



Report on an unannounced
inspection of

HMP Send

by HM Chief Inspector of Prisons

10–21 May 2021



Contents

Introduction.....	3
About HMP Send.....	5
Section 1 Summary of key findings.....	7
Section 2 Safety	14
Section 3 Respect.....	22
Section 4 Purposeful activity.....	40
Section 5 Rehabilitation and release planning.....	44
Section 6 Recommendations in this report	50
Section 7 Progress on recommendations from the last full inspection report	54
Appendix I About our inspections and reports	59
Appendix II Glossary of terms.....	62
Appendix III Further resources	65

Introduction

HMP Send, in Surrey, is a closed training prison for women which has a complex population of up to 202, many presenting a high risk of harm to others. The prison contains the only democratic therapeutic community for women in the country with 24 places, as well as a psychologically informed planned environment (PIPE) unit with 35 places.

After a year spent with lockdown restrictions in place, a serious outbreak of COVID-19 in January 2021, in which a staff member died, and the forced closure of two wings at short notice due to fire safety concerns, Send was coping remarkably well. Women, many of whom had complex needs and were serving long sentences, felt generally well cared for and supported by staff. The excellent relationships between women and staff were evident throughout the prison, where we witnessed many friendly interactions conducted on first-name terms.

Regular meetings considered the needs of the most vulnerable, making sure that suitable support was in place for women who were distressed, self-harming or particularly vulnerable. Staff knew the women well and were able to respond quickly when difficulties arose. Women told us they felt supported by their peers, either informally or through the Listener scheme.

The restrictions on social visits had hit women hard, particularly those with young children, and many had chosen not to see their families at all because the ban on hugging during visits had been too painful for both mother and child. This meant there had been fewer visits in the last year than there usually were in a month. In-cell telephones and extra credit meant that connections had at least been maintained, but it was no substitute for physical contact. One woman movingly told me how she could feel her son beginning to drift away from her.

Women were getting out of their cells for at least three hours a day, more than we have seen in most of the men's estate, but the loss of time to socialise, and get access to peer support, education and training, meant women had suffered. Staff members had noted that self-harm tended to increase when the lifting of restrictions in the community was not mirrored in the prison.

The closure of the two enhanced wings meant that some women were living in more closed conditions than they had been used to and, though an external door was kept open all day, women's time outside was unnecessarily limited and cell doors were now locked at night. The prison grounds were unkempt in places and needed more looking after.

Restrictions meant that the democratic therapeutic community was unable to operate in its usual form, but despite this, women said they were still receiving good support from officers and therapists. Similarly, activity in the specialist PIPE unit had also been constrained, but in contrast to the rest of the prison, one-to-one interventions had continued for these women. The key work session I was invited to observe showed a high level of skilled and knowledgeable support from the officer involved.

The governor had a very positive vision for the prison and a clear set of priorities that included restoring education, release on temporary licence (ROTL), visits and the therapeutic interventions. Inspectors agreed with her analysis that sentence progression, particularly for women on longer sentences, was not as good as it should be, although the outstanding chaplaincy had developed a mentoring support scheme for those who were due for release.

There was a strong, deep culture of respect and support that had been established in the prison, maintained by the visible and accessible leadership team and a dedicated staff. This perhaps explains why some women who had achieved category D status decided to stay at Send rather than transfer to open conditions. This culture had sustained the prison through the last, challenging year and inspectors were confident that as restrictions are lifted, the prison will continue to make good progress.

Charlie Taylor

HM Chief Inspector of Prisons

June 2021

About HMP Send

Task of the prison

Closed women's prison.

Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of inspection: 164

Baseline certified normal capacity: 202

In-use certified normal capacity: 202

Operational capacity: 202 (temporary adjustment to 192 for COVID-19)

Population of the prison

- The number of new receptions had been lower over the last year with only 40 admissions
- 17 foreign national prisoners
- 28% of prisoners from black and minority ethnic backgrounds
- eight prisoners a month released into the community
- 80 prisoners receiving support for substance use
- nine prisoners a month referred for mental health assessment.

Prison status (public or private) and key providers

Public

Physical health provider: Central and North West London NHS Foundation Trust

Mental health provider: Central and North West London NHS Foundation Trust

Substance use treatment provider: Forward Trust

Prison education framework provider: Weston College

Community rehabilitation companies (CRCs): London CRC (part of MTC); Kent, Surrey and Sussex CRC

Escort contractors: Serco; GEOAmey

Prison group

Women's Estate

Brief history

Originally an isolation hospital, Send first opened as a prison in 1962 when it was a junior detention centre. In 1987, it was reclassified as a category C adult men's training prison. Re-rolled in 1998 and completely rebuilt by 1999, Send currently operates as a closed women's prison. It houses a PIPE (psychologically informed planned environment) unit with a capacity of 35 and a therapeutic community with a capacity of 24.

Short description of residential units

A wing	PIPE (including pre and progression)
B wing	general population
C wing	enhanced prisoners
D wing	enhanced prisoners and ROTL unit
E and F wings	currently closed
J wing	induction; general population; therapeutic community

Name of governor and date in post

Amy Frost, 2 November 2020

Leadership changes since the last inspection

Carlene Dixon was the governor to July 2020. Rachel Bell was interim governor from July 2020 until Amy Frost took up post.

Prison Group Director

Steve Bradford

Independent Monitoring Board chair

Sam Coop

Date of last inspection

18–29 June 2018

Section 1 Summary of key findings

- 1.1 We last inspected Send in 2018 and made 26 recommendations, one of which was about an area of key concern. The prison fully accepted 20 of the recommendations and partially (or subject to resources) accepted three. It rejected three of the recommendations.
- 1.2 Section 7 contains a list of recommendations made at the last full inspection.

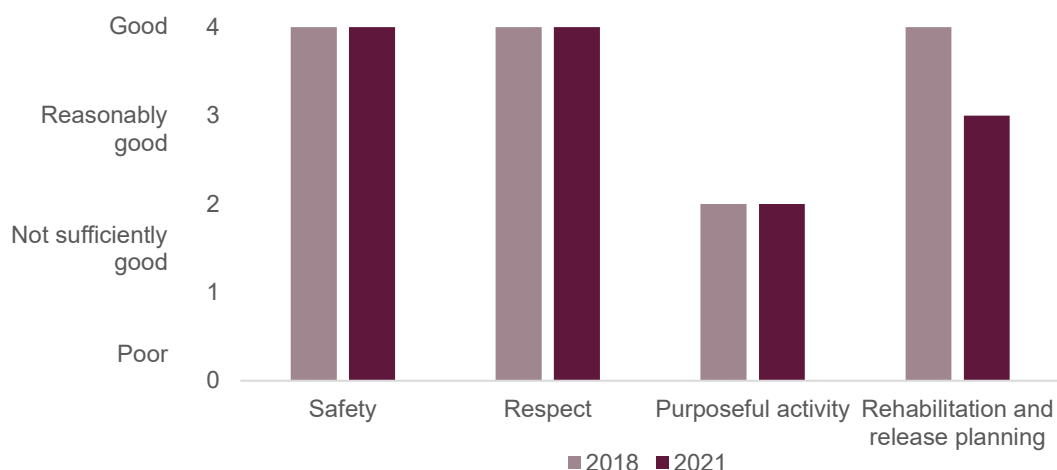
Progress on key concerns and recommendations

- 1.3 Our last inspection of Send took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for women prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last full inspection, we made one recommendation about key concerns in the area of purposeful activity. At this inspection, we were unable to assess progress on this recommendation.

Outcomes for women prisoners

- 1.5 We assess outcomes for women in prison against four healthy prison tests (see Appendix I for more information about the tests). At this inspection of Send, we found that outcomes for women had stayed the same in three healthy prison areas and declined in one.
- 1.6 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP Send healthy prison outcomes 2018 and 2021



Safety

At the last inspection of Send in 2018 we found that outcomes for women were good against this healthy prison test.

At this inspection we found that outcomes for women remained good against this healthy prison test.

- 1.7 The use of peer support in reception had started again, which was positive. New arrivals were not locked in holding rooms and reception processes were thorough, with a focus on safety. Reverse cohorting arrangements (see Glossary of terms) were appropriate. The current induction programme, in development, was not yet comprehensive.
- 1.8 Staff-prisoner relationships remained very good, staff knew the women they cared for well and we observed positive and constructive interactions. In our survey, more than two-thirds of women said that a member of staff had talked to them in the last week to see how they were getting on. The personal officer scheme was no longer effective, but key work (see Glossary of terms) was developing.
- 1.9 Rates of self-harm were high and had increased since the start of the COVID-19 restrictions; a small number of women repeatedly self-harmed. Support for women on assessment, care in custody and teamwork (ACCT) case management for risk of suicide or self-harm was good. The safer custody strategic meeting was effective and supported by a weekly safety intervention meeting to review women with multiple risk factors.
- 1.10 The range of incentives to behave well had been limited for much of the last year, including the ongoing suspension of release on temporary licence (ROTL). The closure of E and F resettlement wings also contributed to women's perceptions of fewer incentives as they were located instead on the main prison wings, which did not yet provide the full range of incentives.

- 1.11 The prison remained a safe place to live. In our survey, 19% of women said they currently felt unsafe. Violence had not increased over the last couple of years and serious incidents were very rare. However, women reported a range of victimisation from other prisoners that the prison needed to explore further to understand the causes and develop solutions. The use of force had increased over the last year; most incidents related to the prevention of self-harm. Governance of use of force had improved. Security arrangements were proportionate. Despite some good work to prevent drug supply, 36% of survey respondents said that it was easy to get illegal drugs in the prison.

Respect

At the last inspection of Send in 2018 we found that outcomes for women were good against this healthy prison test.

At this inspection we found that outcomes for women remained good against this healthy prison test.

- 1.12 Work to support women in maintaining contact with their children and families had been more limited due to COVID-19, but a social worker had recently been appointed to take this forward. Video calling and in-cell telephones had become important means of maintaining contact with family members. Restrictions on physical contact between women and their children during social visits was a major factor in the low take-up of visits. Women were not yet allowed ROTL to promote family ties.
- 1.13 Consultation with women was good, including a well-established prisoner council. However, many of the peer support groups had stopped during the national restrictions. All women had their own cell and most had in-cell showers and toilets. Communal areas on the wings were very clean and well maintained.
- 1.14 Health care was very good and partnership working was effective. Essential services had continued throughout the pandemic with effective daily triage by nurses and access to the GP. Routine clinics had resumed, including visiting specialists and allied health professionals. The multidisciplinary mental health team offered a good range of interventions to meet the needs of the population. The provision of social care was good.
- 1.15 Ambulances were not always called immediately in response to an emergency, which caused unnecessary delays. Joint work had restarted to address key health promotion issues, including tackling obesity and some excellent examples of creative health promotion activities. Screening for sexual health and reproductive needs had continued. Waits for routine dental appointments had reduced and emergency dental care had continued throughout the pandemic period.
- 1.16 The substance misuse service provided a good standard of care. The family worker in the substance misuse team continued to provide

support to women and their families throughout the pandemic, which was good practice.

- 1.17 Oversight of equality and diversity work had largely been suspended when the COVID-19 restrictions were introduced. Meetings had restarted last summer but had not always been as often as intended. Data collection and analysis remained limited, but there were efforts to improve this. Work to support women with protected or minority characteristics was just restarting, with good consultation in areas such as sexual orientation. Care for prisoners with protected and minority characteristics was good overall. Faith provision was excellent and had continued throughout the COVID-19 restrictions, with corporate worship now taking place.

Purposeful activity

At the last inspection of Send in 2018 we found that outcomes for women were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for women remained not sufficiently good against this healthy prison test.

- 1.18 Ofsted carried out a progress monitoring visit of the prison alongside our full inspection and the purposeful activity judgement incorporates their assessment of progress. Ofsted's full findings and the recommendations arising from their visit are set out in Section 4.
- 1.19 Time out of cell had deteriorated significantly due to the COVID-19 restrictions, but leaders were planning to deliver a new regime to improve this. Unemployed women had a minimum of two hours out of their cell each day during the working week, but many women had more than this. No indoor association was taking place and there were few opportunities for social activities.
- 1.20 Leaders had not made sure that the culture at the prison promoted the benefits of education effectively or challenged women to achieve. Few women chose to engage with learning and those with the most need were not identified and targeted.
- 1.21 Leaders had meaningful long-term plans for when the full education, skills and work curriculum could be offered, but they did not have plans for further improvements in the meantime. Women did not receive advice and guidance to inform their choices for education, skills and work. Most women were not placed on the best course to meet their resettlement needs or sentence plans.
- 1.22 Leaders had been too slow to reintroduce face-to-face inductions and the information about education, skills and work was of an insufficient quality. There was little acknowledgment of the skills and knowledge that women developed in their work roles. Prison instructors provided effective feedback to learners on their practical work to help them improve their skills. However, education staff feedback on in-cell packs

was less effective. Managers did not have a good enough understanding of the women who had learning needs and the support they required.

Rehabilitation and release planning

At the last inspection of Send in 2018 we found that outcomes for women were good against this healthy prison test.

At this inspection we found that outcomes for women were now reasonably good against this healthy prison test.

- 1.23 Oversight of reducing reoffending work had resumed following the pandemic restrictions, but the new strategy lacked an action plan to drive improvements and the aggregated needs analysis was too limited.
- 1.24 Before the COVID-19 restrictions, work to help women address previous trauma had been excellent and there were steps to reintroduce this. Women valued the support provided by the democratic therapeutic community (DTC) and the two psychologically informed planned environment (PIPE) units (see Glossary of terms), despite the severe limitations on opportunities for group therapy under the COVID restrictions. Help for women in the general population to address their offending behaviour was limited, but the chaplaincy had started to deliver some impressive courses again.
- 1.25 Resettlement support was reasonable overall. Most women had stable accommodation to go to on release, but were unable to make a benefit claim in advance. Home detention curfew processes were well managed and parole hearings had continued. ROTL had remained suspended for the last year and had been slow to restart.
- 1.26 Opportunities to achieve sentence plan targets and progress had been severely limited by the pandemic restrictions. The offender management unit had a good mixture of staff skills and was open and accessible to women. Prison offender managers had adequate contact with women on their caseload, but staff shortages had led to long gaps in some cases. About a third of the population were serving indeterminate sentences, but they had little targeted support. Women could still progress in their categorisation and transfer to open conditions.
- 1.27 Public protection arrangements were reasonable with evidence of risk management planning between offender managers in the prison and the community. Prison staff did not always understand or enforce restrictions on contact with children or others.
- 1.28 'Making Connections', a mentoring project managed by the chaplaincy, provided very good support for those approaching parole hearings or release.

Key concerns and recommendations

- 1.29 Key concerns and recommendations identify the issues of most importance to improving outcomes for women in prison and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of women.
- 1.30 During this inspection we identified some areas of key concern and have made a small number of recommendations for the prison to address those concerns.
- 1.31 Key concern: Although COVID-19-related restrictions on physical contact had been relaxed in the community before the inspection, contact between prisoners and visitors during social visits remained restricted. Women were not able to have any physical contact with visitors, including a ban on hugging their children, which caused enormous upset.

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

(To HMPPS)

- 1.32 Key concern: Leaders had been slow to reintroduce face-to-face inductions for prisoner participation in education, skills and work. The information that women received about the curriculum was out of date, inaccurate and lacked detail. Most women were not placed on courses that met their resettlement needs or that were informed by their sentence plans.

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.

(To the governor)

- 1.33 Key concern: Opportunities for women to demonstrate progression against their sentence plan targets remained limited due to the COVID-19 restrictions. For example, many peer worker roles had not resumed and release on temporary licence (ROTL) had remained suspended for the last year and had been slow to restart. The closure of E and F wings meant that women had lost a positive, progressive environment, which had not yet been replicated on C and D wings. Core components of the PIPE unit and the democratic therapeutic community, such as therapy groups, had yet to restart.

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.

(To the governor)

Notable positive practice

- 1.34 We define notable positive practice as 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.
- 1.35 Inspectors found seven examples of notable positive practice during this inspection.
- 1.36 The prison had commissioned work by the psychology team to understand the importance of healthy relationships and develop best practice approaches. (See paragraph 2.9.)
- 1.37 Further support was provided to the more vulnerable women through a Friday meeting to identify and manage their potential risks and triggers over the weekend. (See paragraph 2.11.)
- 1.38 The mental health team took an impressively active approach to promoting health and well-being that helped to improve the general welfare of women. (See paragraph 3.51.)
- 1.39 Women with a learning disability were given an easy-read version of their licensing conditions on release and also had this explained to them in person. This helped women to understand what they needed to do to prevent being recalled back to prison. (See paragraph 3.73.)
- 1.40 Surrey County Council funded additional specialist external support to help women improve their lives and maintain their health and well-being. (See paragraph 3.80.)
- 1.41 The family practitioner in the substance misuse service supported women and their families through a range of help with a focus on recovery. (See paragraph 3.85.)
- 1.42 Women received good support through Making Connections, a mentoring project overseen by the chaplaincy. Every woman approaching release or their parole hearing had the opportunity to be mentored by a local community volunteer for six months. This extended to practical through-the-gate support on their day of release. (See paragraphs 3.120 and 5.32.)

Section 2 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.

- 2.1 Many of the women who arrived at Send had multiple needs. In our survey, 66% of women said they had mental health problems, 37% a disability (either long-term physical, mental or learning needs) and almost a quarter had experience of living in local authority care. The prison's own data showed that just over 40% of the population were currently at risk or had a recent history of self-harm.
- 2.2 There were no new arrivals during our inspection. Prisoners told us that they had been given advance notice of their transfer to Send, but had received little information about the prison before their arrival. They said they had not shared transport with men during their journey to the prison and that escort staff treated them respectfully. On arrival at the prison, women said they were not held on the escort vans unnecessarily and they had arrived in good time to receive appropriate first night support.
- 2.3 Early days support was good. The reception area was functional for the small number of new arrivals. In our survey, 91% of women said reception staff treated them well. Arrivals were not locked in the holding room in reception and searching arrangements were appropriate. Following a recent gap in peer support due to COVID-19 restrictions, reception orderlies were now on hand to put new arrivals at ease, answer their questions and provide them with a hot meal.
- 2.4 Reception processes were respectful and thorough. All new arrivals had a private interview with a member of induction staff, focusing on safety and individual vulnerabilities, and a further interview with a member of the health care team. Women valued the fact they had their property processed immediately on arrival so that they could take personal possessions to the induction unit with them.
- 2.5 In our survey, 77% of women said they felt safe on their first night, and they received additional first night checks. Reception orderlies accompanied new arrivals to the induction unit to show them to their cell, which helped to ease their anxieties. Women could make a free initial five-minute phone call on their first night and all first night cells

had a shower and a telephone. Cells were appropriately equipped and arrivals received packs containing bedding and toiletries.



Induction landing – J wing



First night cell

- 2.6 Reverse cohorting (see Glossary of terms) arrangements were appropriate, although for some women who were the sole transfers to Send on their day of arrival their first days were lonely with little to do. The current induction was limited and lacked peer support and other agency involvement, but the process was being redeveloped. Induction started the morning after arrival with information provided by an induction officer, but, apart from visiting the gym, new arrivals had no appointments to meet or visit other prison departments or agencies. Before the pandemic, arrivals had been given a tour of the prison by peer workers who were also involved in delivering their induction, but these arrangements were still currently suspended.

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

- 2.7 Women were very positive about staff and we observed good, supportive and respectful interactions. Both staff and managers knew the women they cared for well. In our survey, 86% of women said there was a member of staff they could turn to and 85% that staff treated them with respect. This was even though about a third of officers at the time of our inspection had been in post for less than a year.
- 2.8 The prison was in the process of implementing the key worker scheme (see Glossary of terms). The scheme had started on the PIPE (psychologically informed planned environment, see Glossary) units and was positive, but full implementation had been delayed nationally due to COVID-19. The effectiveness of the personal officer scheme had degenerated since December 2020 pending the introduction of Offender Management in Custody (see Glossary of terms), but weekly welfare checks were undertaken. Although these were not a sufficient replacement for key work, these checks were consistent and quality assured. In our survey, significantly more women than at our last inspection (68% compared with 41%) said that a member of staff had talked to them in the last week to see how they were getting on.
- 2.9 Relationships between women were managed sensitively and maturely. The prison's safety intervention meeting (SIM) reviewed known intimate relationships between women weekly; where appropriate, couples could live on the same unit and work together. There had been some innovative work with the psychology team to understand healthy relationships, the links to self-harm and violence, and to help support the development of best practice.

Reducing self-harm and preventing suicide

- 2.10 Rates of self-harm were very high and had increased since the start of the pandemic. A disproportionate number of incidents involved a small number of women who self-harmed repeatedly – two prisoners accounted for a third of all incidents, reflecting the very complex population held at the prison. In the previous year, most incidents had taken place on the PIPE units and democratic therapeutic community (DTC, see Glossary).
- 2.11 The safer custody strategic meeting was very effective and well attended. It looked at a range of data and was supported by the weekly SIM to review women with multiple needs. Further support was provided to the more vulnerable women through a meeting on a Friday to identify and manage their potential risks over the weekend, which was good practice. The provision of an analyst within the safer custody function had resulted in a good scrutiny of data. This had given the prison clear oversight and assurance of some of the reasons behind the increase in self-harm and how this had linked to COVID-19.
- 2.12 Women supported by assessment, care in custody and teamwork (ACCT) case management for those at risk of suicide or self-harm reported good care from staff. The prison had recently implemented the new version of ACCT, in which all staff had been trained, but the quality of ACCT recording was too variable. Casework was of a reasonable standard overall – for example, we saw examples of detailed reviews that included good attendance by relevant staff. However, COVID-19 restrictions had meant fewer links with external voluntary organisations or families or significant others to support those in crisis.
- 2.13 The PIPE and DTC provided good high-level support for those with multiple needs (see paragraphs 5.7 and 5.8). The psychology team also provided good support through enhanced case management (StEM) for a small number of women. Methods of supporting women before they reached crisis and to promote well-being were underdeveloped. There was little counselling provision or mindfulness work and no designated reflection spaces.
- 2.14 Constant supervision was used often to observe women deemed at high risk of self-harm and in crisis, but the approach was individualised and flexible. Prisoners were able to keep their personal possessions and switch between a period of constant supervision at night and then move to normal location during the day to take part in the regime, which was positive. Oversight was strong with each use reviewed at the monthly safer custody meeting.
- 2.15 The Listener scheme, in which prisoners trained by the Samaritans provide confidential emotional support to fellow prisoners, had restarted a 24-hour service after it had been removed because of the pandemic restrictions, although Listeners had continued to receive support from the Samaritans by phone and now, once again, face to face. Listeners were visible and valued by women. In our survey, significantly more women than at our previous inspection (81% against 43%) said it was

easy for them to access a Listener. Women could contact the Samaritans on a free phone number.

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

- 2.16 There had been no self-inflicted deaths since our previous inspection. There had been one natural death and the prison was awaiting the outcome of investigation reports. The safer custody team did not currently consider learning from other prisons to identify opportunities for improvements in care, which was a gap.

Protecting women, including those at risk of abuse or neglect

- 2.17 The prison had a current safeguarding policy, but it was not represented at the local safeguarding adults board.
- 2.18 Most prison staff had not been trained in adult safeguarding and they lacked an awareness of the difference between adult safeguarding and meeting the needs of women with complex issues. This needed to be addressed as part of the prison's staff training plan.

Recommendation

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

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

- 2.20 Most women we spoke to said that Send was a safe place. In our survey, 19% said they currently felt unsafe. However, perceptions by women with mental health problems were significantly more negative and the prison needed to do more to understand this. Physical violence remained rare, but in our survey 41% of women reported receiving verbal abuse from other prisoners and 33% said that they had been threatened or intimidated. The prison needed to explore these reports further.
- 2.21 Due to the pandemic, the range of incentives to encourage good behaviour had been limited for much of the last year, including the suspension of release on temporary licence (ROTL). Women we spoke to said that not being able to continue with work in the community or see their children had a negative impact on an already severely restricted regime. Until recently, women had appreciated the openness of the regime offered on the E and F resettlement wings (see also paragraph 5.21), so the recent closure of these units and the relocation

of their residents to the main house units contributed to perceptions that there were fewer incentives to promote positive behaviour. (See key concern and recommendation 1.33.) Although the prison had tried to replicate the open regime of E and F on the new enhanced C and D wings, they were not providing the full range of incentives and some restrictions on the daily regime were difficult to understand. For example, women on the enhanced wings were not allowed off the unit except for a few hours a day, which contrasted with the freedom they had previously had.

- 2.22 In our survey, only 43% of women said the formal incentives scheme encouraged them to behave well. Staff and women we spoke to said that they had very little confidence in the system. We found that some women had not had their incentives level reviewed for over three years, which needed to be addressed.
- 2.23 The well-attended monthly safer custody meeting (see paragraph 2.11) analysed a range of data about violence and took action to keep women safe. The weekly SIM (see paragraph 2.9) was effective in supporting women who needed extra help. Violence levels had not increased over the last couple of years and serious incidents were very rare. All reported incidents were investigated; the investigations we looked at were comprehensive and identified individualised interventions.

Recommendations

- 2.24 **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.**
- 2.25 **Women should be able to benefit from an effective incentives scheme, including the full range of benefits gained by living on enhanced wings.**

Adjudications

- 2.26 The number of adjudications had increased slightly since our previous inspection in 2018. They were held in private on the residential units. Women were able to give their account of what happened and adjudicating governors clearly explained the options to seek legal advice or appeal against the charge.
- 2.27 There were very few remanded adjudications and most decisions to adjudicate were appropriate, although some charges could have been dealt with through the local incentives policy.

Segregation

- 2.28 The prison continued to operate without a segregation unit. Women requiring segregation remained in their own cell. The number requiring this was low with only six recorded uses so far in 2021. Authorisation to segregate on the wings was recorded appropriately with evidence that those women were well cared for.

- 2.29 We were concerned to be told by women and staff that a holding room next to C wing had been used to hold women who needed to be segregated from the main population, but without full authorisation, oversight or safeguards. There was no recorded evidence of how many times this had happened or who had authorised its use for segregation.

Recommendation

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

Use of force

- 2.31 The use of force had increased over the last year, but this was largely due to managing two women who had a range of complex needs displayed through their behaviour. Force had been used to prevent serious self-harm in most of the incidents and we were assured this was only used as a last resort.
- 2.32 At our previous inspection in 2018, we reported that governance of use of force incidents was not robust, so it was positive that the picture was much improved. Use of force meetings were held regularly to review completed reports and body-worn camera footage of recent incidents. The documentation we examined and camera footage we watched demonstrated good use of de-escalation techniques and approved use of force methods.

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.

- 2.33 The security department did not apply any unnecessary restrictions on women at Send; they had reasonable freedom around the grounds and allocation to activities was sensibly managed. Officers knew women in their care well and the relationships we observed were positive, which supported general security well.
- 2.34 Well-attended multidisciplinary security meetings took place monthly and intelligence was well managed. There was no major backlog in the analysis of intelligence reports and the security department shared relevant information appropriately with other departments.
- 2.35 In our survey, 36% of women said that it was easy to get illegal drugs in the prison. Mandatory drug testing had not taken place for the last year due to the pandemic restrictions, so it was difficult to gauge the extent of drug availability. However, the establishment had responded well, drug supply reduction work was good and the security department had worked collaboratively with substance misuse services over the last year. The decision to photocopy all incoming mail to prevent drugs

from entering the prison was proportionate and was regularly reviewed, which provided assurance that it remained appropriate.

2.36 Leaders was alert to the risk of staff corruption. There was a dedicated corruption prevention manager and regular staff awareness training.

Section 3 Respect

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

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.

- 3.1 In our survey, 64% of women said that staff encouraged them to keep in touch with their family or friends. There was some good work to support women to maintain relationships with their families.
- 3.2 A family engagement worker employed by the Prison Advice and Care Trust (PACT) was working with women towards strengthening and maintaining relationships, and helping them deal with statutory agencies. A substance misuse worker undertook similarly useful work with families of clients (see paragraph 3.85).
- 3.3 Despite these initiatives, there had been only a rudimentary analysis of prisoner needs and there was no clear strategy for this work. Positively, a social worker had recently been appointed and leaders now had the opportunity to fully ascertain needs, give direction and set priorities for work in this area.
- 3.4 In-person social visits, available sporadically since the beginning of the pandemic, had been on offer since April 2021. Visits took place on Thursdays, Saturdays and Sundays. Take-up had been very low, with fewer than 150 visits since restrictions had first begun in March 2020; previously there had been 200 visits a month. Visit slots were readily available. The visits hall was reasonably welcoming, although the layout of chairs to comply with COVID-19 restrictions was not conducive for private conversations.



Visits hall laid out to comply with COVID-19 restrictions

- 3.5 We spoke to many women who had not seen their loved ones since the start of the pandemic. The main reason cited for the low take-up of visits was the ongoing restrictions on physical contact (see key concern and recommendation 1.31). According to the prison's data, only 20 children had visited since March 2020. Many women were reluctant to receive visits from their children given the restrictions in place, and it was apparent how upsetting this was for them.
- 3.6 Other women we spoke to cited other difficulties as a major barrier to receiving visits and in our survey, only 37% of women said it was easy for family and friends to get to the prison. A previous shuttle bus service to and from the train station remained suspended.
- 3.7 In line with its suspension for other purposes, release on temporary licence (ROTL) was currently not available to promote family ties.
- 3.8 Since the beginning of 2021, all cells now had a telephone. For many women, this was the main way they kept in touch with their families, with the opportunity to contact them at times that suited them.
- 3.9 'Purple Visit' video calling (see Glossary of terms), introduced in June 2020, had been another useful way for many women to stay in contact with their families, with an average of 84 video calls a month. Following some initial technical issues, calls now generally took place without any problems. It was particularly positive that leaders had made sure that these had continued during a recent COVID-19 outbreak at Send between January and March 2021.

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

- 3.10 In our survey, 76% of women said they were consulted about food, canteen, health care or wing issues and 56% said that, once consulted, things did sometimes change. Importantly, 70% of women said that when they had shared a problem with a manager or governor they tried to help.
- 3.11 The prisoner council had continued to meet throughout the pandemic. It was effective and well attended by both leaders and women. The council generated various actions, and progress on the resolution of these was regularly fed back to the women. Women on the wings knew who their council representatives were and council members were given time to canvass the women they represented before the meetings.
- 3.12 A twice-weekly newsletter from the chaplaincy, *Raise your voice*, was a medium for leaders to update women on issues such as rule changes and the regime, as well as providing a very good question-and-answer section with responses to questions asked by women. It was popular with the women.
- 3.13 Many of the peer support groups to help women had stopped functioning at the start of the pandemic and plans for their reintroduction were not yet fully developed.

Applications

- 3.14 Women were encouraged to speak to wing staff about their day-to-day requirements. Applications made in writing were processed and forwarded as necessary. In our previous inspection we had noted as good practice the role of prisoner information desk (PID) workers in supporting women to make routine applications, but they had not yet been fully re-established.
- 3.15 In our survey, only 57% of women said that their applications were dealt with within seven days and many we spoke to complained that they never received responses to some applications. There was no system to track, monitor or quality assure applications.

Recommendation

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

Complaints

- 3.17 The complaints system was functioning well. In our survey, 73% of women said it was easy to make a complaint, compared with 52% at our previous inspection. Only 32% of women said that complaints were dealt with within seven days, but the prison assured us that it was actively monitoring the complaints process, keeping women informed of the progress of their complaints and taking steps to address these delays.

Legal rights

- 3.18 A new video-link conferencing system had recently been installed, allowing women to attend court remotely for matters that did not require their attendance in person. This had improved outcomes for women as they did not have to undertake long journeys to court, lodge overnight at another prison and then isolate on their return. It had reduced the potential stress for some vulnerable women and was a much less disruptive process.
- 3.19 There was very little advice or guidance for women who needed legal assistance. The situation was worse for women for whom English was not their first language – even though a professional translation service was available – as we found no evidence of literature available in foreign languages to help women find legal advocacy. (See also paragraph 3.111.)

Recommendation

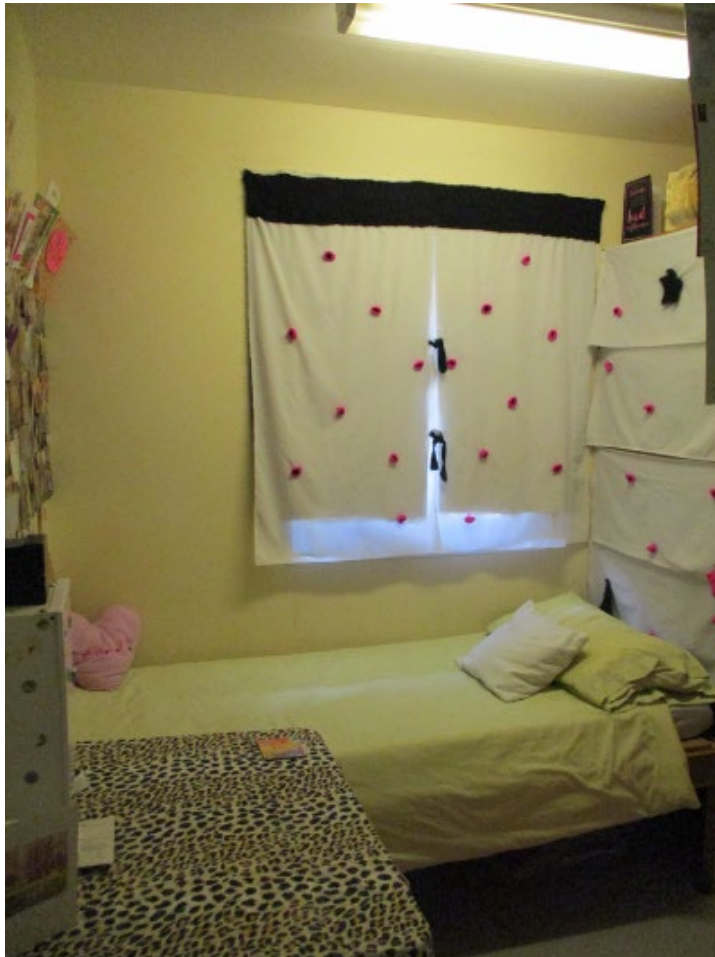
- 3.20 **Prisoners, especially foreign national women, should have more access and advice to find legal advocacy.**

Living conditions

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

- 3.21 All cells, apart from D wing, had in-cell toilets and showers; the prison was in the process of making a funding bid to install these facilities on D wing. Cells on D wing were no longer used for two women, which meant that all women had their own cell. This reduction in occupancy had been primarily achieved with the fall in prisoner numbers to reduce risks of COVID-19 transmission, although we were informed that these cells could possibly revert to use as doubles after restrictions were lifted.

3.22 Women were able to keep their cells clean and tidy through access to equipment and materials, and many made significant efforts to personalise them. However, there were sometimes delays in the wings in getting supplies of cleaning materials. Bedding was changed weekly and the laundry service was working well. Records showed that cell call bells were generally answered promptly and we were assured by the prison that this was regularly monitored.



Personalised cell

3.23 External and communal areas of the wings were generally clean. There were pleasant outdoor spaces in several parts of the prison, but some lawns and flower beds were not well maintained.



Pond area

- 3.24 The canteen (prison shop) service functioned well for most women, although some new arrivals had to wait more than a week for their first order. A prison shop, 'Senderellas', had provided reasonably priced clothing via remote ordering during the restricted regime. Women with enhanced status had access to a wider range of clothes than other women, which was not appropriate. Senderellas had recently reopened for browsing, initially for women from the enhanced wings only, although there were plans to extend this soon.
- 3.25 Prisoners' property not being used was stored in reception and women could access it through making an application, although some had experienced lengthy delays in this.
- 3.26 The kitchen was clean and well maintained. Both staff and the women working there had received basic hygiene training. The prison operated a fortnightly menu cycle with women making advance orders.
- 3.27 The prison provided a hot meal at lunchtimes and cold packs in the evening and for breakfast. Since the regime restrictions had been in place, women were also provided with snack packs – containing either crisps and a chocolate bar or protein bars. While there was a reasonable choice of food, portions were sometimes small.
- 3.28 Women collected their meals from a servery or the kitchens, or it was delivered to the door of their cells. All women were currently eating their meals in their cells, but the dining room was due to reopen for some enhanced women in the following week.

- 3.29 Women had very limited opportunities to cook their own food, with only microwaves and toasters available on some wings, which was a gap for those serving long sentences.

Recommendations

- 3.30 **Women should be able to access their stored property without delay.**
- 3.31 **All women should be able to eat communally.**
- 3.32 **A range of self-catering facilities should be available.**

Health and social care

Expected outcomes: Women are cared for by services that assess and meet their health, social care and substance use 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.

Strategy, clinical governance and partnerships

- 3.33 Central and North West London (CNWL) NHS Foundation Trust was commissioned to provide primary care, pharmacy and mental health services. Forward Trust delivered an integrated psychosocial and clinical substance misuse service. Tooth and Mouth provided dental services. Commissioners were formalising contract extensions to 2023 to enable recovery from the impact of COVID-19 on service delivery.
- 3.34 Effective partnership working was evident between key stakeholders, including Public Health England and NHS England and NHS Improvement. A significant COVID-19 outbreak between January and March 2021 was well managed with regular outbreak control team meetings and mass testing was undertaken.
- 3.35 Contract monitoring meetings had been suspended, but quarterly reports, including the health and justice indicators of performance, had been maintained. A new health and social care needs assessment was published in January 2021. It outlined key recommendations to enhance services which teams were reviewing, although it contained a few discrepancies about existing services.
- 3.36 The quality board, which provided strategic oversight, met every other month and was attended by the governor and all clinical team managers, but the last partnership board meeting had been a year ago.
- 3.37 Services were well led, and we observed conscientious and caring staff in all teams who knew the women well. Several staff had contracted the virus during the recent outbreak, but essential services were maintained with regular bank staff and managers covering clinical duties.

- 3.38 Compliance with mandatory training was good and CNWL staff had completed level 3 adult and child safeguarding training. Managerial and clinical supervision was embedded in practice; there had been some gaps due to staff sickness, but this was now back on track.
- 3.39 Both CNWL and Forward Trust collected patient feedback to improve their services. Also, Empowering People: Inspiring Change, an independent organisation, commissioned by NHS England, had completed two surveys with the women at Send to understand their views on health care during the pandemic and prepare for the rollout of the COVID-19 vaccination, which informed service delivery.
- 3.40 Our survey indicated that more women were satisfied with access to and quality of health services than at our previous inspection. Nearly all those we spoke to were very positive about the care they received from health and substance misuse staff.
- 3.41 Health staff had gone out to see women on the units during the restrictions and made good use of the in-cell telephones for support and consultations. The health centre was being used more frequently again as clinics were restarting. Social distancing guidance was applied in the waiting room and clinic areas.
- 3.42 An annual infection control audit completed in July 2020 showed mostly good compliance, but a few rooms needed repainting and some taps were non-compliant, which needed to be addressed. Monthly hand-hygiene audits demonstrated good compliance.
- 3.43 A range of clinical meetings, including weekly multidisciplinary complex-case reviews, demonstrated effective joint working.
- 3.44 Progress notes in clinical records were comprehensive and care planning had improved since the previous inspection. SystemOne, the electronic medical record, was used by health staff and for substance misuse clinical interventions and prescribing. The psychosocial team currently used Forward Trust's recording system, but there were plans for them to also record their work on SystemOne.
- 3.45 Emergency resuscitation equipment was effectively monitored and in good order, although heavy; the team was reviewing this. Health staff had completed mandatory adult basic or intermediate life support training commensurate with their role. A few clinical incidents had identified that the prison did not always call an ambulance in response to an emergency blue or red code, which should be done automatically to prevent unnecessary delays.
- 3.46 Women had access to a secure separate health care complaints system. However, it was poorly advertised and all complaints received had come through the prison system. The responses we sampled were reasonably respectful and addressed the issues highlighted, but some were poorly written. Oversight of the process was inadequate. The health team took action during the inspection to address these issues and we were assured that changes had been made to improve the

process. Many compliments from prisoners had been received and were shared with staff.

Recommendations

- 3.47 **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.**
- 3.48 **The confidential health complaints process should be clearly advertised, and training in and monitoring of complaint responses should be fully implemented.**

Promoting health and well-being

- 3.49 Some joint work had restarted to address key health promotion issues, including a prison-wide approach to tackling obesity, and the health team was restarting weight-management clinics.
- 3.50 Health promotion campaigns were visible on noticeboards around the prison, although not all posters were laminated to promote infection prevention and control. Posters and information were available in English, although staff said they could obtain translated material. Telephone interpreting services were available, but we found one case where it had not been regularly used and it was unclear if the patient had understood the interactions. The head of health care followed this up during the inspection and reminded staff to use the service when needed.
- 3.51 The mental health team had provided some outstanding examples of creative health promotion activities. It led on mental health awareness week, which focused on the theme of nature; women were sent activities and work packs that reflected the theme. Activities were sent to every woman for 'Stress Awareness' month and the national 'Sleep Day'. The activities followed the national programme.
- 3.52 Prevention screening programmes included bowel cancer screening and retinal screening had just recommenced.
- 3.53 The rollout of the COVID-19 vaccination programme was progressing very well in line with national guidance. The uptake of other immunisations, apart from the influenza vaccination, was low, but there was a national shortage of some vaccinations.
- 3.54 There were peer mentors in the integrated substance misuse team and health champions for mental and physical health services, but they had been unable to function since the start of the pandemic.

Sexual and reproductive health (including mother and baby units)

- 3.55 All new arrivals were offered screening for sexual health, blood-borne virus testing and reproductive needs, and this was followed up at secondary health screening.

- 3.56 Cervical screening had been maintained during the pandemic, and ongoing education, support and encouragement to increase uptake was done sensitively. If any abnormal changes were detected, the patient was referred to the hospital for colposcopy and the results were discussed in person.
- 3.57 Routine breast screening had been paused due to the pandemic, but before this several women had declined it, despite discussion about its benefits. Services had resumed and there were no patients awaiting screening.
- 3.58 A consultant specialising in genitourinary medicine was due to resume onsite monthly clinics and was available for specialist advice and support on the phone.
- 3.59 Pregnancy testing and emergency contraception were available if required. Contraception, barrier protection and related health advice were available and discussed in preparation for release.
- 3.60 The prison received few pregnant women. Links with community and hospital midwifery services to provide antenatal care were established. When a pregnant woman arrived at the prison, processes were set up to provide multi-agency oversight, including a pregnancy board that met regularly. The last board tracked key issues, such as ensuring free 24-hour telephone access to a midwife and maternity helpline was available, dietary requirements, and antenatal care and release planning to make sure appropriate housing and support were in place. There was a perinatal mental health pathway for pregnant or postnatal women when needed.
- 3.61 An annual health check was offered to older women, and those experiencing the menopause received appropriate information, guidance and treatment.

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

- 3.62 The primary care service operated a seven-day service from 7.30am to 6.30pm with slightly reduced hours at weekends. Out of hours, prison staff called 111 or 999 if medical assistance were required.
- 3.63 Reception and secondary health screening for new arrivals had continued with appropriate referrals to other services. There were arrangements for reverse cohorting (see Glossary of terms) and receiving any symptomatic women, with COVID-19 PCR tests taken on arrival and day five.
- 3.64 At the beginning of the pandemic, the GP and senior clinicians identified those who met the shielding criteria and saw them regularly. One woman had continued to shield despite the changes in guidance and received regular reviews.
- 3.65 Clinics by allied health professions had recommenced and they were working through their waiting lists, with additional clinics to address any lengthy waits. They included the podiatrist, physiotherapist and

optician, who had all provided urgent care during the restrictions. Other visiting specialists, such as the ultrasound service, were restarting.

- 3.66 Nurse triage had continued throughout the pandemic to identify clinical priorities for women's health treatment, with regular access to a GP, and there was a good supply of personal protective equipment (PPE, see Glossary).
- 3.67 CNWL had subcontracted GP services to Medco, which ran GP clinics each weekday morning. It took a prisoner between four and seven days to obtain a routine appointment and urgent on-the-day slots were available, prioritised according to clinical need. Women had the choice of seeing a male or female GP.
- 3.68 The use of NHS England's quality and outcomes framework supported the identification and monitoring of women with long-term health conditions. Some nurses had undertaken specific long-term condition training, such as asthma, and a nurse was waiting for diabetes training. Nurses liaised with the GP and external specialists to make sure there was a coordinated approach.
- 3.69 There was effective administrative and clinical oversight of external hospital appointments with more appointments now offered. Telephone appointments with hospital specialists had enabled consultations to continue during the pandemic restrictions.

Mental health

- 3.70 CNWL provided a very good and responsive mental health service that met the high level of need. The experienced, passionate and highly skilled multidisciplinary team was fully integrated, working jointly with prison staff and the primary care and substance misuse teams to improve the mental well-being of the women. The service was available Monday to Friday with a weekend on-call service.
- 3.71 Women's mental health needs were identified promptly through initial health reception screening. Urgent referrals were seen as soon as possible, usually the same day, while others were quickly reviewed and discussed at a weekly multidisciplinary team meeting and allocated to the most appropriate team member, based on clinical need and risk. The team attended ACCT reviews when informed of them by the prison.
- 3.72 The team was supporting around 75 women through a stepped model of care with an open referral system. Those with severe and enduring needs were well supported through the care programme approach and reviews were up to date. Prescribing reviews were carried out in line with national guidelines, and case notes were of a good standard and clearly evidenced clinical analysis of the decisions made. Health monitoring was in place for patients prescribed mood stabilisers and antipsychotic medication.

- 3.73 An experienced counsellor provided excellent support to the women. A conscientious learning disability nurse provided good support to women with neurodivergent needs and made sure that physical health checks were carried out in line with national guidelines. The learning disability nurse had produced easy-read versions of licensing conditions to assist women's understanding.
- 3.74 Due to the restrictions, the comprehensive range of group work previously available had ceased. However, psychologically informed evidence-based provision and community-equivalent interventions were delivered promptly through one-to-one support.
- 3.75 No women had required assessment or transfer under the Mental Health Act in the past 12 months.
- 3.76 Effective discharge planning supported women to have continuity of care following their release.

Social care

- 3.77 There was a memorandum of understanding between the prison and Surrey County Council, but it was unclear if staff were fully aware of the referral process as we came across a woman who needed a social care assessment.
- 3.78 Following referral, women were promptly assessed by a skilled and compassionate multidisciplinary social care team. Thirteen women were receiving good social care and had individual care plans. No record of the carers interventions was available in the prison, so it was unclear if the support needs of the women had been met on any given day. We were assured at the inspection that this would be addressed.
- 3.79 An occupational therapist provided assessment for equipment and adaptations which were provided promptly, enabling women to maintain their independence.
- 3.80 Surrey County Council funded community charities and organisations, when required, to provide women with specialised support. This included helping women to improve their life after brain injury, dementia support and to meet visual and hearing impairment needs.
- 3.81 The social care team promoted continuity of care when women transferred to another prison and on release by liaising with other local authorities.

Substance use and dependency

- 3.82 In our survey, 89% of women said they had received help for a drug problem and 88% said they had received help with their alcohol problems.
- 3.83 The integrated substance misuse service provided person-centred clinical and psychosocial specialist support for women assessed as requiring interventions to address drug or alcohol misuse. The service

was available between 7.30am and 4pm on weekdays, with the weekend clinical service available between 9.30am and 1pm. The psychosocial staff often acted as second signatories for medication administration, including at weekends, which allowed them to provide unplanned support and interventions at those times.

- 3.84 Services had been curtailed due to the pandemic, but the skilled and caring team had continued to provide individual support to women on their caseload through the phone and in person. It offered a range of workbooks and weekly distraction packs, which also contained harm minimisation information. The family practitioner had continued to provide support to women and their families, for example, by helping them with Purple Visits (see Glossary of terms), and preparing for release and a recovery-focused future.
- 3.85 The team was supporting 80 women (49% of the population). This included 11 women (approximately 7%) who were receiving opiate substitution therapy (OST); four were on maintenance doses and seven on a reducing regime.
- 3.86 Prescribing and clinical management, undertaken by a non-medical prescriber with Royal College of General Practitioners training in the management of drug misuse at level 2, was consistent with national guidance. We observed competent administration of OST by caring staff who knew the women well, with very good officer supervision.
- 3.87 A comprehensive group programme had been suspended during the restrictions, but a reduced group of four women and two staff members had recently restarted group work.
- 3.88 Before the pandemic, active peer support and regular mutual aid groups had expanded and were an integral part of service provision. The team was keen to restart these as soon as possible.
- 3.89 The pathway for women with coexisting substance misuse and mental health needs had been reviewed. There were regular meetings between the teams to review the caseload and discuss ongoing care and treatment needs.
- 3.90 The team attended drug strategy and security meetings and had good links with the offender management unit. It received intelligence from the security team about any suspected use of illicit substances and went to see women to provide support and harm minimisation information.
- 3.91 The plans to open an incentivised drug-free living unit on B1 landing were progressing well.
- 3.92 Pre-release planning was good with arrangements made to continue OST if required and the provision of naloxone (a drug to manage substance misuse overdose).

Medicines and pharmacy services

- 3.93 Pharmacy services were generally delivered safely and effectively. Medicines were supplied by a nearby prison pharmacy against legally valid prescriptions, which were faxed to the pharmacy daily. Orders before 10.30am were received the same day. A prescribing formulary was in place and used.
- 3.94 About 70% of medicines were supplied in possession. There was an in-possession policy, and risk assessments were carried out and were usually adhered to by those prescribing the medicines. Reasons for deviation from the risk assessments were usually recorded. All medicines were supplied as patient-named items with appropriate labelling and a dispensing audit trail. Items in the out-of-hours cupboard were pre-labelled by the supplying pharmacy. These should be sourced from a supplier with the appropriate assembly licence, which the pharmacist agreed to follow up. One person was supplied their medicines in multi-compartment compliance packs to aid compliance.
- 3.95 Nurses administered medicine for patients that was not issued in possession from the wings twice a day. There was no night time or midday provision, so patients were given their medicines as daily in possession, which is not recommended. Some people were prescribed medicines at a sub-therapeutic level, twice daily rather than three times, due to the constraints of the prison regime. Alternatives should have been sought.
- 3.96 Routine monitoring of patients on higher-risk medicines was generally good, although people newly prescribed sodium valproate in the at-risk group were not always reviewed for pregnancy risk, which all prescribers should be reminded of. Prisoners were given an adequate amount of medication on discharge or enabled to obtain medication in the community.
- 3.97 Transfer of medicines from the in-house pharmacy room to the wings was secure. There was adequate space and storage in wing treatment rooms, which were tidy and clean. Controlled drug management was generally good. There was auditing of prescribing, including the use of tradable medicines.
- 3.98 There was a full range of standard operating procedures and policies. A few medicines were available without prescription, with some on the prison shop list. All prescriptions were clinically screened by the pharmacists and, before the pandemic, joint medication reviews had been carried out between pharmacist and prescriber, especially for pain management.

Recommendation

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

Dental and oral health

- 3.100 Tooth and Mouth provided two dental sessions a week and offered an appropriate range of NHS dental treatments. Advice on oral hygiene was routinely given and disease prevention was promoted. The service was flexible and had good quality assurance processes.
- 3.101 Appointments were prioritised by clinical need. Given the current restrictions, waiting times were impressive at around eight weeks. Additional clinics had been provided to reduce waits. Follow-up appointments were completed without undue delay. Urgent referrals were seen promptly.
- 3.102 The dental room met infection prevention and control standards. However, there was no separate decontamination room to comply with best practice, and the dental worktops and sink areas, apart from the dental chair, looked tired and stained in areas. A refurbishment was needed to bring the environment up to date and to provide an improved flow for the decontamination process. Equipment was maintained to national standards and serviced appropriately.

Recommendation

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

Equality, diversity and faith

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

Strategic management

- 3.104 Strategic oversight of equality work had stopped when national pandemic restrictions came into force in March 2020. They had restarted briefly in the summer and then again early in 2021. These gaps in oversight meant that some actions from 2019 were still incomplete. When these meetings did take place, they were led by the governor and well attended. A manager or leader had responsibility for each of the diversity strands, including consultation and activities for their delegated protected or minority characteristic group.
- 3.105 Leaders had identified weakness in data collection and analysis and had begun to generate local data. Although still formative, this data was identifying areas of potential disproportionate behaviour, such as in the recategorisation process, and allowing leaders to address these.

- 3.106 Fourteen discrimination incident reporting forms (DIRFs) had been submitted since January 2021, an increase in the 10 recorded in the six months before our previous inspection. The quality of enquiry into discrimination complaints was inconsistent and we saw some defensive responses that did not fully answer the issues raised. The quality assurance process had not highlighted these problems and had allowed them to continue. However, senior leaders had noticed this and were delivering independent training for the managers concerned.

Recommendation

- 3.107 **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.**

Protected and minority characteristics

- 3.108 Work to support women from protected or minority characteristics groups was just restarting. Despite the lack of formal consultation through the pandemic period, care for these groups was good overall and underpinned by the positive relationships between staff and women.
- 3.109 Black and minority ethnic women were well catered for with a specific catalogue of cultural beauty products with large monthly orders delivered to the prison. Black women told us that the now reopened hair salon did not have the required hair braiding and cutting skills.
- 3.110 The deputy governor had begun to meet individually with each of the four women who identified as Gypsy, Roma or Traveller and had already identified several cultural issues that were being resolved.
- 3.111 Foreign national women were always fully informed of their legal position and the Home Office attended regularly to update them. Send did not hold women who were only subject to immigration detention. Foreign national women had little access to independent legal advocacy, with only the prison's advisory service available. Staff we spoke to were not aware of where to signpost women and thought the Home Office Enforcement staff fulfilled that role. Foreign national women mainly relied on their peers for advocacy, including using the same legal representation. There was no material available in foreign languages and the professional interpreting and translation service was underused. (See also paragraph 3.19.)
- 3.112 In our survey, 37% of women said they had a disability. Those who had mobility issues were located on J wing, which provided suitable accommodation. A few well-trained social care peer mentors were still supporting some women with the greatest need.
- 3.113 Younger women aged 18 to 25 had individual plans for their care. These had been developed by the deputy governor on a case-by-case basis and aimed to address a wide range of need, providing good outcomes for this group.

- 3.114 In our survey, 34% of women identified as lesbian, bisexual or other sexual orientation and this significantly sized group had already taken part in a well-attended consultation group with leaders that had identified several issues.
- 3.115 At the time of our inspection there were four transgender prisoners. Staff always addressed the prisoners respectfully and considered their acquired gender. They were aware of their needs and regular local case reviews considered their wishes. The transition process for some had been delayed by long waiting lists for referrals to the NHS gender clinics. This had added to frustrations for this group, as there was little information available about the process and support groups at the prison were still suspended.

Recommendation

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

Faith and religion

- 3.117 Faith provision was excellent. A full-time managing chaplain was assisted by part-time and sessional staff and volunteers. The chaplaincy carried out all its statutory duties, including visiting women on induction, those subject to assessment, care in custody and teamwork (ACCT) case management and those regarded as vulnerable. A good tracking system made sure that a chaplain saw every woman at least once a week, with extra visits for those highlighted as needing more support. The chaplaincy was also represented at other meetings such as the safety interventions meeting (see paragraph 2.9), which discussed vulnerable women. As at our previous inspection, the chaplaincy had continued to be at the heart of the work of the prison, even through the pandemic restrictions.
- 3.118 After the cessation of corporate worship, it had restarted in September 2020, which was much earlier than we saw in other prisons we visited during the pandemic. After suspension during the outbreak of COVID-19 earlier in 2021, services had resumed in early April. Faith facilities included a chapel and a small group room that could be facilitated to hold greater numbers, and a multi-faith room and washing area. In our survey, 85% of women said their religious beliefs were respected at Send, 92% that they could speak to a chaplain in private and 89% that they could attend religious services if they wanted to.
- 3.119 The chaplaincy had run an in-cell money management course through the period of restrictions and had restarted face-to-face group work – we saw a session of ‘living with loss’, a bereavement package. Sycamore Tree, a volunteer-led victim awareness programme, had also restarted. The chaplaincy also had its own charity, the Nazareth Way, which assisted women with no external financial support. Its help extended to paying for accommodation on release where none could be found by the local authority and this had occurred twice in 2021 already. Nazareth Way also provided prison visitors for those with no

family and several courses, including Making Connections mentoring (see following and also paragraph 5.32), parenting and coping with child bereavement.

- 3.120 Making Connections was a very impressive community mentoring scheme offered to all women six months before they were due for release. It linked with the community rehabilitation company in the area where the woman was being released and provided guidance and mentor support through the release process and into the community afterwards.

Section 4 Purposeful activity

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

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.

- 4.1 The pandemic restrictions had reduced the time that women spent out of their cells each day. With the exception of new arrivals, the current regime allowed unemployed women to be out of their cells for two hours a day for outdoor exercise. Many women were out of their cells for longer, for work, education, attending appointments or to go to the gym. A number of jobs in the prison remained suspended and most others were part time, as was education provision.
- 4.2 In our roll checks we found 21% of women locked up during the core working day compared with 8% in 2018. This increase was attributable to the restricted regime in place because of the pandemic. The prison was actively planning to implement a new regime to reduce the time women spent in their cells.
- 4.3 Women previously located on E and F wings had been relocated to C wing and a few other women with enhanced status under the incentives scheme lived on D wing. At the time of the inspection their time out in the open air remained restricted and they were locked in their cell (C wing) or the spurs (D wing) at 8.30pm, whereas they had previously been left unlocked at night. Many women we spoke to who had progressed to enhanced status while at the prison considered these restrictions to be a withdrawal of trust and a step back in their efforts to progress. (See also key concern and recommendation 1.33.)
- 4.4 There was currently no indoor association anywhere in the prison, which limited the availability of social activities. In an earlier phase of the restricted regime there had been 'at door' association through activities such as quizzes and bingo, but after consultation with the women it had been decided to extend access to the outdoors instead. The lack of creative, recreational and social activities was detrimental to the women, particularly for the eight who were retired. However, the prison was developing plans to reintroduce indoor association.
- 4.5 The closure of E and F wings had led to the permanent closure of one of the two libraries on site. The remaining library on the main wings was closed at the time of this inspection because of the restricted regime, but a temporary mobile service was working very well. The library promoted the service and highlighted what was available

through a monthly newsletter. There were advanced plans for the reopening of the library and the development of a new one for women on J wing.

- 4.6 In our survey, almost half the women (48%) said that they went to the gym or played sports twice a week or more. Physical education staff had adapted provision creatively to respond to the different stages of restricted regime throughout the last year. The gym had reopened again in April 2021 and had a full weekly timetable, providing at least four sessions for each wing and other sessions for those working or in education during the day. Slots were limited because of social distancing restrictions, but we were satisfied that measures enabled equitable access. The gym had recently begun taking referrals from departments such as health care, but this was underdeveloped. Gym equipment was well maintained, and cleaning procedures had been enhanced to address risks of COVID-19 transmission. As at our previous inspection, the gym did not offer vocational qualifications.

Recommendations

- 4.7 **Women’s time out of cell should increase to the levels in place before the pandemic.**
- 4.8 **Association time should be resumed with a range of activities.**
- 4.9 **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.**

Education, skills and work activities



This part of the report is written by Ofsted inspectors. Ofsted carried out a progress monitoring visit of the prison alongside our full inspection. The findings, progress judgement and recommendations arising from their visit are set out below.

- 4.10 Ofsted assessed that leaders were making insufficient progress towards ensuring that staff teach a full curriculum and provide support to meet prisoners’ needs, including the provision of remote learning.
- 4.11 Leaders did not promote a learning culture at the prison. They did not challenge nor support women sufficiently to maximise their engagement in education, skills and work. Women were able to choose whether they wanted to attend education, skills or work activities and few engaged with learning.

- 4.12 Leaders did not monitor the learning women chose, or the progress they made, effectively. Education was offered predominantly through in-cell learning packs. Since April 2021, leaders had been able to offer small group face-to-face education, but they did not apply a sound rationale for how women accessed the curriculum. Managers prioritised face-to-face learning for the very small proportion of women who were already on education programmes pre-pandemic. However, those with the greatest need, such as poor English and mathematics skills, were not included. (See key concern and recommendation 1.32.)
- 4.13 Leaders had meaningful long-term plans for a return to full education, skills and work and were redeveloping much of the prison site. They had initiated collaborations with employers and charities to inform the future curriculum. For example, they worked with external partners to support the future opening of a coffee shop on site, to introduce barista qualifications and external work placements for women. However, leaders and managers had not planned for improvements to the curriculum in the meantime and were too slow to reintroduce external work placements for the women who were eligible to work in the community. Spaces for learning in the prison were underused and too few face-to-face sessions were available.
- 4.14 Leaders had been slow to reintroduce face-to-face inductions to education, skills and work. The information that women received about the provision was out of date, inaccurate and lacked detail. Most women were not placed on courses that met their resettlement needs or that were informed by their sentence plans. Initial advice and guidance services had been suspended from March 2020 until very recently and were only available for two days a week. Advice and guidance specialists made slow progress in catching up with those in need of this service. Too many women who arrived at the prison during the period of restrictions had yet to be seen and benefit from careers information. (See key concern and recommendation 1.32.)
- 4.15 Managers did not help most women to further improve the English and mathematics skills they had developed before the pandemic. Furthermore, they did not make sure that women retained the knowledge they had gained from completing in-cell work packs while they waited for the return of classroom learning.
- 4.16 Women in work roles at the prison enjoyed their jobs, particularly those in essential work, such as cleaners and in farms and gardens. Women talked confidently about the skills they had learned and how they were inspired to seek work in these sectors on release.
- 4.17 Prison instructors helped the small proportion of women doing qualifications in work roles to gain a secure knowledge base about their subjects and wider skills than the qualifications required. However, too few women had recognition for the skills and knowledge they gained from work roles. While managers had introduced a 'passport to employment' to record employability and specialist skills, very few women had chosen to complete it.

- 4.18 Prison instructors provided effective feedback to women on their practical work, which helped them improve their practical skills. However, feedback from education staff on in-cell work packs was less effective. Teachers praised learners on completion of work, but did not provide developmental feedback often enough.
- 4.19 Most women enjoyed learning in small groups. Teachers were patient and took their time to explain things carefully so that women could understand new concepts. Teachers helped women to develop useful skills, such as writing letters to their families and practising mathematics through budgeting. They used time in lessons to help women develop coping strategies to deal with emotions.
- 4.20 The prison did not have sufficient technology to support learning. Teachers had not been able to use the in-cell telephones installed during the pandemic consistently to support women with learning. Women on distance learning programmes were disadvantaged by the lack of access to computers.
- 4.21 Managers did not have a good enough understanding of the number of women who had additional learning needs. They relied on women declaring whether they had an additional need, but did not know enough about the nature of women's learning and additional needs to set up a curriculum that met them. Managers relied mostly on teachers offering informal support to help women when they were struggling with their in-cell packs.

Recommendations

- 4.22 **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.**
- 4.23 **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.**
- 4.24 **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.**

Section 5 Rehabilitation and release planning

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

Reducing reoffending

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

- 5.1 Almost 90% of women were serving long sentences of over four years and most had been at Send for more than a year. Just over half were assessed as a high risk of harm to others.
- 5.2 Oversight of the work to reduce reoffending had been paused since COVID-19 restrictions began, but meetings to coordinate recovery had resumed in April 2021. A new strategy detailed provision across the different resettlement pathways, but there was not yet an action plan to drive and measure improvements. The strategy was based on an aggregated analysis of women's needs, which was too limited. Findings were only drawn from a recent prisoner survey with a low response rate and some labour market data, ignoring useful data sources, such as P-Nomis (prison national offender management information system) and OASys (offender assessment system) assessments.
- 5.3 Almost every woman had an OASys assessment and a sentence plan, but more than half of these (54%) had not been reviewed in the previous 12 months; this limited their effectiveness in setting relevant and up-to-date targets. Half of the 60 women serving indeterminate sentences had not had a review of their sentence plan for four or five years.
- 5.4 Before the introduction of COVID-19 restrictions, work to help women manage their previous experiences of trauma had been excellent. There had been a small team of well-trained staff with very good links to community organisations, and peer workers had delivered the 'Healing Trauma' intervention to other women. This work had been paused since the pandemic. Steps were being taken to re-form the staff-peer worker team and reintroduce these sessions, but the delivery of Healing Trauma was currently paused nationally while it was being reviewed.
- 5.5 The prison's own needs analysis indicated that about 80% of women had been a victim of domestic abuse. Support for this group was currently limited. A domestic abuse safety advisor (DASA) employed by

London Community Rehabilitation Company (CRC) could help women approaching release to manage their return to a potentially unsafe environment and had supported seven women since October 2020. 'Aurora', a charity-run programme for victims of domestic abuse that had operated before the pandemic, had yet to restart. The DASA could also support women who had been involved in the sex industry. There was no other support for this group, but leaders had firm plans to improve this provision. There was no identification of victims of human trafficking or specialist support for this group.

- 5.6 Work to address attitudes, thinking and behaviour was focused on women on two different specialist units – the psychologically informed planned environment (PIPE, see Glossary) and the democratic therapeutic community (DTC, see Glossary). Women in these units valued the support and opportunities they provided.
- 5.7 There were two PIPE units, which were part of the women's offender personality disorder pathway and jointly commissioned by HMPPS and the NHS. Support for women on the PIPE was delivered by Central and North West London (CNWL) NHS Foundation Trust clinical staff and trained prison staff, and it was a national resource. Just over 20 women lived in the PIPE; those who needed support before they engaged in treatment lived on the preparation PIPE, while those needing to consolidate learning after leaving treatment lived on the progression PIPE. Women in the PIPE had received very good individual support during the pandemic, benefiting from regular, good-quality contact with key workers who knew them well. There had been significant staffing shortages and the PIPE had been badly affected by the prison's recent COVID-19 outbreak. Opportunities for community meetings and group work, key components of the PIPE model, had been severely limited, but had just resumed for the first time in over a year.
- 5.8 Women living on the DTC had faced significant disruption to their treatment resulting from the pandemic restrictions, staff shortages and ongoing relocation to a different wing. However, individual support had been given, even when the recent COVID outbreak had made this difficult. The relationships between staff and the women were very strong, but women's progression had been badly affected by the unavoidable but sudden withdrawal of group therapy. It held just 11 women and staff had struggled to identify enough suitable candidates, but there were plans to nearly double the community in the next few months. Community meetings, therapy groups and group activities, which had been largely suspended since March 2020, were due to resume when the community moved to its new location in the prison in a few weeks' time.
- 5.9 Help for women in the rest of the population to address their offending behaviour was limited. The CRC had stopped delivering brief interventions and Send did not have any accredited offending behaviour programmes. However, the chaplaincy had started to deliver some impressive group work courses again, dealing with victim awareness, unresolved anger and guilt, and coming to terms with losses such as bereavement or the adoption of a child.

- 5.10 Work to make sure that women had accommodation on release was mostly delivered by London CRC and St Mungo's homelessness charity. In the six months to March 2021, about 80% of the 50 women released from Send had gone to stable accommodation on the day of release. The rest went to transient destinations, such as bed or breakfast or an appointment with the local authority for temporary accommodation. Nobody had been released homeless without any support in place. We were told how vital the Ministry of Justice's now-ended homeless prevention taskforce (see Glossary of terms) scheme had been to some of these outcomes.
- 5.11 Work to help women manage their finances and tackle debts was reasonably good. The chaplaincy had continued to provide a money management course during the pandemic, adapting it for in-cell packs and offering face-to-face support where it could. Women continued to be able to open bank accounts before release. However, Jobcentre Plus had been off site for 14 months and there were still not yet plans for its staff to return to the prison. Consequently, women had been and were still unable to initiate a benefit claim before release or get an appointment at their local jobcentre on the day of release. This delayed their access to Universal Credit.
- 5.12 Only a small number of women were eligible for release on home detention curfew (HDC); processes for this were well managed. Most women approved for release left Send on their eligibility date. We found examples where bail accommodation and support service (BASS) accommodation had been obtained promptly for women on HDC in different parts of the country. Parole hearings had continued. A few high-risk women who were granted parole on condition of residence in a probation approved premises had then been held in Send for several months due to a lack of suitable bed spaces.
- 5.13 There had been no release on temporary licence (ROTL) opportunities for women to work or build family ties since the start of COVID-19 restrictions, but all forms of ROTL were now able to recommence following the recent relaxation of national restrictions. The prison was seeking to rebuild links with employers, such as the local borough council and a nearby hotel. A small group of women had already been identified as suitable for work places and had been located on D wing, the ROTL unit. The offender management unit (OMU) was ready to start holding ROTL boards, but was experiencing delays obtaining completed risk assessments from community offender managers.

Recommendations

- 5.14 **Work to reduce reoffending should be measured against an action plan and based on a comprehensive and detailed analysis of prisoner need.**
- 5.15 **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.**

- 5.16 **Support for women who have experienced trauma should be fully reinstated.**
- 5.17 **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.**
- 5.18 **Women granted parole requiring residence at a probation approved premises should be able to access a place without delay.**

Motivation, engagement and progression

Expected outcomes: Women are fully engaged to progress throughout the custodial sentence.

- 5.19 In our survey, 90% of women with a sentence plan told us that they knew what they were required to do to achieve their targets and 66% said that staff were helping them. Recently reviewed sentence plans that we checked were generally of a good quality. Most were relevant to the woman's individual needs and could realistically be delivered at Send. In the better cases, there had been three-way meetings between the woman and their prison and community offender managers, which had informed sentence planning.
- 5.20 Offender management work was recovering. The OMU had a generally good mixture of staff skills and was open and accessible to women, who we saw attending supervision sessions throughout the week. Prison offender managers had been on site and had maintained adequate contact with women, but severe staff shortages had led to long gaps in contact in for some. At one point during the pandemic, there had been only one probation officer to manage about 90 high risk of harm women. A gradual increase in the number of probation staff and a substantial temporary decrease in the population had made offender manager caseloads much more manageable.
- 5.21 In about half the cases we looked at, women had made sufficient progress. However, opportunities for them to achieve their sentence plan targets and progress had been severely limited by COVID-19 restrictions and many of the women we spoke to were very frustrated by this. Those who had been living on the more open E and F resettlement wings, now closed for demolition, felt they had taken a backwards step by moving on to C wing (see paragraph 2.21). Those who had been accessing ROTL before the pandemic talked about the positions of responsibility they had lost. Most peer worker roles had not yet restarted, which further limited some women's opportunities to demonstrate progression. In the absence of other interventions and progression opportunities, offender managers had made very good use of in-cell work and some face-to-face discussion to help women explore their offending behaviour. (See key concern and recommendation 1.33.)

- 5.22 About a third of the population were serving indeterminate sentences, but, overall, there was little targeted support for this group. There was too little to engage the majority living outside the PIPE units and DTC. They wanted better access to higher education and a wider range of vocational training. Managers had identified gaps in provision and were implementing peer representation and consultation.
- 5.23 Women could still progress in their categorisation and transfer to open conditions. About 20 women had been categorised for open conditions but remained at Send, mostly for good reasons, such as completing therapy. A few were due to move to an open prison shortly after we visited.

Protecting the public from harm

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

- 5.24 For a women's prison, Send held an unusually large number of high-risk women. About half the cases we checked had a sufficiently good, up-to-date risk management plan. The interdepartmental risk management meeting had only been held every two months, which was not frequent enough to oversee planning for the release of higher risk women effectively. Managers had identified this weakness and had just switched to a monthly meeting. Recent attendance and multidisciplinary contributions to the meeting had been weak.
- 5.25 There was some good pre-release risk management planning between offender managers in the prison and in the community. Multi-agency public protection arrangements (MAPPA) management levels were confirmed in most relevant cases approaching release. However, inconsistent recording meant that this information was not always readily available. Prison offender manager reports to MAPPA panels in the community were mostly timely, appropriately quality assured and of a reasonably good standard.
- 5.26 Two women were subject to mail and phone monitoring for public protection concerns and this was well managed and up to date. Logs held by security staff were not readily available to offender managers unless requested, which was unhelpful.
- 5.27 About 20% of the population were not allowed to have any form of contact with children unless they applied and were risk assessed. Although reviews of these decisions were completed annually, they were not signed off by a member of staff with appropriate risk training, such as a probation officer. These contact restrictions were not always well understood or enforced by staff in the mailroom, who needed more support and training from the OMU to make sure that any suspected communication with children by these women was acted upon.

Recommendation

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

Preparation for release

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

- 5.29 On average, two women a week were released from Send. Resettlement planning was predominantly delivered by London CRC, who saw the vast majority of women due for release face to face to discuss their resettlement needs. It was well integrated into the OMU and worked closely with prison offender managers. A very small number of low- and medium-risk women from Kent, Surrey or Sussex received more limited support from the CRC responsible for those counties, which had not been on site during the pandemic. Their worker used the 'email a prisoner' scheme (which allows families and friends of prisoners to send emails into the prison) to contact women she was supporting.
- 5.30 The resettlement plans we checked were completed far enough ahead of release to address any identified gaps in planning, and there was evidence of good casework to make sure that women's needs were met.
- 5.31 At the time we visited, there were only five weeks remaining until the reunification of probation services. It was concerning that HMPPS had still not told prison leaders, CRC staff or the women of its plans for the future of the resettlement service at Send.
- 5.32 Making Connections, a mentoring project provided by the Nazareth Way charity and overseen by the chaplaincy (see paragraph 3.120), was a very good source of support for women approaching parole hearings or release. All women were offered the chance of a mentor six months beforehand. About 30 women had currently taken up the offer and 10 volunteers from the local community each supported about three women. The full range of support had been limited by the pandemic but had resumed about a month before our visit, including some through-the-gate support on the day of release. In one case, a woman had been driven by her mentor from the prison gate to a London mainline station to make sure that she could reach her BASS accommodation in the North of England on the day of her release.

Section 6 Recommendations in this report

The following is a list of repeated and new concerns and recommendations in this report.

Key concerns and recommendations

- 6.1 Key concern 1.31: Although COVID-19-related restrictions on physical contact had been relaxed in the community before the inspection, contact between prisoners and visitors during social visits remained restricted. Women were not able to have any physical contact with visitors, including a ban on hugging their children, which caused enormous upset.
Recommendation: Restrictions on physical contact during face-to-face social visits should be relaxed to be in line with those applicable in the community.
(To HMPPS)
- 6.2 Key concern 1.32: Leaders had been slow to reintroduce face-to-face inductions for prisoner participation in education, skills and work. The information that women received about the curriculum was out of date, inaccurate and lacked detail. Most women were not placed on courses that met their resettlement needs or that were informed by their sentence plans.
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.
(To the governor)
- 6.3 Key concern 1.33: Opportunities for women to demonstrate progression against their sentence plan targets remained limited due to the COVID-19 restrictions. For example, many peer worker roles had not resumed and release on temporary licence (ROTL) remained suspended. The closure of E and F wings meant that women had lost a positive, progressive environment, which had not yet been replicated on C and D wings. Core components of the PIPE unit and the democratic therapeutic community, such as therapy groups, had yet to restart.
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.
(To the governor)

Recommendations

- 6.4 Recommendation 2.19: **The prison should increase awareness of adult safeguarding and embed this through staff training and support.**
(To the governor)
- 6.5 Recommendation 2.24: **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.**
(To the governor)
- 6.6 Recommendation 2.25: **Women should be able to benefit from an effective incentives scheme, including the full range of benefits gained by living on enhanced wings.**
(To the governor)
- 6.7 Recommendation 2.30: **The decision to segregate women in any location should always be correctly authorised with all the necessary safeguards expected within a formal segregation unit.**
(To the governor)
- 6.8 Recommendation 3.16: **An effective system for monitoring and quality assuring applications should be introduced, including tracking the time it takes for applicants to receive a response.**
(To the governor)
- 6.9 Recommendation 3.20: **Prisoners, especially foreign national women, should have more access and advice to find legal advocacy.**
(To the governor)
- 6.10 Recommendation 3.30: **Women should be able to access their stored property without delay.**
(To the governor)
- 6.11 Recommendation 3.31: **All women should be able to eat communally.**
(To the governor)
- 6.12 Recommendation 3.32: **A range of self-catering facilities should be available.**
(To the governor)
- 6.13 Recommendation 3.47: **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.**
(To the governor)
- 6.14 Recommendation 3.48: **The confidential health complaints process should be clearly advertised, and training in and monitoring of complaint responses should be fully implemented.**
(To the governor)

- 6.15 Recommendation 3.99: **Women should receive the appropriate doses of medication and reasons for deviation from in-possession risk assessment should be recorded.**
(To the governor)
- 6.16 Recommendation 3.103: **The dental room should be refurbished to update the environment, including an improved flow for the decontamination process.**
(To the governor)
- 6.17 Recommendation 3.107: **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.**
(To the governor)
- 6.18 Recommendation 3.116: **Information relevant to women who are foreign nationals and their detention should be available in the language of their choice.**
(To the governor)
- 6.19 Recommendation 4.7: **Women's time out of cell should increase to the levels in place before the pandemic.**
(To the governor)
- 6.20 Recommendation 4.8: **Association time should be resumed with a range of activities.**
(To the governor)
- 6.21 Recommendation 4.9: **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.**
(To the governor)
- 6.22 Recommendation 4.23: **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.**
(To the governor)
- 6.23 Recommendation 4.24: **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.**
(To the governor)
- 6.24 Recommendation 4.25: **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.**
(To the governor)

- 6.25 Recommendation 5.14: **Work to reduce reoffending should be measured against an action plan and based on a comprehensive and detailed analysis of prisoner need.**
(To the governor)
- 6.26 Recommendation 5.15: **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.**
(To the governor)
- 6.27 Recommendation 5.16: **Support for women who have experienced trauma should be fully reinstated.**
(To the governor)
- 6.28 Recommendation 5.17: **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.**
(To the governor)
- 6.29 Recommendation 5.18: **Women granted parole requiring residence at a probation approved premises should be able to access a place without delay.**
(To HMPPS)
- 6.30 Recommendation 5.28: **Staff overseeing restrictions on mail and phone calls should be supported to make sure that child contact restrictions are well understood and enforced.**
(To the governor)

Section 7 Progress on recommendations from the last full inspection report

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. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2018, most women's experience of their arrival, first night and early days at the prison was good. We found a safe environment, where incidents of violence were rare. Despite some concerning survey findings, the prison's response to bullying and antisocial behaviour had improved. Levels of self-harm had increased but were lower than at similar prisons, and care for women at risk of self-harm was good. Safeguarding arrangements were also sound. Security was well managed and underpinned by good relationships between staff and women. Levels of use of force and segregation were low but governance of use of force required improvement. It was positive that there was no segregation unit. Substance use services were good. Outcomes for women were good against this healthy prison test.

Recommendations

Staff should receive training in mediation. (1.17)

Not achieved

Governance arrangements for use of force should be robust, and all associated paperwork and all video recordings should be examined by senior managers.

(1.39)

Achieved

De-escalation should always be used to full effect, and force used only as a last resort. (1.40)

Achieved

Substance misuse and mental health services should develop and implement a care pathway to improve joint care planning and care coordination for women with coexisting substance- and mental health-related problems. (1.50)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, living conditions were good. Residential units, although shabby in places, were clean and women had good access to cleaning materials, bedding and property. Good staff–prisoner relationships had a positive impact across all aspects of life at the prison. The management of equality and diversity had improved, diversity was promoted well and consultation had developed since the previous inspection. Provision for most groups was generally good but did not adequately meet the needs of younger and foreign national women. Faith provision was excellent. Complaints were well managed and legal services were good. With the exception of the dentist, health services were reasonably good. The quality of the food served was good but facilities for women to cook for themselves were underdeveloped. Outcomes for women were good against this healthy prison test.

Recommendations

Managers should investigate the reasons why younger and black and minority ethnic women feel less well respected by staff than their counterparts and develop a plan to meet their needs. (2.26)

Achieved

Women should not routinely be required to open Rule 39 correspondence in front of staff. (2.40)

Achieved

Evidence-based care plans should reflect the individual needs of the patient and be reviewed regularly. (2.57)

Achieved

All women receiving night sedation should have their medication at an appropriate therapeutic time. (2.69, repeated recommendation 2.74)

Achieved

In-possession medication should be prescribed, reviewed and administered by health care professionals adhering to a policy and robust risk assessment of the patient and the medication. (2.70)

Achieved

Women should have access to routine dental treatment within six weeks. (2.74)

No longer relevant

Women should have access to kitchens, to cook and prepare their own meals. (2.87)

Not achieved

Women should be able to place their first canteen order within 24 hours of their arrival and receive it within a reasonable period after the order has been placed. (2.91, repeated recommendation 2.91)

Not achieved

Purposeful activity

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

At the last inspection, in 2018, the regime was very good; most women could spend 10 hours out of their cell during the week and access a range of social and creative activities, in addition to education, training and work. Despite this, education, learning and work required improvement and the leadership and management of learning and skills did not ensure that all provision met the needs of the prison population. There were sufficient activity places for all women to be employed full time. However, the allocations process did not sufficiently prioritise education or vocational training. The range of education activities was good but the vocational training and work opportunities were more limited. Achievement rates were mainly good, although progress was not monitored effectively in vocational training. The library provided a good service. Access to recreational gym was reasonable but staffing problems limited provision. Outcomes for women were not sufficiently good against this healthy prison test.

Key recommendation

Managers should develop and implement a robust and well-informed strategic plan for the development of the learning, skills and work offered, so that training and learning opportunities are maximised across all activities and women have better opportunities to develop their personal and employability skills, and gain qualifications which will be useful on release. (S48)

Not able to be assessed at this inspection

Recommendations

Managers should ensure that there are effective processes for women to make realistic plans for their employment ambitions on release and to conduct research and job searches. An effective information, advice and guidance service should be re-established. (3.12)

Not able to be assessed at this inspection

Evaluation of the activities provision should be improved, by using data to identify women's progress and achievements and the quality of the teaching, learning and assessment they receive. (3.13)

Not able to be assessed at this inspection

The quality improvement plan should be appropriately challenging, so that it directs managers' actions to implement the improvements identified in the self-assessment report. (3.14)

Not able to be assessed at this inspection

There should be better liaison between offender supervisors and education, training and employment staff to ensure that learning, skills and work activities are given sufficient priority when offender supervisors sequence interventions. (3.19)

Not able to be assessed at this inspection

Women should be effectively supervised in vocational training and work, to ensure that they remain occupied during the working day and that they develop good employability skills (3.27).

Not able to be assessed at this inspection

Tutors and managers should routinely monitor the progress that women make in all their activities, including in English and mathematics, to ensure that all groups of learners achieve as well as they can. (3.34)

Not able to be assessed at this inspection

Managers should ensure that women attend their learning, skills and work activities regularly and complete their courses. (3.35)

Not able to be assessed at this inspection

A full programme of physical activities that include a full range of qualifications, and activities to promote healthy living, should be implemented. (3.42)

Partially 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 2018, the strategic management of resettlement was strong. Offender management was at the centre of women's experiences and most cases were well managed by offender supervisors. There were robust processes and assessments in place to support categorisation and release on temporary licence (ROTL) decisions, although the number of women accessing ROTL had fallen. Reintegration work was well developed and the introduction of pre-discharge boards was positive. Provision across the resettlement pathways was mostly good, with a particularly comprehensive approach to the offending behaviour needs of the women. Children and families work was good, but careers advice needed to be improved, and also the monitoring of accommodation outcomes on release. The psychologically informed planned environment (PIPE), pre-PIPE and democratic therapeutic community were positive environments that supported women with particularly complex needs. Outcomes for women were good against this healthy prison test.

Recommendations

Women subject to multi-agency public protection arrangements (MAPPA) arrangements should have their management level confirmed by the community responsible officer at least six months before release. (4.16)

Partially achieved

Children visiting women with child contact restrictions should be positively identified. (4.36)

Achieved

Women should be able to use the telephone in private. (4.37)

Achieved

All women should have sustainable accommodation on release. (4.45)

Not achieved

Prison managers should seek feedback from employers, to monitor the skills that women develop during release on temporary licence placements and to allow the women to use this information on release as a record of their achievements. (4.49)

No longer relevant

Appendix I About our inspections and reports

Her Majesty's 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, police and 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.

Rehabilitation and release planning

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

Under each test, we make an assessment of outcomes for prisoners 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 Her Majesty's Prison and Probation Service (HMPPS).

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

Our assessments might result in one of the following:

Key concerns and recommendations: identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

Recommendations: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.

Examples of notable positive practice: innovative practice 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 prisoners; 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 provides a summary of our inspection findings 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 <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/womens-prison-expectations/>). The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last report. Section 6 lists all recommendations made in the report. 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 prisoners and a detailed description of the survey methodology can be found on our website (see Appendix II: 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:

Charlie Taylor	Chief inspector
Sandra Fieldhouse	Team leader
David Foot	Inspector
Chris Rush	Inspector
Darren Wilkinson	Inspector
Caroline Wright	Inspector
Heather Acornley	Researcher
Charlotte Betts	Researcher
Becky Duffield	Researcher
Shannon Sahni	Researcher
Maureen Jamieson	Lead health and social care inspector
Sarah Goodwin	Health and social care inspector
Gary Turney	Care Quality Commission inspector
Maria Navarro	Ofsted inspector
Rebecca Perry	Ofsted inspector
Martyn Griffiths	Offender management inspector
Jonathan Tickner	Offender management inspector

Appendix II Glossary of terms

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. If you need an explanation of any other terms, please see the longer glossary, available on our website at: <http://www.justiceinspectors.gov.uk/hmiprison/about-our-inspections/>

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 prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Community rehabilitation company (CRC)

Since May 2015, rehabilitation services, both in custody and after release, have been organised through CRCs, which are responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) has maintained responsibility for high- and very high-risk offenders. Following a change in policy, all offender management will be brought under the NPS by spring 2021.

Homeless prevention taskforce

At the onset of the COVID-19 crisis, the Ministry of Justice and HMPPS set up regional 'homeless prevention taskforces' to fund up to 56 nights of emergency, temporary accommodation for eligible prison-leavers who would have otherwise been released homeless. The scheme operated between 18 May 2020 and 31 August 2020 and 22 October to 31 March 2021.

Key workers

The key worker scheme is one element of the Offender Management in Custody (OMiC) model. All prison officers will have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

Offender Management in Custody (OMiC)

The OMiC model, rolled out across the female prison estate from April 2021, entails prison officers undertaking key work sessions with prisoners and case management, and established the role of the prison offender manager (POM).

Personal protective equipment (PPE)

Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Psychologically informed planned environment (PIPE)

PIPEs are specifically designed units which support prisoners with personality disorder to maintain behavioural change and make further progress in addressing offending behaviours through planned and structured activities. Staff on a PIPE have additional training to develop an increased psychological understanding of their work that enables them to create a supportive environment, which promotes the development of prisoners living there and facilitates progression.

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).

Purple Visits

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

Recovery plan

Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime (4) to the least (1) as they ease COVID-19 restrictions.

Reverse cohort unit (RCU)

Unit where newly arrived prisoners are held in quarantine for 14 days.

Shielding

Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

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).

Therapeutic community (TC)

TCs take a participative, group-based approach to long-term mental illness, personality disorders and drug addiction. As part of their pathway to recovery, prisoners live together in a community that promotes positive relationships, personal responsibility and social participation, through group psychotherapy as well as practical activities. Democratic therapeutic communities (DTCs) provide an open living-learning environment for prisoners and staff. All members of the community (staff and prisoners) have a say in the running of the community, but equally they can expect to be questioned by the community on any decision.

Time out of cell

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

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 copies 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 prisoners 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.

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