

Report on short scrutiny visits to

# **Young offender institutions holding children**

by HM Chief Inspector of Prisons

**7 July 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 you need an explanation of any other terms, please see the longer report glossary on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

## **End of Custody Temporary Release Scheme**

A national scheme through which risk-assessed prisoners, who are within two months of their release date, can be temporarily released from custody. See: <https://www.gov.uk/government/publications/covid-19-prison-releases>

## **National Framework for Prison Regimes and Services**

This framework sets out how HM Prison and Probation Service (HMPPS) will take decisions about the easing of the COVID-19 restrictions in prisons. The national guidance aims to ensure consistency in decision-making by governors.

## **Personal protective equipment (PPE)**

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

## **Purple visits**

A secure video calling system commissioned by 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.

## **Reverse cohorting 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.

## **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.

## **Social distancing**

The practice of staying two metres apart from other individuals, recommended by Public Health England as a measure to reduce the transmission of COVID-19.

## **SECURE STAIRS**

SECURE STAIRS (the Framework for Integrated Care) addresses the needs of children in secure children's homes, secure training centres and young offender institutions. This framework allows for a joined-up approach to assessment, sentence/intervention planning and care, including input from mental health staff regardless of previous diagnosis, as well as from social care and education professionals and the operational staff working in the setting.

# 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.justiceinspectorates.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 following short scrutiny visits to two young offender institutions (YOIs): HMYOI Feltham A, in south west London, and HMYOI Werrington, near Stoke-on-Trent. 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 are awaiting a transfer to the adult estate. At the time of our short scrutiny visits each establishment held around 90 children and both were operated directly by the Youth Custody Service (YCS, the part of HM Prison and Probation Service (HMPPS) responsible for children's custody).

This report documents some of the swift actions taken at the two sites in late March, when the restrictions were announced, and the ongoing consequences of these. These included significant regime restrictions, allocating children to 'family groups' of between two and five, separating children who were symptomatic, new to the establishment or particularly vulnerable and implementing social distancing measures. We found that managers had communicated well with both staff and children and it was positive that formal consultation groups had been reinstated at both sites.

However, as was the case when we last visited YOIs in April, our main concern during these visits was the extremely limited amount of time out of cell for all children. The primary cause of this was the decision to stop face-to-face education. As a consequence, nearly all children had been locked up for more than 22 hours every day since the start of the restrictions, which had been imposed some 15 weeks before our visit. This was both disproportionate and avoidable. The Government's guidance is that children who are deemed vulnerable should continue to attend education. Children held in custody meet this definition, meaning education should have continued once the required safety measures had been put in place. Governors at both sites wanted to provide education and had, months before our visits, prepared plans that would have enabled it to be delivered. These plans were stopped by HMPPS and national staff associations.

The lack of face-to-face education provision in YCS-run YOIs was in stark contrast to the provision at other establishments holding children, delivered by other providers. After an initial suspension to put health and safety measures in place, every YOI, secure training centre and secure children's home managed by private or local authority providers has been able to deliver face-to-face education throughout the pandemic.

Across both sites managers and staff were aware of the potentially negative impact of children spending so much time alone in their cells and the effects of such a restricted regime. Managers had been creative, within the substantial constraints placed on them, seconding prison staff to increase the youth work provision and introducing limited opportunities for children to eat communally (at Feltham). Enhanced welfare checks were carried out by a range of agencies at both sites. The YOIs appeared calm and well ordered, and recorded self-harm had reduced since the start of the pandemic.

Health care, including governance, partnership working and management oversight, was effective. Children could see a health care professional swiftly and visit a GP if needed. The dentist at Feltham had been particularly proactive in ensuring children continued to receive a service. It was good to see a range of clinics returning to both sites.

The suspension of visits impacted many children at Feltham and Werrington. The rollout of Purple Visits (a video calling service, see Glossary of terms) to both establishments in June was positive and managers were working to improve take up and establish ways to use spare capacity. Additional phone credit and letters were also given to children at both sites.

Many resettlement and risk management processes had continued and most children at Werrington attended their review meetings. Both establishments worked hard to ensure that all children had

accommodation on release and were met at the gate by a suitable adult. We were concerned to see that in two cases at Feltham difficulties in finding someone to take a child home delayed their release. In the most serious case a lack of engagement by a local authority led to a child being held overnight in custody, despite being bailed.

This report outlines positive work by local governors and their staff who acted quickly to keep children safe, delivered a consistent regime and implemented additional safeguards when needed for the children in their care. However, progress in implementing activity has been far too slow nationally. HMPPS national guidance has taken little account of the specific needs of children, and this has resulted in children at Feltham A and Werrington being locked up for 22 hours a day for nearly four months.

**Peter Clarke CVO OBE QPM**

HM Chief Inspector of Prisons

July 2020

# Notable positive practice

- At Werrington, a hot breakfast had been introduced on most days, delivered to the room doors, to enable a welfare check and encourage the children to make a prompt start to the day.
- The family engagement manager at Werrington was in direct contact by email with all who had been willing to supply email or postal addresses, sending them updates on plans for remote visits.
- Additional facilities had been created at Werrington for children to contact resettlement services, through free phone access to youth offending teams and social workers, and a resettlement answering machine.
- At Feltham, PE staff provided structured sessions on the outside sports pitches. In a four-week cycle, children could access two sessions in three weeks and one session in the remaining week.
- Managers at Feltham had seconded prison officers to the youth work provider enabling enhanced delivery of youth work and the development of staff.
- Both sites had implemented additional welfare checks by a range of agencies.
- At Werrington, a helpful COVID-19 hospital escort checklist had been devised by health care staff for escorting officers.
- At Feltham, the dental provider, in consultation with commissioners, had registered as an urgent care centre and was offering a responsive service in line with guidelines.
- At Feltham, the release pack included a face mask, gloves or hand sanitiser, clear guidelines on handwashing and COVID-19 information which the speech and language therapist had reviewed, along with other information making it easy to understand.

# 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

- I.1** Managers at both sites had reacted quickly once the restrictions were announced to implement measures to keep children safe. These included splitting children up into ‘family groups’ of between two and five, and implementing isolation arrangements for new arrivals, symptomatic children and those who were particularly vulnerable to the virus.
- I.2** While no child had tested positive at Werrington, Feltham had experienced an outbreak at the end of March. At its peak around 20 detainees were self-isolating across both the young adult and children’s site. There was a significant shortfall in testing at the time which meant only five tests were provided, one of which was refused. Three of the remaining four tests were positive, which included one child. There were other symptomatic children who were not able to be tested during this time. The outbreak was successfully contained by 20 April and since this date no child had displayed symptoms of the virus.
- I.3** Both establishments had experienced significant staffing shortfalls in March and April, and more recently a high number of staff at Werrington had had to self-isolate after a colleague tested positive for COVID-19. Despite this, the limited regime was delivered consistently at both sites.
- I.4** Our staff survey was completed by 189 people (101 at Feltham and 88 at Werrington). Generally, staff at both sites said they were being kept informed and were positive about the measures taken to keep staff and children safe. We found that communication with staff and children about the restrictions and the reasons behind them was good at both establishments. There were regular notices to both staff and children and consultation groups with children had restarted. The governor at Werrington also spoke to every child face-to-face each week.
- I.5** Children at both sites told us they initially understood and largely accepted the need for the restrictions, but after 15 weeks of being locked up for more than 22 hours a day some were understandably frustrated about the slow progress in implementing activity, particularly as they saw restrictions easing in the community.
- I.6** At the time of our visits, both sites had been approved to move to level 3 of the HM Prison and Probation Service (HMPPS) National Framework for recovery (see Glossary of terms), and plans were in place to ease restrictions and deliver limited additional activities from the week after our visit.
- I.7** There were no symptomatic or shielding children at either site but there were well-developed procedures in place to separate these groups from the rest of the population. While at Feltham no child had been symptomatic since 20 April, we were told the regime for the shielding group only included a shower and exercise twice a week, which was too limited.
- I.8** Social distancing was working well in most areas at Feltham and there was new signage in place encouraging it at the time of our visit. At Werrington, the design of some areas made

social distancing more difficult to achieve, but too many staff and children nonetheless chose not to follow the guidance.

## Arrival and early days

- I.9** Both sites were regularly receiving new arrivals from court. All new arrivals were separated from the rest of the population for 14 days. This was done on designated reverse cohort units (RCUs, see Glossary of terms).
- I.10** Reception processes worked well at both sites, which had space to conduct interviews covering risks and vulnerabilities in private. Staff gave children information about COVID-19 and the restrictions in place, and children also had health care assessments while in reception.
- I.11** Staff did not know children on the RCUs as well as other children. In addition, these children had less time out of their cells and were not always placed in groups, so faced an increased risk of isolation and psychological deterioration.

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

- I.12** Both establishments were stable and felt settled. Since the restrictions had been introduced there had been a reduction in violence against children and staff, but there had been a spike in assaults against staff at Werrington in May and at Feltham assaults against staff had increased in June. Managers were monitoring this and understood the reasons for the increase. Procedures for challenging bullying and violence and supporting victims continued at both sites.
- I.13** Self-harm had also reduced since the start of the restrictions. Assessment, care in custody and teamwork (ACCT) case management for children at risk of suicide or self-harm continued to operate, and involved multi-disciplinary reviews that included the child.
- I.14** Managers and staff were aware of the effects the prolonged restricted regime could have on the most vulnerable children, and made appropriate referrals to safeguarding departments and mental health services for children who were declining their daily activities.
- I.15** A range of departments checked on the well-being of children and good additional contact and support was being offered by Kinetics youth workers at both sites, and by RoadLight (an organisation that engages with hard-to-reach children in custody) at Feltham. At Werrington, the governor spoke to all children individually once a week. In addition, children continued to have free access to Childline, the Samaritans, the Howard League's legal helpline and the Children's Commissioner's helpline.
- I.16** At Feltham we saw different agencies queuing to use the limited private space available on living units and saw some interactions taking place through cell doors (see paragraph 4.8).
- I.17** In contrast to the efforts that had been made to engage with children and reduce risk, Barnardo's independent advocacy service remained off-site. We could see no good reason for the continued decision, made by Barnardo's, to withdraw this service.

## Section 2. Care

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

### Living conditions

- 2.1 Communal areas at both sites were clean and tidy, with regular deep cleaning taking place throughout the day. Almost all this daily cleaning was being carried out by staff, although at Werrington some children were being brought back into work as cleaners. There was time for children to clean their cell, and equipment and materials for cleaning were readily available. At Werrington there were good systems for ordering these, and new supplies were available daily.
- 2.2 All children had access to a daily shower, in addition to the periods for exercise and domestic duties (see paragraph 3.1).
- 2.3 Staff knew the children well. At Feltham, managers had maintained the custody support plan scheme with some amendments, and while this had faltered at Werrington owing to several staff and children being put in isolation for a period, it was once again running properly at the time of our visit. Sessions did not always take place weekly, but records showed that they covered relevant topics in detail.
- 2.4 The youth council had recently been reinstated at Feltham, providing an opportunity for children to voice concerns and have issues addressed. Similarly, at Werrington the 'junior management team' (a children's consultation group similar to that at Feltham) had begun to meet regularly again and to make suggestions regarding improvements to the facilities and regime.
- 2.5 At Werrington a hot breakfast had been introduced four days a week, with an extra food pack given out on the other days. Meals were served at the room door. The establishment was in favour of having children collect their meals safely from the servery, but after consultation with children this was rejected as it would have resulted in the loss of time for other activities.
- 2.6 The chaplaincies had remained active throughout, and chaplains continued to take part in meetings, ACCT reviews, sentence planning and other meetings as required. Weekly in-cell worship packs had been offered. Some services, with limited numbers, and religious classes were due to resume at Werrington the week after our visit.

### Health care

- 2.7 Effective partnership working was evident at both YOIs, with enhanced joint working between the health care service, the establishments, commissioners and Public Health England (PHE). At Feltham, a new health care provider started in April 2020 and while this posed some challenges during the pandemic, the transition had been relatively smooth and well managed.
- 2.8 There was sufficient and suitable personal protective equipment (PPE, see Glossary of terms) available to health care staff and prison officers at both sites. Training for health care staff and officers at both YOIs had been provided to ensure correct use of face masks.

- 2.9** At the time of our visit there were no confirmed cases of COVID-19 at either site. At the end of March and beginning of April, there had been eight symptomatic children at Feltham. There was very limited testing available at that time, as PHE only issued a small number of testing kits for the most symptomatic patients. No children or staff had presented as symptomatic since April. At Werrington, no child had tested positive, while one positive case among staff was confirmed in June.
- 2.10** Both sites had followed the national shielding criteria and at Feltham, three children were identified by the GP and senior nurse as eligible for shielding. They were visited and given information about COVID-19 but did not want to shield. At Werrington there were 11 children with asthma who were being monitored but who did not require shielding.
- 2.11** Reverse cohorting units (RCUs, see Glossary of terms) were in operation at both sites and all new arrivals to the YOIs had their temperatures checked. The comprehensive health screening tool (CHAT) used for reception screening, and subsequent physical, mental health, substance misuse and neurodisability assessments, were undertaken within the required timescales at both sites.
- 2.12** Most routine health provision had temporarily ceased in March 2020 in response to COVID-19 risks. However, essential services were maintained, by effective telephone triage at Werrington and by paper application at Feltham, followed by face-to-face appointments with a nurse or GP when necessary. Several services had now recommenced with restoration plans being actively implemented at both sites. These included immunisation and vaccination clinics, sexual health clinics and the optician; it was good that Werrington had resumed some of these clinics quite early in the lockdown, in April.
- 2.13** Staffing levels at both sites had been maintained, and although there had been some gaps related to COVID-19 and the change of contract at Feltham, this had not affected service delivery. Children we spoke to were happy with the level of health care and in written feedback children were positive about the quality of the service at both sites.
- 2.14** Telephone patient consultations with the hospital had proved successful at Feltham and additional phones had been obtained to support this. External referrals to hospital had reduced to mostly emergency access but the number had started to increase as local hospitals were now offering more appointments. At Werrington a helpful COVID-19 hospital escort checklist had been devised for escorting officers.
- 2.15** At both sites dental services had reduced in line with community services. These were available for triage and had provided antibiotics and pain relief when necessary. At Feltham the dental provider, in consultation with commissioners, had registered as an urgent care centre and was offering a particularly responsive service in line with national dental guidelines, which was commendable.
- 2.16** The inpatient unit at Feltham had managed some complex mental health patients. It currently held four patients, including one from the children's unit. Although the health and well-being team supported patients on the unit, the regime was curtailed and time out of cell was far more limited than elsewhere in the establishment.
- 2.17** The supply of medicines and prescribing had largely been unaffected at both sites. All those on medication had received a recent in-possession risk assessment which resulted in a few children at Werrington being allowed more supplies of medication. These were subject to closer scrutiny of in-cell stock levels when follow-up scripts were requested. Medicines administration had continued in the health centre and we saw good supervision by officers, careful attention to social distancing and competent administration by registered nurses. Although we did not observe medicine administration at Feltham, governance of revised medicine practices was in place. All controlled drugs were administered from a medication

hub and other medication was delivered to the door by a nurse and an officer. Plans were in place to return to collection at a medication hub for all medication.

- 2.18** At both sites, a well-resourced multidisciplinary health and well-being team provided an integrated mental health and psychosocial substance misuse service. Fewer staff had been on site due to COVID-19 restrictions, and group work had been curtailed. However, the teams had continued to provide support to children on their caseload and other children when needed, prioritising risk effectively, including urgent referrals and attendance at ACCT reviews. Initially the teams' face-to-face interventions had reduced but it was now increasing at both sites. At both sites a range of distraction packs were available, including one for the management of anxiety, specifically related to COVID-19. Psychosocial support included harm minimisation workbooks, with additional telephone support provided at Werrington and face-to-face meetings taking place at both sites. No child at either site had required clinical substance misuse services.
- 2.19** We were informed that transfers to secure mental health units under the Mental Health Act had been swift for two children at Feltham. At Werrington there had been no requirement for (mental health) transfers since the start of the pandemic.
- 2.20** Progress had been made in implementing SECURE STAIRS (see Glossary of terms) at both sites prior to lockdown, when further rollout plans were put on hold. These had recently recommenced, though the model was changed at Werrington due to COVID-19 restrictions. Less intensive work had continued to support children, and reflective practice sessions for officers and health care staff had been maintained at both sites.
- 2.21** All children were seen prior to release by a nurse and provided with a face mask, gloves or hand sanitiser. At Feltham the release pack also included clear guidelines on handwashing and COVID-19, information which the speech and language therapist had reviewed for accessibility, along with other information making it easy to understand, which was good practice. If medication was required, an increased supply was given, due to the potential difficulty in getting this in the community.

## Section 3. Purposeful activity

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

- 3.1** At both sites there were sufficient staff to run the restricted regime reliably so children knew what they could expect each day. Nevertheless, most children were locked up for around 22 hours a day and some for even longer. Staff and children themselves said they spent most of their day sleeping, watching TV or playing computer games.
- 3.2** At Feltham, managers had been creative in delivering as much activity as they could within the national restrictions. Most children received about two hours out of cell each day for exercise, showers and youth club activities. It was positive that managers had seconded prison officers to the youth work provider, which enabled greater provision of youth work. Those on the RCU received slightly less time out of cell. While there were no symptomatic children at the time of our visit we were told the regime for this group only offered access to showers and exercise twice a week, which was too limited. The regime provided on the health care inpatient unit, where one child was held, was poor (see paragraph 2.16).
- 3.3** At Werrington the governor had gradually increased out of cell activity and face-to-face services. Most children were unlocked for 1 hour 45 minutes each day. This was made up of 45 minutes in the open air and 45 minutes for youth club with their other group members, as well as 15 minutes for a shower. Children in the RCU only received 45 minutes in the open air and 15 minutes for a shower.
- 3.4** In addition to the basic regime, children had access to varying levels of other out of cell activities. At Feltham children could eat communally one day a week for all three meals and attend structured exercise sessions on the sports pitch once or twice a week. Neither of these options were available at Werrington and many children there told us they missed having structured, staff-led PE activity. On both sites children could access library services – at Werrington by visiting the library on a rota basis, and at Feltham through an outreach service.
- 3.5** All classroom-based education and training had ceased. Governors at both establishments had been ready and prepared to deliver classroom-based education earlier in the pandemic, but we were told plans had been blocked by HM Prison and Probation Service (HMPPS) and national staff associations. Education was limited to in-cell packs. These were tailored for each child and staff marked the work, provided feedback and spoke to children who did not complete work or who needed additional support. We were told take-up was good and as high as 87% at Werrington.
- 3.6** Following approval to move to level 3 of the National Framework for recovery (see Glossary of terms), plans were in place to ease restrictions and deliver additional activities. At Werrington, this was due to happen from 13 July: children would have six hours of education and 1.5 hours of PE each week. At Feltham, there were plans to deliver some face-to-face education provision within the two weeks following our visit. This would enable most children to access two days of face-to-face education each week.

## 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 significant impact on many children who had experienced months without any face-to-face contact with their families and friends. Each site now had one laptop to use for Purple Visits video calling (see Glossary of terms) which enabled some face-to-face contact. About one-third of children had used the facility at Feltham and about half at Werrington. Both YOIs were encouraging children to use it, but the relatively low take-up reflected, in part, the reality that some children, especially those 'looked after', had no one to contact in this way (some families also struggled to produce the ID needed for using the video calling provision). At Feltham, some children found having a member of staff nearby during the call was not conducive to relaxed conversations and preferred to speak to family and friends by phone (see paragraph 4.4).
- 4.2** At Feltham, prior to the availability of video calling, some proactive work had enabled a child whose family had additional needs to have video visits during the restricted regime. Some inter-prison phone calls had also been arranged.
- 4.3** Both sites were planning and preparing for the resumption of on-site social visits. At Werrington visits were due to restart the week after our visit, with children being able to have up to two each month.
- 4.4** Children at both sites had in-cell phones and had become used to having conversations with family and friends in private, at times when they knew they could speak to the person they wanted to. At Werrington children received an additional £15 phone credit each week. At Feltham they received an extra £10 each week which could be added to by exchanging green cards awarded for good behaviour for phone credit.
- 4.5** Restricted status children at Feltham had been given more time each day to speak on the phone during the COVID-19 period. Both sites maintained checks on phone usage so that children who were not making calls could be identified and followed up. Werrington and Feltham both provided children with additional free letters to send.

### Release planning

- 4.6** Resettlement teams had continued working at both YOIs, were maintaining regular contact with children and were points of contact for families. The cycle of remand and training planning reviews continued as normal, with external participants (for example, parents and youth offending team workers) attending by telephone. At Werrington, children (apart from those on the RCU (see Glossary of terms) attended their reviews in person. At Feltham, children were consulted prior to and after their reviews but did not attend the meetings; this was the same for children on the RCU at Werrington. At Werrington children had free phone access to their youth offending teams and social workers; at Feltham resettlement practitioners facilitated this for children when they could, but at other times children had to use their phone credit.
- 4.7** Public protection arrangements continued as they had prior to COVID-19. Monthly risk management meetings had taken place, initially via teleconferencing, during the period of

restriction; Feltham had reinstated a monthly socially-distanced on-site meeting in June. We were told there were no backlogs in phone or mail monitoring for those children who had these requirements in place.

- 4.8** Little focused one-to-one or offending behaviour work was taking place. At Feltham the small number of meeting rooms or offices available on the residential units were in frequent demand by different agencies, which made it difficult to have private conversations with children (see paragraph 1.16).
- 4.9** Release planning work was being continued by the YOIs in conjunction with external partners. Children who were deemed suitable had been released on home detention curfew (HDC) or early release on a detention and training order throughout the COVID-19 period, with good input from the on-site health care teams.
- 4.10** All children released during the restricted regime had suitable accommodation to go to, and the YOIs continued to expect that they were met at the gate by a suitable adult. We were told about two cases at Feltham where this expectation had delayed release. A 15-year-old granted bail without being physically present in court had been detained for an extra night because external partners were unable to pick him up and ensure he got home safely. Another child, who was the subject of a national referral mechanism (NRM) as a victim of exploitation, had to wait until late evening to be released to a suitable adult after being given a non-custodial sentence, again without him being in court. These were poor outcomes, outside Feltham's control.
- 4.11** No children had been approved for early release through the End of Custody Temporary Release Scheme (ECTR, see Glossary of terms). The very small number of children who had been initially identified for consideration were found to be not suitable for release under the scheme.

# Section 5. Appendix

## Scrutiny visit team

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