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Welsh Parliament
Children, Young People and Education Committee

Inquiry into the impact of the Covid-19 outbreak on
children and young people in Wales

COV 38
Response from: HM Inspectorate of Prisons

Report on short scrutiny visits to

Young offender institutions holding children

by HM Chief Inspector of Prisons

21 April 2020

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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 need an explanation of any other terms, please see the longer glossary in our 'Guide for writing inspection reports', available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Personal protective equipment (PPE)

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

Reverse cohort unit (RCU)

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

Shielded

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

Short scrutiny visit (SSV)

A new type of HM Inspectorate of Prisons (HMI Prisons) visit in which three similar establishments (for example, young offender institutions or local prisons) are visited. The aim of these visits is not to report on how an establishment meets HMI Prisons' *Expectations*, as in a regular full inspection, but to give a snapshot of how it is responding to the COVID-19 pandemic and to share any positive practice found.

About this report

- A1 Her Majesty's Inspectorate of Prisons (HMI 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.
- A2 All visits 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.
- A3 HMI Prisons normally reports against a wide range of detailed standards, which are listed in our Expectations. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic has required a substantial revision of such norms, at least in the short term.
- A4 A detailed briefing document on our new methodology is available on the HMI Prisons website (<https://www.justiceinspectores.gov.uk/hmiprison/2020/03/covid-19-update/>). It discusses the reasons for the actions we are taking, the primacy given to public health considerations and their place within the approach of what we have termed 'short scrutiny visits'. The purpose of our current approach is to:
- fulfil HMI Prisons' statutory duty to report on treatment and conditions effectively, without adding unreasonable burdens to a system currently dealing with unprecedented challenges
 - promote transparency about the response to COVID-19 in places of detention and ensure that lessons can be learned quickly
 - use an adapted methodology which provides effective independent scrutiny while adhering at all times to the 'do no harm' principle. This means that HMI Prisons will not put detainees, prison staff or its own staff at unreasonable risk and will work in line with national public health guidance.
- A5 HMI Prisons recognises that at times of crisis and operational pressure, the risks of both conscious and unintentional mistreatment increase, and external perspective and oversight of closed institutions become even more important than usual. By identifying concerns, we also aim to promote more effective and safer practices in prisons, thereby supporting public health. Our methodology will be reviewed and updated in line with changing circumstances.
- A6 Key characteristics of short scrutiny visits are that only two to three inspectors will attend establishments, including a health inspector. Each visit will take place over the course of a single day, and will focus on a small number of issues which are essential to the care and basic rights of those detained in the current circumstances. These critical areas include: care for the most vulnerable prisoners and the need for meaningful human contact; support for those at risk of self-harm and suicide; hygiene; legal rights; health care; access to fresh air; contact with families, friends and the outside world; and support and risk management for those being released.

- A7 Short scrutiny visits do not allow the exhaustive triangulation of evidence that characterises inspections. However, they do enable us to tell the story of life in prison during the current crisis and comment on the proportionality of the action being taken. Each report will normally encompass three establishments, visited on the same day by different teams. Findings in the report will be presented thematically rather than focusing on individual prisons.
- A8 For more information and updates on our response to the COVID-19 pandemic, see our website: <http://www.justiceinspectorates.gov.uk/hmiprisons/2020/03/covid-19-update/>.

Introduction

This report discusses findings from short scrutiny visits to Cookham Wood, Parc and Wetherby young offender institutions (YOIs). These establishments hold children aged 15-17 years old, as well as 18-year-olds who are coming to the end of their sentence or awaiting a transfer to the adult estate. At the time of our short scrutiny visit the three establishments held around 400 children in total. Although all three sites carry out the same function they vary considerably in size and operation. Cookham Wood and Wetherby are operated directly by the Youth Custody Service (YCS - the part of HM Prison and Probation Service responsible for children's custody) and at the time of our visit held 148 and 223 children respectively. In contrast Parc is operated by G4S and was holding 34 children at the time of our visit.

This report highlights the swift actions taken by managers at all sites to ensure children were held safely, which included significant regime restrictions, allocating children to family groups of three or four and implementing social distancing measures. Our visits found that staff and children had been well informed about the reasons for these measures and that they were generally well implemented across all three establishments.

Inevitably the restrictions had dramatically reduced the amount of time all children spent out of their cells interacting with others. While a reduction in time unlocked was inevitable, the variation between establishments was a concern and raised the question of the need for, and therefore the proportionality of, the most restrictive regimes. Only Parc was able to plan and deliver limited face-to-face education that complied with social distancing requirements. As a consequence, children at Parc received over three hours out of their cell each day, compared with just 40 minutes at Cookham Wood and around an hour at Wetherby. The Government's advice is that those who are deemed vulnerable should be able to attend education in the community. Most children held in custody would meet this definition, and the leaders of all three establishments had wanted to deliver at least some education within public health guidance, so it is hard to see the justification for why such different approaches had been taken.

Across all three sites managers and staff were well aware of the potentially negative impact of children spending so much time in their cells. We saw staff interacting with children in a caring, patient and professional way. Staff we spoke to knew the children in their care, and children, including those with experience of isolation, reported that there was a member of staff they could turn to if they had a problem.

All three sites were calm and well ordered. Self-harm had reduced at Parc and Wetherby and was stable at Cookham Wood. However, the potential for the restrictions to have a negative impact on children's well-being remained. In this context we were concerned to see limited specialist secondary mental health services for those who needed them.

Other aspects of health care, including governance, partnership working and management oversight, were effective. Children could see a health care professional swiftly and access a GP if needed.

Despite understanding the reasons for suspending visits, many children were frustrated that they could not see their friends and families. Managers had acted quickly to give children additional pin phone credit, though there seemed little reason for the significant difference in amounts given at each establishment.

Managers, nationally and at all three sites, had been slow to implement video calling. The first video call took place at Parc on the day of our visit. In addition to helping children maintain contact with their family and friends, it offered another opportunity for them to receive more time out of their cell interacting with others. Despite plans to introduce this at the other establishments, nothing had yet been set up.

Since the visit we have been informed that in addition to Skype becoming embedded for social visits at Parc, it has also been used to facilitate mental health consultations. In addition, Parc has risk assessed and introduced communal dining, maintaining social distancing in 'family groups' for about a third of the population each day. Communal dining has also been introduced at Cookham Wood. We encourage other establishments in the children's estate to consider introducing these initiatives.

This is a generally positive report, which details the swift actions taken to keep children safe, as well as the creativity of staff and managers in providing opportunities for children to receive meaningful interaction. Crucially, cases of COVID-19 have been contained effectively with little impact on the wider establishments. However, there are some key inconsistencies between establishments that need addressing: the provision of education, activity, additional phone credit and video calling. As the need for restrictions continues in custody and the community, providing these opportunities to stay occupied and connected will only become more important.

Peter Clarke CVO OBE QPM

HM Chief Inspector of Prisons

May 2020

Notable positive practice

- All three establishments had introduced enhanced safeguards to monitor well-being and mental health.
- Parc was delivering two hours of face-to-face education activity every weekday, which included carpentry, cookery, PE and three classroom-based pathways. Children were able to keep two metres apart and this was well implemented in activity areas.
- Each of the establishments had provided additional phone credit to help children keep in touch with family and friends.
- Staff at Wetherby checked children's phone usage, and spoke to those who hadn't made any calls to help mitigate their social isolation.
- Cookham Wood had mitigated the difficulties in children being able to see health services in the community by providing 28 days of medication on release.

Section 1. Safety

In this section, we report mainly on the actions taken to promote safety; the treatment of children during arrival and early days; and the support for the most vulnerable children, including those at risk of self-harm.

Actions taken to promote safety

- 1.1** After initial shortfalls, staffing levels had recovered. While they continued to be lower than before the COVID-19 restrictions, there were sufficient staff members available to consistently deliver the restricted regimes running at all three sites.
- 1.2** Our staff survey was completed by 156 people (84 at Wetherby, 49 at Cookham Wood and 23 at Parc). Generally, responses were positive. Of those completing the survey nearly all felt that they were kept informed about what was expected of them. In addition, a large majority felt that reasonable steps were being taken to keep staff and children safe.
- 1.3** Communication with both staff and children had been effective. All three establishments felt settled. Children and staff understood the need for restrictions, took a pragmatic, positive approach and felt they 'were in it together'. Health care and operational staff had tried to improve awareness of measures such as handwashing, cleaning and social distancing (this was called physical distancing in the YCS-run establishments).
- 1.4** Social distancing was working reasonably well in most areas. However, the design of some of the buildings meant it was not possible for staff or children to maintain a two-metre distance from each other at all times. We observed some conversations among staff and children that started at a safe distance but became too close over time. In other instances, infringements were clear: at Cookham Wood we saw children plaiting each other's hair. Managers at all sites were aware of the risk of children getting too close and regularly reminded children and staff to maintain a safe distance from others.
- 1.5** At Parc, social distancing was operating well in some activity areas, where children and staff worked in well-defined spaces. However, safe distances were less well observed in unstructured exercise sessions across all of the sites.
- 1.6** Alongside distancing measures, isolating (referred to as cohorting in YOIs) children who were new to custody, especially vulnerable or had symptoms of COVID-19 had so far been effective in limiting the spread of the virus at all three sites.

Arrival and early days

- 1.7** The number of new arrivals had begun to reduce since the start of the pandemic and the imposition of restrictions in the community.
- 1.8** All new arrivals were separated from the rest of the population for 14 days. For most this was done on a designated reverse cohorting unit (RCU) (see Glossary of terms), but the small size of the unit at Parc meant there had been occasions where cells on normal location had been used.
- 1.9** New arrivals continued to receive a private interview covering risks and vulnerabilities as well as a health care assessment. The regime for new arrivals was worse than for other

children. For most it was limited to 30 minutes out of cell for exercise, but children without a shower in their cell were given additional time out of cell to have a daily shower. Managers at the three establishments had improved access to in-cell activities for all children (see Purposeful activity section).

- I.10** In addition to being separated from the main population, newly arrived children could only see and speak with others who had arrived on the same day. For those arriving by themselves, this meant no face-to-face interaction with other children for 14 days. Because these children were not well-known by staff, they were invariably less well-supported in managing their behaviour and emotions. While the restrictive regimes were necessary for keeping all children safe, they clearly had an impact on the support that could be offered to children who were new to custody and their access to meaningful human interaction.

Support for the most vulnerable children, including those at risk of self-harm

- I.11** One child was being isolated with symptoms of COVID-19 at Parc, and two children who were vulnerable to infection were being shielded (see Glossary of terms) at Wetherby. We spoke to children with previous experience of being isolated during this pandemic. Children reported being kept informed about what was happening to them.
- I.12** Since the restrictions had been introduced there had been a significant reduction in bullying and violence at all three sites. This was mainly because children spent far less time out of their cells and when they did it was always within the same family group of three or four. Self-harm had also reduced at Wetherby and Parc and remained stable at Cookham Wood, where much of the self-harm was undertaken by one child. ACCT processes (assessment, care in custody and teamwork case management for children at risk of suicide or self-harm) continued to operate at all three sites, as did the usual oversight of violence and use of force.
- I.13** At all three sites we found staff were aware of the impact the restricted regime could have on the most vulnerable children. Relationships between children and staff were good and children were positive about the care they received from staff. At Wetherby and Parc regular key work sessions (called Custody Support Plan sessions or CuSP at Wetherby) between children and officers continued. However, this was not the case at Cookham Wood where contact had become inconsistent during the pandemic.
- I.14** Children continued to have free access to Childline, the Samaritans, the Howard League's legal helpline and the Children's Commissioner's helpline. In addition, leaders and managers had established a range of enhanced measures to monitor deterioration in children's mental health. Hourly, and more in-depth weekly welfare checks were carried out by staff at Wetherby. At Parc children were seen by a manager and a nurse each day and at Cookham Wood interventions staff had begun weekly welfare checks and a safeguarding officer spoke to any children who declined their time out of cell.
- I.15** These interventions by prison staff and primary health care workers were in stark contrast to the withdrawal of some services. This included Barnardo's advocates who only offered children a remote service, and secondary mental health services which were no longer on site at Parc and provided a reduced service at the other sites.
- I.16** Staff raised concerns in our survey and in person about the withdrawal of more intensive one-to-one programmes for a critical few children, which were primarily provided by the child and adolescent mental health service (CAMHS) and psychology staff (see paragraph 2.7).

Section 2. Care

In this section, we report mainly on living conditions and health care.

Living conditions

- 2.1 Children had access to cleaning materials and many were given the opportunity to keep themselves and their cells clean. At Parc health care staff had undertaken individual briefings with each child explaining COVID-19 and infection control procedures, and there was allocated time each evening for children to clean their cells. Across all three sites most cells we saw were clean. However, at Wetherby some children needed more encouragement to ensure their cell was cleaned well or frequently enough.
- 2.2 All children across the sites had access to a daily shower. For nearly all children at Cookham Wood and a few at Wetherby these showers were in their cell, which assisted infection control. Communal showers were disinfected after each use.
- 2.3 Communal areas appeared clean and staff at all three sites had access to the required cleaning materials. Cleaning schedules included regular disinfection of common touch points, including cell doors and gates, and additional cleaning overnight. Despite this at Cookham Wood we saw examples of communal recreational equipment not being wiped down between use.
- 2.4 At all three sites staff delivered meals to cell doors and children ate in their cells. At Parc food choice had been enhanced by provision from the daily cooking class, which meant that children had a hot option at lunch as well as their evening meal. Similarly, at Wetherby, children had a hot lunch and evening meal and additional fruit and evening snack packs. However, at Cookham Wood there was a 16-hour gap between the evening meal and breakfast, which was too long.

Health care

- 2.5 Management oversight of health care and partnership working was generally effective across all three sites. Outbreak management plans were in place and there was sufficient personal protective equipment (PPE) to enable it to be used in line with national public health guidelines. Some provision, including dentistry, mental health and substance misuse services, had been reduced in response to policies to manage COVID-19 risks. Where this had happened, children had been informed of the revised arrangements.
- 2.6 Primary care continued to operate with a triage system in place at all three sites. Children could receive face-to-face appointments if necessary and access a GP, though support for patients was largely limited to essential care. As in the community dentistry was now only available for urgent cases. Routine hospital appointments had been postponed after liaison with local hospitals, but urgent care was still being facilitated.
- 2.7 Specialist mental health services had been reduced. Health care staff raised concerns in our survey and in person about the withdrawal of more intensive one-to-one programmes (primarily provided by CAMHS and psychology staff) for a critical few children (see paragraph 1.16).

- 2.8** After initial issues with obtaining some medication at Cookham Wood medicines administration was working well at all three sites.

Section 3. Purposeful activity

In this section we report mainly on time out of cell and access to activities.

- 3.1** With the exception of children isolated from others all activity was carried out in 'family groups' of three or four children.
- 3.2** The regime offered to children differed significantly across the three establishments. Time out of cell was around 40 minutes at Cookham Wood, one hour at Wetherby and just over three hours at Parc. Across all three sites we found managers had attempted to maximise the regime they could deliver within the nationally agreed restrictions.
- 3.3** The key difference between the experience of children at Parc and the other two sites was the provision of face-to-face education. Initially Cookham Wood did provide face-to-face education but it was stopped following a national directive affecting all HM Prison and Probation Service (HMPPS) establishments in the adult and children's estate. Children at Cookham Wood and Wetherby did receive in-cell education workbooks and, if completed, these were marked by education staff.
- 3.4** In contrast, at Parc, after a week of running a more limited regime, managers planned, risk-assessed and started delivering two hours of face-to-face education activity every weekday. This included carpentry, cookery, PE and three classroom-based pathways. All activity spaces were large enough for children and staff to remain two metres apart and we saw this being implemented well in activity areas. Children at Parc also received in-cell workbooks. There was no good reason for such a disparity in education provision in such a small estate.
- 3.5** Across the three sites gym staff continued to offer exercise classes to children. This was particularly valuable given the limited time out of cell most children received. Library provision continued at Parc through a delivery service. At Wetherby children could access wing libraries, but provision at Cookham Wood was limited to officers responding to impromptu requests for books.
- 3.6** In addition to out of cell activity all sites had enhanced the in-cell activity children could access. This included games consoles, puzzle packs and in-cell workouts.

Section 4. Resettlement

In this section, we report mainly on contact with families and friends, and release planning.

Contact with children and families and the outside world

- 4.1 The suspension of visits had had a dramatic impact on many children who could no longer have face-to-face contact with their families and friends. Children we spoke to were concerned about not seeing their parents, and this was exacerbated by not knowing how long the suspension would last.
- 4.2 All children had in-cell telephones. In response to the lack of visits all three sites provided additional phone credit: £5 a week at Parc and £20 a week at Cookham Wood and Wetherby. In addition, weekly 'pocket money' payments continued and many looked after children received enhanced payments from local authorities. While all children we spoke to had enough credit to make calls, we could see no good reason for the disparities in payments of all kinds between establishments. Children also received free additional letters.
- 4.3 At Wetherby staff monitored children's telephone usage, and ensured that those who had not made any phone calls were spoken to by staff to try to mitigate their social isolation.
- 4.4 All sites were slow to adopt video calling technology. At the time of our visit only Parc was using this technology, and even there it had only been in use from the day of our visit. Parc offered eight video visits each day, which gave all children a weekly opportunity to see their family and friends. All sites had been told they would receive two tablet computers to help with this but none had arrived. The lack of any video calling provision at Cookham Wood and Wetherby remained a significant gap.

Release planning

- 4.5 Most training and remand planning processes continued, with some changes in response to social distancing measures. For example, review meetings now happened by telephone with the child being consulted before or afterwards.
- 4.6 We were told that the expectations of accommodation and health care provision on release were unchanged. Basic public protection arrangements continued across the three establishments but mail and phone monitoring was a challenge given the increased volumes. While interdepartmental risk management meetings did not happen consistently, managers told us multi-agency public protection arrangements (MAPPA) levels continued to be established prior to release.
- 4.7 Transition to the adult estate - something that had been difficult to facilitate before the restrictions - now rarely took place. This has led to an increasing number of 18-year-olds being held in the children's estate.
- 4.8 We were told no child had been released without accommodation during the restrictions. Planning for health care on release also continued and it was good to see that health care staff at Cookham Wood mitigated the difficulties in seeing health services in the community by providing 28 days of medication on release.

- 4.9** Arrangements for the day of release were complicated by difficulties in ensuring children were met at the gate by an appropriate adult. Establishments worked hard to ensure this happened and, where this was not possible, Cookham Wood paid for a taxi to take the children to their home address.

Section 5. Appendix

Scrutiny visit team

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