed by clinicians and appointments were assigned to qualified health care professionals. A variety of clinics were available and women could receive prompt care in emergency situations during working hours. Women could choose to see a female GP.
- 4.40 There was good evidence of multidisciplinary working with women with complex needs. Long-term conditions were managed well with regular

liaison with local specialist services which provided in-reach advice and support to the team.

- 4.41 The regular GP service managed cardiovascular disease effectively. Wound care was managed well and good consideration was given to women's capacity to understand and follow self-care guidance.
- 4.42 The provider had a robust system for managing external hospital appointments, including liaising with the prison and local hospitals to use the available resources fully. However, the maximum of two escorts a day to outside hospital was insufficient to meet the need.
- 4.43 There had been a period of significant recruitment to vacancies in primary care and regular bank staff covered any gaps.
- 4.44 Women were given a pre-release health check and the NHS initiative 'Bridges to Health' provided very good support to those with mental or physical health needs through the gate and into the community (see paragraph 6.16).

Mental health

- 4.45 CNWL delivered mental health services which were available five days a week and would shortly be increased to seven days. Waiting times were not excessive and broadly in line with community equivalent waiting times. Outcomes for patients being treated by mental health services were very good and women spoke very positively of their care.
- 4.46 At the time of the inspection, the service was working with 94 women using the stepped model of care. We saw good partnership working between mental health services, other health services and the prison to support patients.
- 4.47 All new arrivals were screened and offered mental health support and referrals were prompt if women required mental health treatment. Each referral was screened and assessed by trained mental health staff. Additional relevant information was obtained from community health services when needed and with patient consent. A subsequent multi-professional meeting took place to discuss each patient's pathway and treatment options.
- 4.48 Treatments were evidence based and wide ranging. We saw excellent examples of programmes, courses and therapies tailored to patients' needs. The service also used the support of community services to improve outcomes for patients further, including specialist support for women who had been sexually assaulted or bereaved. Patients with severe and enduring mental illness were supported well within the care programme approach.
- 4.49 All patients had comprehensive written assessments, care plans and risk assessments which were regularly reviewed with their mental health practitioners.

- 4.50 No patients had needed to be transferred to hospital under the Mental Health Act in the last 12 months. Systems were in place to ensure effective transfers if needed.
- 4.51 Discharge planning was good for patients completing treatment or requiring further treatment in other settings. We observed liaison with prison and community offender managers and community mental health services to provide continuity of care for patients following release.

Social care

- 4.52 Social care arrangements were exemplary. Leaders at Surrey County Council (SCC) and the prison had worked hard to ensure processes for the identification and assessment of needs were effective and prompt. Similarly, if needs were identified during the assessment, delivery of care was seamless and any requests for aids, adaptations or adjustments were addressed quickly.
- 4.53 There was a memorandum of understanding and information-sharing agreement between SCC and HMP Send and SCC leaders and staff had a very good presence at the prison, providing advice and guidance at appropriate prison meetings.
- 4.54 Data showed that approximately five women were referred each month for assessment and 16 prisoners were in receipt of social care at the time of the inspection. Domiciliary care was delivered by the SCC prison social care team and the council's occupational therapist led a small team of prisoner peer workers well, making sure they were well trained and supervised. Women in receipt of social care whom we spoke to were positive about the service and we saw good evidence of strong collaborative working between SCC and the prison for the benefit of patients.

Substance misuse and dependency

- 4.55 Substance misuse services were delivered by the Forward Trust. They were in high demand, but services were meeting needs well and patients we spoke to were positive about their care. All new arrivals were offered support and effective referral routes were well embedded. Women were able to self-refer with ease.
- 4.56 All new referrals were assessed in good time and waiting times for treatment were short. Treatment options were extensive and we saw a team of trained and experienced staff comprising case workers, nurses, therapists and family support staff working hard to support patients. There were good examples of innovation and partnership working to help patients to achieve good outcomes.
- 4.57 Patients requiring clinical substance misuse treatment were cared for well. Medicines were prescribed safely and in line with national guidance. Nursing staff provided ongoing substance misuse support, including reviews, within national timeframes. We observed good

working practices between clinical and psychosocial treatment services.

- 4.58 Records demonstrated that safe care was being delivered and good outcomes were achieved. However, more work was needed to make sure that care plans were individual to each patient.
- 4.59 A dynamic, whole-prison drug and alcohol strategy was embedded through effective joint working between the prison department, treatment providers and other relevant stakeholders. Prison officers had been trained to recognise when women required substance misuse support and some had training in the use of Naloxone, a nasal spray used to reverse opioid overdose.

Medicines and pharmacy services

- 4.60 Overall, the pharmacy delivered its services in a safe and effective manner with medicines dispensed remotely by HMP Highdown. Some delays were reported which were mainly due to shortages of medications and prescriptions not arriving from the GPs in a timely manner. This was being addressed by the provider. A newly appointed pharmacist covered the site twice a week. Pharmacy-led clinics had not yet been fully embedded and patients did not have access to a medication review service. This needed addressing as Send was the highest prescriber per head of population in the region.
- 4.61 Medicines were stored adequately and transported securely. Temperature sensitive medicines were kept in a fridge which was within the required range. Room and fridge temperatures were routinely recorded. Adequate storage was available in the treatment rooms, which were tidy and clean, although very small.
- 4.62 A prescribing formulary was used. There was an in-possession policy and risk assessments were carried out and reviewed annually. The prescribing of tradeable medicines was well controlled. However, approximately 22% of patients received Mirtazapine (an anti-depressant) which was unusually high. Routine monitoring of patients on higher-risk medicines was generally good and reflected national guidance; sodium valproate (for epilepsy and bipolar disorder) was not prescribed to new patients. A range of emergency medicines were available out of hours and stock medicines were reconciled monthly.
- 4.63 Supervision by officers of medicine queues was good and the provider had worked well with the security department to deter the trading of medicines (see paragraph 3.33). About 70% of patients received their medicines in possession and other medicines not allowed to be in possession were administered twice a day. There is a service for the dispensing of evening medicines that starts at 1800hrs. Compliance checks of in-possession medicines were undertaken on a routine and random basis. This is in addition to any intelligence-led compliance checks. Patients were given an adequate amount of medication on discharge or arrangements were made for them to obtain medication in the community.

- 4.64 Staff reported incidents and these were reviewed in a timely manner. Regular local and regional medicines management meetings ensured that there was shared learning from incidents and audits.

Dental and oral health

- 4.65 Time For Teeth delivered a full range of NHS dental treatments. Governance arrangements were robust. The dental suite and attached decontamination area met infection control standards and all equipment was appropriately maintained. Emergency drugs, a defibrillator and oxygen were kept in the dental suite and checked regularly.
- 4.66 Dental services were proficient and waiting lists were managed well, with slots reserved for emergencies. Posters detailing the management of urgent dental problems were available for staff to follow in all clinical areas, including advice about out-of-hours help.

Fair treatment and inclusion

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating discrimination and fostering good relationships. The distinct needs of prisoners with protected characteristics, or those who may be at risk of discrimination or unequal treatment, are addressed. Women are able to practise their religion and the chaplaincy plays a full part in prison life, contributing to women's overall care, support and rehabilitation.

- 4.67 The focus on fair treatment was improving. Senior leaders were each responsible for advocating for a particular protected characteristic (see Glossary) and for organising consultation meetings. Some meetings had not, however, taken place as often as they should.
- 4.68 A basic range of data was discussed at monthly equality meetings and some potentially disproportionate outcomes had been identified; for example, Muslim women were less likely to be peer workers, to be employed in the kitchens or to obtain enhanced status on the incentives scheme. Action to address these issues was too limited.
- 4.69 During the last 12 months, 35 complaints about discrimination had been submitted. Not all investigations were timely or sufficiently thorough to explore the issues raised and challenge the behaviours appropriately. Learning from internal prisoner scrutiny sessions and external quality assurance from the Zahid Mubarek Trust (see Glossary) were yet to be fully effective.
- 4.70 Leaders had organised a good range of celebratory events which often involved staff and prisoners, to raise awareness of protected characteristics. This included a movie night during Black History Month and a lunch to celebrate the festival of Eid.



Dining hall decorated for Eid

- 4.71 We did not find any significant areas of unmet need among black women and regular consultation was reasonably well established.
- 4.72 Transgender prisoners reported respectful relationships with staff and they felt well cared for. There was a reasonable range of support for older prisoners with the development of D wing as an over-50s Enhanced unit and a weekly coffee morning. Help for those with physical disabilities or social care needs was good (see paragraph 4.52).
- 4.73 Support for prisoners with neurodiverse needs was developing well. The lead practitioner met all individuals and arranged bespoke support. For example, some women could attend the library in small groups when it was quiet or could attend dedicated gym sessions which were less busy than others.
- 4.74 The needs of some groups, including younger prisoners and those who spoke languages other than English, were not being met. Support for the small number of young adults was limited, with little on offer to promote their health and well-being or to facilitate time with other younger prisoners. Prisoners who spoke languages other than English did not have sufficient information to help them navigate daily life and some told us they felt isolated. Professional interpretation services were not always used when needed and most staff said that they relied on using other prisoners, which was not appropriate when sharing personal or private information.

Faith and religion

- 4.75 The chaplaincy was well led and delivered an excellent range of interventions and help to support women. In our survey, 90% of women said they had spoken to a chaplain. The support included bereavement counselling, courses about dealing with loss and building self-esteem, and a mentoring programme called 'Making Connections', which helped women prepare for release (see paragraph 6.16).
- 4.76 There were arrangements for a range of faiths to be supported and an impressive level of non-faith based pastoral help.

Section 5 Purposeful activity

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

Time out of cell, recreational and social activities

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

- 5.1 Time out of cell had improved and was good. In our roll checks, 14% of women were locked in their cells during the working day, compared to 21% at the last inspection. Just over half the women were involved in education, work or training away from their wing. Evening association was available Monday to Thursday and was usually delivered as planned. The weekend regime was reasonable, with sufficient activities including a park run and access to the gym and library.
- 5.2 In our survey, 61% of prisoners said their positive well-being was being promoted. Leaders had developed an excellent range of social and recreational activities which supported the community ethos. This included the weekly Liberty choir, a line dancing group and various arts and crafts sessions, including painting classes run by the local Watts Gallery (see paragraph 6.12).
- 5.3 The library was open six days a week. Access was reasonably good for most prisoners except those living on J wing. The creative writing group and monthly book club were especially good initiatives and popular with women.
- 5.4 In our survey, only 43% of prisoners said the library had a wide range of materials compared to 71% at the last inspection. The range of stock had been reduced, but leaders were working with Surrey County Council to resolve this and to meet the needs of the population more effectively.
- 5.5 At the time of our inspection, the gym only had half the staff it needed. Despite this, there was an impressive range of provision and, in our survey, prisoners were very positive about access. For example, 57% said they could go to the gym or play sports three times a week or more compared to 37% in the other two women's training prisons.
- 5.6 An excellent range of classes were available, including sessions for women with neurodiverse needs, an over 50's class and a running club. Regular challenges and charity events involving staff and prisoners helped to promote well-being and encourage participation.

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

5.7 Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness: good

Quality of education: good

Behaviour and attitudes: good

Personal development: good

Leadership and management: good

What does the prison do well and what does it need to do better?

5.8 The prison's leaders in education, skills and work (ESW), most of whom were appointed recently, had been successful in tackling the recommendations from the previous inspection. Leaders, managers and staff shared the governor's ambition to gain the participation of most prisoners in the wide range of activities now offered. They managed the complex provision effectively and evaluated quality accurately to make the improvements needed.

5.9 Leaders had ensured that curriculums were ambitious and based on an analysis of needs and interests. Women were occupied in activities that enhanced their self-esteem, and improved their well-being and chances of successful rehabilitation. Leaders had ensured that work environments and work activity reflected what women might experience on release. For example, leaders ensured that the level 1 to 3 business administration course included real prison-based administration activities. Women gained practical experience of the design and

production of leaflets and posters, binding and photocopying. They learned useful practical skills workplace behaviours and standards.

- 5.10 Leaders had reinstated and substantially expanded the ESW activities and now offered more than sufficient activity spaces.
- 5.11 Women mostly chose to combine work and study and their participation rate in both activities was very high. They could access a very broad range of full-, part-time and short activities which met their needs and aspirations. These included formal classroom-based education with qualifications primarily to level 2. Vocational options included gardening, horticulture, kitchens and wing work. Around 40 women were studying using distance learning, including undergraduate-level courses. These included management and business, creative writing, law, crime and society, and psychology. They also had access to a wide range of therapeutic sessions as part of their rehabilitation plans. Leaders had secured a modest increase in classroom spaces for functional skills classes in English and mathematics, and for English for speakers of other languages. This had increased capacity and helped to meet high demand. Leaders had identified ways to increase capacity further. They had introduced more flexible ways of enrolling women onto functional skills courses by allocating the existing spaces more efficiently. Leaders were working towards offering more courses at level 3 to provide more progression routes from lower-level courses, but this was at an early stage. A level 3 hairdressing qualification was about to start.
- 5.12 Women developed new knowledge, skills and behaviours in most activity areas. This was because leaders had developed and sustained a positive learning culture which women valued and engaged with. Almost all women were now involved in one or more activities during the working week, and none was unemployed. Wing staff actively encouraged women to get involved in ESW activities. Over half of the population worked away from the wings each working day.
- 5.13 Most women said they felt safe when moving to, from, or in ESW activities and noted and welcomed what they regarded as positive changes to the prison regime and purposeful activity in general. Most regarded the single basic pay rate as fair and not a disincentive to participation. They liked the extra pay available for attending certain activities.
- 5.14 Education managers contacted new arrivals promptly for them to attend an induction. Managers made good use of effective assessments to identify and plan support for additional learning needs. They identified prior learning, starting points and ambitions, and planned learning accordingly.
- 5.15 Trained careers information, advice and guidance advisers provided useful careers guidance as part of the induction. The allocation process was fair, effective and informed well by managers from across the prison functions. Staff gave due consideration to accommodate individual women's aspirations. The activities team managed the few

long waiting lists on popular courses well. For example, they identified and assigned women to courses which would benefit them most when approaching release.

- 5.16 Milton Keynes College provided most of the education and vocational training in the prison. Managers and teachers were experienced and well qualified. They planned the content of the subject areas thoughtfully and with the women's well-being in mind. They ensured women were placed on the right programme and that teaching was suitably ambitious. They designed activities well to make subjects challenging and relevant. Teachers used questioning well to check understanding, draw out deeper understanding and promote discussion. Women learned new skills such as administration in business and contemporary hairdressing techniques in the on-site hairdressing salon. They improved their English skills well and developed a better understanding of punctuation, grammar and spelling. They used technical language appropriately.
- 5.17 Teachers maintained their vocational knowledge by attending industry days and further practising their vocational skills outside education. Instructors had good opportunities for skills development including professional development days and workshops run by guest speakers. For example, hairdressing instructors attended industry days and art teachers developed their skills in areas such as illustration and bookbinding.
- 5.18 On accredited courses, most women completed their qualifications. Their achievement in English was high but low in mathematics. Leaders had only recently been able to employ a permanent teacher of mathematics.
- 5.19 In gardens, women were rightly proud of the knowledge and skills they developed, such as how to propagate plants. They planned and responded to the requirements of the prison kitchens by growing and supplying seasonal produce. Instructors maintained high quality workbooks in which they recorded women's occupationally specific and personal progress. Instructors used this information well to set meaningful targets for further development.
- 5.20 In the prison's kitchens, women learned how to prepare a wide range of menus and cater for dietary requirements of different cultures and faiths. In embroidery classes, those with no prior experience or skills in sewing quickly learned to make high quality purses, bags and fabric book covers ready for sale. Women were very proud of their work and valued the skills they had developed. They knew how these skills would be useful in their lives outside prison. However, those working in the recycling centre did not gain qualifications or accreditation for what they knew or could do, such as safe manual handling.
- 5.21 Leaders and managers had implemented an establishment-wide reading strategy successfully. This had developed well over the past year to become a key aspect of women's learning and wider activity in the classroom and during outside work parties. The governor was an

active supporter of reading as a gateway to learning, development and attainment. The governor had secured additional funding to pay for the services of an on-site Shannon Trust facilitator (charity that supports people in prison to learn to read), volunteers and trained prisoner mentors. Education staff identified women with no or very low-level reading skills during their induction to education. Most of these women elected to receive training from a Shannon Trust mentor and sessions were well attended.

- 5.22 Leaders and managers focused well on enabling all women to gain practical reading skills, such as compiling canteen sheets using basic phonics. Teachers incorporated reading and numeracy into functional skills lessons. Staff had introduced book clubs and reading-based competitions which had been effective in encouraging women to read recreationally while advancing their employment prospects.
- 5.23 Almost all women attended the activities they were allocated to each day. Only a very small minority refused to participate. On occasions, women did not attend a long-term activity, such as a functional skills class in education. This was because managers had agreed, by exception, an alternative short-term activity relevant to a woman's sentence plan.
- 5.24 Behaviour during purposeful activities was mostly good and prisoners were keen to learn. Whether in a classroom or outside or on the wings, teachers and trainers ensured that learning took place in calm environments, with the very minimum of disruptive behaviour. Women were respectful towards each other and staff during activities. Transgender prisoners felt accepted and treated fairly by their peers and staff. They were putting together an information pack to raise awareness about being transgender.
- 5.25 Most of the large number of peer mentors had received good training in the skills they needed to support others. They provided moral and practical support for those approaching parole, new arrivals and different age groups. They were enthusiastic and committed to their role and had started new initiatives such as the prison magazine, coffee groups and clubs for topics of interest.
- 5.26 Most women were involved in and enjoyed the wide range of enrichment activities available in the prison. They had access to competitions and activities such as baking, sewing, cooking, crochet, gardening, charity work and quizzes. However, managers did not coordinate enrichment activities well enough to reflect women's niche interests.
- 5.27 Prisoners approaching release were unable to use the virtual campus (VC, internet access to community education, training and employment opportunities for prisoners) for job search because at the time of inspection no computers were connected to the network in the buildings they could access. However, those following distance learning courses could access the VC, but too often not for long enough to complete written assignments in depth.

5.28 Leaders monitored attendance at activities closely, for example to identify the impact of initiatives to attract women on to classes in education. They were quick to identify and respond to any positive or negative trends. However, they had not ensured that the data used to monitor attendance were based on a single consistent source. This led to some minor variations in the data being reported. Leaders' strategy to expand release on temporary licence opportunities had not had the impact intended. This was because prisoners judged ready for this step were being transferred to open prisons instead.

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. Women are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Women are prepared for their release back into the community.

Reducing reoffending

Expected outcomes: Women are helped to change behaviours that contribute to offending. Staff help them to demonstrate their progress.

- 6.1 The ethos of the prison was overwhelmingly rehabilitative and women were offered a wide variety of opportunities to progress, including intensive psychological interventions, less formal courses and a host of smaller, imaginative activities. During the previous 12 months, 45 women had been transferred to an open prison, which was the right thing to do for their progression, but it left leaders at Send with little opportunity to make use of release on temporary licence (ROTL, see Glossary).
- 6.2 Although the number of women arriving on shorter sentences or with little time left to serve in prison had increased, the population needs analysis had not been reviewed since the last inspection to make sure that provision still met the range of risks and needs.
- 6.3 Women we spoke to often did not know their sentence plan objectives. While plans completed by staff were generally of good quality, some were several years old and no longer relevant.
- 6.4 The offender management unit (OMU) was very well led. Prison offender manager (POM) caseloads were manageable and contact with women was planned well and undertaken regularly. It was good to see that contact increased in response to significant events or changes in circumstances and that women were challenged on their thinking and behaviour during sessions. POMs worked well with other departments such as health care to get women the help they needed. However, women we spoke to often did not know their sentence plan objectives. While plans were generally of good quality, some were several years old and the objectives were no longer relevant.
- 6.5 Overall, key work (see Glossary) was used effectively and was particularly good on the DTC and PIPE units (see paragraph 3.7). There was a good focus on sentence progression and women were encouraged to engage in constructive activities. We found some exceptional examples of reflective, motivational work where staff helped women to apply their learning to support new behaviours.

- 6.6 There was a good focus on the needs of the large number of indeterminate sentence prisoners. They lived in a calm, stable environment, could access good work and education opportunities, and were represented by enthusiastic peer workers. An imminent information day was especially promising, offering them the chance to speak to a retired judge, Parole Board members and other relevant stakeholders.

Public protection

Expected outcomes: Women's risk of serious harm to others is managed effectively. Women are helped to reduce high risk of harm behaviours.

- 6.7 Public protection arrangements were largely sound. The monthly interdepartmental risk management meeting had very good oversight of women approaching release who were eligible for MAPPA (see Glossary). MAPPA management levels were not always confirmed by community offender managers (COMs) far enough ahead of release, but the OMU used sound processes to chase and influence these decisions.
- 6.8 Restrictions on contact with children and victims of offences were managed well. However, phone and mail monitoring did not always support good risk management as information exchange from the security department to the OMU was limited. In one case, the log of telephone calls made by the prisoner was not shared with the POM and a phone number that should have been blocked was still open for use. In addition, multiple intelligence reports about concerns had been submitted to the security department which OMU managers were unaware of. This left them ill equipped to update community agencies on the women's current risk factors and influence the risk management plan for release.

Interventions and support

Expected outcomes: Women are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.9 There was an excellent range of interventions. Women with complex needs benefited from intensive support on the DTC or PIPE units. Both services were well-led, national resources and were managed under the offender personality disorder pathway. Women on the DTC and PIPE units were very positive about the support, which allowed them to reflect on and begin taking responsibility for their behaviour. A small number of women also received this support while living on the main wings.
- 6.10 Although core activities on the DTC and PIPE, such as community meetings and therapy groups, went ahead each week, other sessions were often cancelled because of the redeployment of uniformed staff.

- 6.11 The women's estate psychology service team was short staffed at the time of the inspection, but had managed to deliver bespoke, one-to-one interventions to some women with very complex needs, typically focusing on emotional regulation. The chaplaincy was excellent. They offered a wide range of courses, including 'Flourish' which focused on self-esteem, 'Living with Loss' and individual counselling for bereaved prisoners (see paragraph 4.75).
- 6.12 The ISFL unit and courses such as Footsteps run by the Forward Trust were widely praised by prisoners with a history of addiction (see paragraph 4.55). A domestic abuse link worker had been in post for a year and provided support sessions and signposting. Group interventions run by Streetlight had recently resumed for women with a history of sex work. Work to reconnect women with their children and families and help them recover from separation and loss was excellent (see paragraph 4.1). More broadly, there were numerous activities and groups that replicated life in the community, such as the Liberty Choir and painting classes run by the local Watts Gallery (see paragraph 5.2).
- 6.13 Staff shortages had led to limited support with opening bank accounts and making benefit claims in preparation for release. However, a volunteer in the chaplaincy offered debt advice and 10 women had accessed this help since the start of 2025. Women could access help with gaining employment and about 20 had been released with a job offer in the last 12 months.

Returning to the community

Expected outcomes: Women's specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.14 Formal release planning was poorly resourced and coordinated, and women told us that they were asked the same questions repeatedly by different members of staff. A pre-release worker was supposed to visit Send to help with planning but had not done so for several months. Similarly, none of the commissioned rehabilitative services providers responsible for delivering resettlement support was on site.
- 6.15 Despite this, the POMs knew their prisoners well and they bridged the gaps in resettlement services by almost always putting release plans in place. Records demonstrated a good range of practical support and communication with a variety of agencies, including social care, housing and mental health services. Almost all women had some form of accommodation on the first night of release, with very few completely homeless. However, only about 20% went to longer-term, sustainable accommodation.
- 6.16 Women benefited from strong support on release through the Making Connections mentoring team (a chaplaincy programme run by

volunteers for prisoners of all faiths and none) and about half of all women had engaged with their help. They offered emotional support, signposting to practical help and provided some prisoners with transport on the day of release. Bridges to Health (an NHS service delivered by Women in Prison) gave good support to women with physical and mental health problems before and after release (see paragraph 4.44).

- 6.17 Practical support on the day of release was good. Staff made sure that women who were not being collected by friends or family were taken to a railway station. A local charity provided a bag of useful items such as toiletries and a waterproof coat.

Section 7 Progress on recommendations from the last full inspection

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2021, we found that outcomes for women were good against this healthy prison test.

Recommendations

The prison should increase awareness of adult safeguarding and embed this through staff training and support.

Achieved

Women's negative perceptions about the level and type of victimisation from other women should be explored and effective action taken to address the issues identified.

Achieved

Women should be able to benefit from an effective incentives scheme, including the full range of benefits gained by living on enhanced wings.

Partially achieved

The decision to segregate women in any location should always be correctly authorised with all the necessary safeguards expected within a formal segregation unit.

Not achieved

The prison should contact the ambulance service immediately as soon as an emergency code blue or red is called to prevent any unnecessary delays in treatment.

Achieved

Women living on the enhanced unit should have additional privileges including more time in the open air and not being locked in their cell at night.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2021, we found that outcomes for women were good against this healthy prison test.

Key recommendation

Restrictions on physical contact during face-to-face social visits should be relaxed to be in line with those applicable in the community.

No longer relevant

Recommendations

An effective system for monitoring and quality assuring applications should be introduced, including tracking the time it takes for applicants to receive a response.

Not achieved

Prisoners, especially foreign national women, should have more access and advice to find legal advocacy.

Not achieved

Women should be able to access their stored property without delay.

Achieved

All women should be able to eat communally.

Achieved

A range of self-catering facilities should be available.

Achieved

The confidential health complaints process should be clearly advertised, and training in and monitoring of complaint responses should be fully implemented.

Partially achieved

Women should receive the appropriate doses of medication and reasons for deviation from in-possession risk assessment should be recorded.

Achieved

The dental room should be refurbished to update the environment, including an improved flow for the decontamination process.

Achieved

Regular equality meetings should take place, including analysis of a comprehensive range of data to make sure that any potential disproportionate outcomes are identified and rectified.

Partially achieved

Information relevant to women who are foreign nationals and their detention should be available in the language of their choice.

Not achieved

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection in 2021, we found that outcomes for women were not sufficiently good against this healthy prison test.

Key recommendation

Leaders and managers should promote the benefits of education effectively. They must rapidly increase and improve the advice and guidance women receive to enable them to make the appropriate choices about taking part in education, skills and work.

Achieved

Recommendations

Women's time out of cell should increase to the levels in place before the pandemic.

Achieved

Association time should be resumed with a range of activities.

Achieved

Leaders and managers must increase the urgency with which they reintroduce the education, skills and work curriculum. They must increase the opportunities for women to access face-to-face teaching, utilising learning space better.

Achieved

Leaders and managers must accurately identify women's additional learning needs and use this to provide appropriate support for women to help them make progress in gaining new skills and knowledge.

Achieved

Leaders and managers must make sure that women retain and reinforce their knowledge. They must introduce strategies to help women catch up with lost learning ahead of, and when, returning to face-to-face lessons and work areas.

Achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection in 2021, we found that outcomes for women were reasonably good against this healthy prison test.

Key recommendation

Women should have access to a full range of progression pathways that allow them to take responsibility, complete their sentence plans and learn new skills.

Achieved

Recommendations

Work to reduce reoffending should be measured against an action plan and based on a comprehensive and detailed analysis of prisoner need.

Not achieved

Every woman should be engaged in an annual review of their OASys assessment and sentence plan to make sure that it reflects their individual risks, needs and targets.

Not achieved

Support for women who have experienced trauma should be fully reinstated.

Achieved

Women needing to claim benefits should be able to initiate a claim in custody and book an appointment at their local Jobcentre for the day of their release.

Not achieved

Women granted parole requiring residence at a probation approved premises should be able to access a place without delay.

Achieved

Staff overseeing restrictions on mail and phone calls should be supported to make sure that child contact restrictions are well understood and enforced.

Achieved

Appendix I About our inspections and reports

HM Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, court custody and military detention.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For women's prisons the tests are:

Safety

Women, particularly the most vulnerable, are held safely.

Respect

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

Purposeful activity

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

Preparation for release

Preparation for release is understood as a core function of the prison. Women are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Women are prepared for their release back into the community.

Under each test, we make an assessment of outcomes for women and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by HM Prison and Probation Service (HMPPS).

Outcomes for women are good.

There is no evidence that outcomes for women are being adversely affected in any significant areas.

Outcomes for women are reasonably good.

There is evidence of adverse outcomes for women in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for women are not sufficiently good.

There is evidence that outcomes for women are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of women. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for women are poor.

There is evidence that the outcomes for women are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for women. Immediate remedial action is required.

Our assessments might result in one of the following:

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for women in prison. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for women; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for women in prison* (Version 2, 2021) (available on our website at [Expectations – HM Inspectorate of Prisons \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk)). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of women in the prison and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy chief inspector
Sandra Fieldhouse	Team leader
Jonathan Tickner	Inspector
Rachel Badman	Inspector
Dionne Walker	Inspector
Kellie Reeve	Inspector
Rebecca Stanbury	Inspector
Sophie Riley	Researcher
Alicia Grassom	Researcher
Tareek Deacon	Researcher
Phoebe Dobson	Researcher
Shaun Thomson	Lead health and social care inspector
Sarah Campbell	Health and social care inspector
Noor Mohamed	General Pharmaceutical Council
Jacob Foster	Care Quality Commission inspector
Nick Crombie	Lead Ofsted inspector
Cliff Shaw	Ofsted inspector
Diane Koppit	Ofsted inspector
Sarah Alexander	Ofsted inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find.

Care Quality Commission (CQC)

CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

Certified normal accommodation (CNA) and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of women that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

Democratic therapeutic community (DTC)

A DTC provides a specialist service for those experiencing complex mental health problems, specifically those who often attract a diagnosis of 'personality disorder'.

Family days

Many prisons, in addition to social visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

Leader

In this report the term 'leader' refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

My Experiences (ME)

My Experiences documents are developed by the woman through exploring how she responds to situations based on how she sees herself and her past experiences. These are used by staff to understand how she behaves and develop alternative strategies to supporting her.

Protected characteristics

The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protection of adults at risk

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Psychologically Informed planned environment (PIPE)

Psychologically Informed planned environments provide psychologically informed services for high-risk offenders with personality disorders. They aim to provide supportive environments where additional psychological considerations are recognised.

Secure video calls

A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a call can be booked, users must upload valid ID.

Social care package

A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

Special purpose licence ROTL

Special purpose licence allows women to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

Time out of cell

Time out of cell, in addition to formal 'purposeful activity', includes any time women are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Women in Prison

A national charity that delivers support for women affected by the criminal justice system.

Zahid Mubarek Trust

Independent national charity founded in 2009 by the family of 19-year-old Zahid Mubarek, who was murdered by his racist cellmate on the morning scheduled for his release from Feltham Young Offender Institution.

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of women in the prison is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

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