



Developing HMI Prisons scrutiny in establishments holding children during recovery from the COVID-19 pandemic

From thematic to individual establishment scrutiny visits

The short scrutiny visit (SSV) model developed by HM Inspectorate of Prisons (HMI Prisons) in April 2020 was designed to provide independent oversight of a system navigating its way through the COVID-19 crisis. SSVs were developed to minimise the burdens of inspection at a time of unprecedented operational challenge. They involved two to three inspectors spending a single day in an establishment. The methodology is set out in detail for [men's prisons and the youth custody service](#), [women's prisons](#) and [immigration removal centres](#), and our [published reports can be read on our website](#). By the end of the SSV programme in early July 2020, HMI Prisons had undertaken SSVs in 31 prisons and four immigration removal centres.

Our SSV reports show that swift action by the Youth Custody Service appears to have prevented widespread transmission of the virus and averted the potentially disastrous consequences that some had feared. We have seen fewer cases of COVID-19 than were initially predicted, prisons have been stable and they have had enough staff. Children have largely accepted the need for the actions taken and cooperated with staff.

However, many of the restrictions in the children's estate were modelled identically to those in the adult estate rather than addressing the specific needs of children. In particular, face-to-face education ceased despite guidance in the community that this should continue for vulnerable children. The suspension of visits and consequent loss of face-to-face contact with families and friends have been painful burdens for many. There has also been a reduction in support services, including those intended to promote rehabilitation and help with release planning. It is clear that this is not a sustainable state of affairs.

The COVID-19 pandemic picture has changed significantly since the restricted regimes were implemented in prisons on 23 March 2020. While the threat posed by the virus remains high, the risk calculation is changing. There has been a relaxation of restrictions in the community, which has not yet been matched in prisons. Increasingly, we are seeing evidence of fatigue and frustration among children. They have complied with exceptional restrictions but are finding it harder to understand or cope with them. While some restrictions must continue to be applied in the interests of safety, they must be demonstrably necessary, proportionate and balanced against the negative impact they may have on children.

In light of these factors, it has become clear that it is time to change our approach to oversight. The most pressing need, often identified by prison managers themselves, appears to be for a greater focus

on individual establishments rather than higher level thematic reports. This paper sets out an incremental development of the SSV model that takes account of this point. It also recognises that prisons now require and can accommodate more intensive scrutiny, even though the ongoing challenges they face mean that it is too early for the restoration of full inspections.

The breadth and depth of scrutiny will be expanded through longer 'scrutiny visits' (SVs), which focus on individual establishments. The SV approach is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic. It will take account of, but not be limited by, the 'regime stage' at which prisons are operating, as outlined in the HM Prison and Probation Service (HMPPS) [National Framework for prison regimes and services](#). There will be a continuing strong focus on health and safety to minimise the risk of spreading infection through visits.

1. Statement of purpose for SVs

Individual establishment scrutiny visits (SVs) will provide effective independent scrutiny of a prison system that is in recovery from the effects of COVID-19, while continuing to adhere at all times to the 'do no harm' principle. This means that HMI Prisons will take all reasonable steps to mitigate risks for detainees, prison staff and its own staff, and will work in line with national guidance.

SVs recognise that prisons are stable enough for more intensive scrutiny of outcomes, but that the ongoing challenges presented by the COVID-19 pandemic mean that it is too early for the restoration of full inspections.

SVs will examine the necessity and proportionality of measures taken in response to COVID-19, and the impact that they are having on the treatment of and conditions for children during the recovery phase.

SVs will critically assess the pace at which individual establishments (re-)establish constructive rehabilitative regimes. They recognise that establishments will be at different points in their recovery journey.

SVs will provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly and notable positive practices shared.

2. Key characteristics of SVs

The rest of this paper details the next phase of our scrutiny visits methodology. It is tailored to current circumstances and focuses on the treatment of and conditions for detainees during recovery from the COVID-19 crisis.¹ The methodology has been developed following a human rights scoping exercise, an Equality Impact Assessment and consultation with stakeholders, and it takes account of learning from the short scrutiny visits. The visits will entail a total of three days on site: one day in week one, and two days in week two. The first week will be primarily to carry out a staff and detainee survey. The scrutiny visits (SVs) will have the following main characteristics:

- Visits will be announced to HM Prison and Probation Service (HMPPS) two weeks in advance.
- Individual establishment reports will be produced, ensuring more detail and accountability.
- Inspectors will spend two days on site, allowing coverage of more areas and greater triangulation. A further inspector will work off-site.
- The team will normally comprise five HMI Prisons inspectors, but an additional member of staff may attend for induction purposes.
- If there are heightened concerns about virus transmission in the selected establishment, HMI Prisons may reduce the number of on-site staff and/or the time spent in the establishment. The visit may also be postponed.
- The Chief Inspector or Deputy Chief Inspector will attend some visits.

- Data will be requested from the establishment in advance.
- Inspectors will look at key areas based on a sub-set of our existing human rights-based *Expectations*. Inspectors will use guidance questions related to each *Expectation* (see below, section 5).
- There will be examination of areas of thematic interest.
- There will be restoration of a specially designed children’s survey.
- A staff survey will be retained.
- The report will be published within four weeks of the visit.
- There will be a narrative judgement in the introduction that directly addresses progress towards recovery, but no scores.
- There will be a small number of key concerns and recommendations.
- Notable positive practice will be included.

3. Continuation of policy analysis and remote monitoring through data analysis

In addition to undertaking scrutiny visits (SVs), we will continue to systematically gather and analyse information and intelligence and to undertake policy analysis. This will help us to determine which establishments to visit and will be included in briefings provided to inspectors ahead of each SV. The following strands of policy analysis and remote oversight have become embedded during the short scrutiny visit (SSV) methodology and will continue.

1. A strong strand of policy analysis:

- Examine new legal powers relating to detention introduced as part of the response, and their impact on treatment and conditions.
- Monitor whether new places of deprivation of liberty/detention are opened or the functions of places of detention change, and what governance is in place for these establishments.
- Examine the impact of policy responses, for example the release of administrative immigration detainees or early release of prisoners.

2a. Maintenance of the following lines of communication to ensure that information is received regularly from the sources listed below. This is a non-exhaustive list of data to be collected outside of SVs (it is not the same as the data request that will be made as part of an SV):

- Daily information from central government (COBR)
- Daily situation reports from the Ministry of Justice (MoJ)
- Daily establishment-level information from HM Prison and Probation Service (HMPPS)
- Daily incident reports
- Information received via correspondence and phone calls to HMI Prisons
- Information from Independent Monitoring Boards (IMB), including via the IMB Secretariat
- Information from partners, non-governmental organisations (NGOs), families, detainees and other stakeholders
- Information from the media
- Intelligence from HMI Prisons staff
- Intelligence from Twitter and other social media

2b. Organisation and analysis of the information gathered to assess risks and determine priorities:ⁱⁱ

- Identify specific problems and concerns at individual establishments such as:
 - acute staffing shortfalls
 - clusters of COVID-19 infection
 - spikes or increases in indicators such as self-harm, use of force and concerted indiscipline

- concerns about local capability and proportionality of response
- concerns about health provision.
- Identify emerging themes across establishments such as:
 - shortages of equipment
 - lack of escort staff to facilitate transfer to hospital.
- Use the information to make risk-based recommendations for further monitoring and/or site visits (weekly updates). These recommendations will be judgement-based rather than algorithmic, as the quality, quantity and consistency of the available information is likely to be variable.

4. SV timetableⁱⁱⁱ

Announcing and risk assessing the visit

- HM Prison and Probation Service (HMPPS) will be notified of the visit location approximately two weeks in advance.
- HMPPS will advise HMI Prisons if there is heightened concern about virus transmission in the selected establishment. HMI Prisons will take this into account during its risk assessment and may also seek advice from Public Health England (PHE) and Public Health Wales. HMI Prisons may then decide to undertake one or more of the following actions:
 - reduce the number of staff on site to a minimum of three in the second week and a minimum of four in the first week
 - reduce the amount of time on site in the second week
 - decide to postpone the visit and select a different establishment for the SV.
- One week in advance, on the Monday before the week one visit, the coordinating inspector will contact the establishment directly to discuss arrangements for the visit. They will begin the health and safety risk assessment process, taking particular account of factors such as sudden critical staff shortages or increases in virus cases.
- On the same day, the coordinating inspector will send the establishment the following documents: this methodology paper; information about the conduct of the detainee and staff surveys; and a template to help plan the surveys, which should be returned by Thursday.
- The establishment will be invited to provide initial responses to the list of guidance questions in the methodology paper before the main visit week. This will reduce the amount of management time that inspectors need to take during the visit. However, it is understood that operational pressures may hinder the prison's capacity to meet this request.
- Risk assessment of the week one visit will be completed by the coordinating inspector in liaison with the establishment, and circulated to the team leader, lead researcher, health and safety lead and HM Deputy Chief Inspector of Prisons (HMDVIP). Account will be taken of current health risks, national guidance and adherence to the 'do no harm' principle. The governor will be asked to contact the coordinator as soon as possible if there are sudden changes in risk.
- A liaison officer will be appointed by the establishment to coordinate information gathering and make practical arrangements for the week one and week two site visits.

Week one visit – Survey and preparation for the full team visit

- The team will usually spend one day on site: Tuesday.
- On that day, HMI Prisons will announce the SV on Twitter and invite stakeholders to provide relevant information. Such information should be sent to: intel@hmiprisons.gov.uk

- The team will arrive in the establishment on Tuesday morning at about 9am. The team will normally consist of the coordinating inspector, two researchers and one survey support inspector. The same inspectors will attend the establishment the following week.
- Staff will be allocated to establishments as close to their homes as is possible without compromising delivery of the SV.
- Staff will have laptops and a camera with them.
- Hotels may be used if needed.
- The coordinating inspector will meet with the governor/director to discuss key issues.
- The coordinating inspector will give the liaison officer the information request.
- Researchers and the support inspector will carry out the children's survey.
- The coordinating inspector will produce a short, written briefing for the full team, having visited key areas if it is safe to do so.
- The coordinator's briefing and information from the liaison officer will be distributed to teams on Thursday.
- The results from the surveys will be distributed to inspectors on Friday.

Week two visit – Main visit week

- The team will spend two days on site: usually Tuesday and Wednesday.
- The coordinator will complete an updated risk assessment on Monday and circulate it to the team leader, health and safety lead and HMDVIP. Account will be taken of any current health risks and national guidance, and adherence to the 'do no harm' principle.
- Five inspectors will normally attend the establishment, but this may be reduced to three or four in line with the risk assessment (a five-person team would include a team leader, three core inspectors and one health care inspector).
- Staff will have laptops and a camera with them.
- If HM Chief Inspector of Prisons (HMCIP) or HMDVIP attends, they will speak to the governor and undertake a limited tour with a member of staff, if available.
- An additional off-site inspector will assist the on-site team by gathering and collating data remotely. For example, they may check NOMIS and OASys, and provide case studies and analysis for the on-site team.
- Hotels will be used if needed.
- Team meetings will be kept as short as possible and will be by telephone or Microsoft Teams if necessary.
- If the establishment does not have a large enough board room, the team will use different rooms across the site. Health care and the rehabilitation and release planning (RRP) inspectors could be based in or near their respective departments.
- The team leader will meet the governor/director before leaving to feed back emerging findings.
- On Thursday, the team will prepare feedback bullet points off site.
- A Thursday 2pm meeting will discuss the bullets via Microsoft Teams. This will include HMCIP or HMDVIP. This meeting will agree notable positive practice, key concerns and recommendations and key overarching points to assist the narrative judgement in the introduction.
- Notable positive practice is defined as, '*Innovative practice or practice that leads to particularly good outcomes from which other establishments may be able to learn*'. Inspectors will apply the following tests to establish if the threshold has been reached:
 - Is there triangulated evidence of good outcomes for children?
 - Does the example show an original, creative or particularly effective approach to problem-solving or achieving the desired goal?
 - Is it apparent how other establishments could learn from or replicate the practice?
- On Friday, the team leader will send feedback to the governor or director, copied to HMPPS officials, and follow up by phone or Microsoft Teams if necessary. Health inspectors will send feedback to health commissioners and providers.
- From Thursday to Monday, team members will write their sections of the reports.

Report writing and editing

- By 11am on Monday, the team leader will circulate the introduction to the team.
- By 3pm on Monday, all contributions will be sent to the coordinator, copied to the team leader.
- By 1pm on Tuesday, the coordinator will send the collated report to the team leader.
- By 5pm on Thursday, the team leader will send the report to the editor.
- The publications team will complete the report's production, including a five-day window for factual accuracy checks. Publication will be within a month of the visit.

5. What will the SVs look at in establishments holding children?

Scrutiny visits (SVs) will maintain a clear focus on establishment recovery, regime expansion and realistic progression plans. They will look at key areas based on our existing human rights-based *Expectations* and will use the questions below to guide them. These questions are linked directly to the *Expectations* and are designed to help inspectors get to the heart of the issues quickly during their limited time on site. They can also help establishments to understand the probable main focus of inspectors' inquiries before the SV. They are *not* a prescriptive checklist and inspectors will continue to identify other issues relating to treatment and conditions. Triangulation of evidence will be supported by the children's and staff surveys, data analysis and evidence from stakeholders, including the Independent Monitoring Boards (IMBs) and Prisons and Probation Ombudsman (PPO).

The selection of the relevant *Expectations* and the development of the guidance questions followed a human rights scoping exercise specific to COVID-19^{iv} and consultation with relevant government departments/bodies, inspection partners and non-governmental organisations (NGOs), and also took into account findings from short scrutiny visits (SSVs).

Guidance questions

Establishments will be sent the questions two weeks in advance of the main visit, when the HMI Prisons coordinator first contacts the prison. Given the limited time that inspectors will be on site, it would help if managers could provide some response to the questions in advance of the visit. Bullet points and/or a summary briefing addressing the key points will suffice. This will reduce the amount of management time that inspectors need to take during the visit. However, it is understood that operational pressures may hinder the prison's capacity to meet this request.

I. Safety

Ia. Leadership and management

- Are lessons being learned from the pandemic? Have positive practices been retained, e.g. in relation to cleaning, vulnerability, population pressures and the use of technology?
- Is oversight and management of the risk of infection effective in safeguarding children and staff? Are social distancing and handwashing adhered to?
- Are the restrictions on activity and movement demonstrably necessary and proportionate? Are the best interests of children a primary consideration when deciding whether to impose restrictions, and are restrictions regularly reviewed in light of their impact on children? Are safeguards in place to ensure that restrictions do not amount to ill-treatment?
- Are realistic recovery plans being implemented and are they understood and supported by staff and children?
- Is there clear and effective communication with staff and children and their parents/carers about the restrictions, and about the establishment's journey towards recovery, including in a range of age-appropriate languages and formats?

- Are managers ensuring that staff and children have enough support?
- Are cohorting arrangements (protective isolation units (PIU), reverse cohorting units (RCU) and shielding units) applied effectively and in line with advice from health care staff?

1b. Arrival and early days

- Are movements between establishments and to and from the community being managed safely and respectfully?
- Do reception procedures ensure children are kept safe?
- Can children make contact with family/friends on their first night?
- Does the RCU regime provide daily access to showers, exercise and other age-appropriate activities?
- Is induction comprehensive and suitable for children, including those who speak languages other than English or who have literacy problems? Does it clearly describe what opportunities children have for constructive activity and progression?
- Are peer workers able to support and inform new arrivals?

1c. Safeguarding

- Do children feel safe and are they protected from harm?
- Do staff frequently check on the welfare of children?
- Do children have a member of staff they can turn to if they have a problem?
- Is there external scrutiny of safeguarding practice by the local safeguarding partnership?
- Can family, friends and community-based professionals raise a safeguarding concern?
- Do staff understand and follow procedures for responding to concerns about the safety of a child?
- Are child protection concerns shared with the local authority without delay? Is a record of that referral and outcome retained?
- Is appropriate action taken to protect children from further harm during an investigation?
- Are local authorities taking prompt action to ensure children are safe? Do staff escalate concerns if they are dissatisfied with the response from local authority children's services?
- What is local security intelligence telling managers about the way that COVID-19 has affected the establishment? Have relevant actions been taken in response to this analysis?

1d. Support for the most vulnerable (including those at risk of self-harm)

- What is being done to identify and address potential psychological deterioration of children, including those with mental health problems and those at risk of self-harm?
- Are children in isolation, and those choosing to minimise their social contact, being appropriately identified, supported and provided with sufficient meaningful human contact?
- Is self-harm being identified? Has the pattern of self-harm behaviour changed since the implementation of the restricted regime and how have managers responded?
- Are deaths and near misses still being reported and investigated, and are lessons learned?
- Are children at risk of self-harm being effectively supported, including through case management?
- Are children able to quickly raise the alarm in an emergency?
- Are children able to contact helplines and can families and others reach safer custody lines? Are concerns reported to safer custody lines responded to quickly?

1e. Managing behaviour: encouraging positive behaviour, adjudications, use of force, segregation

- What are managers doing to motivate good behaviour? Can children access meaningful, age-appropriate rewards for good behaviour?
- What is the evidence on drug use, victimisation and use of force? How are managers responding to this?

- Have managers maintained adequate oversight of key areas such as searching, use of force and separation (including analysis of data and action planning) to ensure that all uses are necessary and proportionate? Is consideration given to minimising the spread of COVID-19 when using force?
- Are sanctions consistent, fair and proportionate? Is consideration given to the impact of imposing disciplinary measures in the context of a restricted regime?
- Are safeguards in place to prevent unofficial or collective punishments?

2. Care

2a. Relationships between staff and children

- Are relationships between staff and children positive and meaningful? How are they affected by the regime currently in place?
- Is the named officer scheme operating effectively for all children?

2b. Daily life: living conditions

- Are children held in decent, age-appropriate living conditions?
- Are children, including those cohorted, able to keep themselves and their cell clean?
- Are communal areas regularly cleaned and disinfected to a good standard?
- Can children access sufficient clean clothing, towels, bedding and laundry facilities?

2c. Daily life: complaints, legal services, consultation, food and canteen (residential services)

- Does the food meet the varied needs of children, including those with specific cultural, religious or other special diets?
- Is the shop operating effectively?
- Is there an effective complaints and applications system? Is analysis of complaints undertaken and acted on? Are child protection allegations identified and referred to external scrutiny?
- Is effective consultation with children in place and does it lead to action where necessary?
- Can children exercise their legal rights, including applying for bail? Do they have adequate and confidential access to their legal representatives?
- Do children understand their sentence or the reasons for their remand and the charges against them?

2d. Equality, diversity and faith

- Is strategic oversight of equality and diversity in place, including monitoring, analysis and action planning? Do managers and staff have sufficient time and support to carry out equalities work?
- Are external community representatives able to provide strategic advice and support to children?
- How are managers consulting with minority groups to understand the impact of the restrictions on them and to inform decision-making?
- Is there monitoring of the differential impact of restrictions on particular groups? Can the establishment explain why any disproportionate outcomes are not a result of discrimination? Are any mitigations put in place to address evidence of differing impacts?
- Are discrimination and harassment investigated and challenged?
- Are reasonable adjustments made to allow for children to participate in day-to-day activities?
- Are children supported to practice their religion? Can they access places of worship?
- Does the chaplaincy have a presence and provide adequate pastoral support?

2e. Health care

- Is there effective partnership working and management oversight of health care services to ensure health needs are being met?

- Is there an up-to-date local outbreak control plan and joint risk register to mitigate infection risks?
- Are all new arrivals receiving a safe and comprehensive health screen?
- Do patients have access to primary health care, mental health and substance misuse services which meet their needs?
- Is there evidence that health providers are innovative in implementing new ways to deliver care to meet individual needs?
- Is there a timely and equivalent dental service available to children, including emergency treatment?
- Are medicines appropriately prescribed and reviewed? Are they received without delay and in a safe manner?
- Do children receive relevant pre-release assessment and support, and can they access community services to maintain continuity of care on release?

3. Purposeful activity

- Is time out of cell adequate for children's needs and are any restrictions on it proportionate to current risks?
- Do all children have daily access to the open air for at least one hour?
- Have activities that can be undertaken with sensible precautions been reinstated, e.g. youth work? What solutions have been put in place to ensure that children can still undertake a range of activities?
- Can children participate in face-to-face education, and is the curriculum tailored to their needs and interests?
- Do children have regular access to library resources and physical exercise?
- Have managers provided enough good quality, creative in-cell activity?

4. Resettlement

4a. Contact with children and families

- Are managers taking proactive steps to provide regular social and official visits as soon as safely possible?
- What impact do restrictions have on the quality of visits?
- Are alternative means of communication, such as video-calling, extra letters and mobile phones, frequently and freely available to children? Are children encouraged and supported to take up these means of contact? What is the quality of video calls?
- Is family support work taking place?

4b. training planning and remand management

- Are children able to progress through their sentence, or remand period, and are they actively supported by their caseworker?
- Are children able to progress through their sentence or remand period and be actively involved in relevant planning meetings, and are they actively supported by their caseworker?
- Are caseworkers in regular contact with youth offending teams and relevant community services?
- Are risk of harm assessments and sentence plans being completed?
- Can children access work to address their offending behaviour (e.g. programmes or one-to-one work) and release on temporary licence (ROTL)?
- Are children transitioning to the adult estate being supported to do so?
- Are the needs of looked after children being met? Have community based social workers maintained contact? Are on site social workers supporting this group?
- Is the interdepartmental risk management team (IRMT) functioning effectively? Are multi-agency public protection arrangements (MAPPA) levels reviewed ahead of release?

- Are public protection arrangements reviewed frequently enough (e.g. decisions to put children onto monitoring or to remove them)?
- Is phone and mail monitoring still taking place in a timely manner?

4c. Reintegration planning

- Are resettlement plans completed effectively, taking into account changed circumstances due to COVID-19 (such as inability to access face-to-face services)? Is required pre-release support provided?
- Do all children have accommodation arranged 14 days prior to release? Has anybody been released homeless recently? How many children have been released to bed and breakfast type accommodation?
- Are children being released provided with sufficient support to meet their needs, including in relation to healthcare, clothing and food?
- Are suitable measures in place for children who have or are vulnerable to COVID-19 on release?
- Are children assisted to understand and comply with community restrictions on release?
- Are children who are suitable for early release (End of Custody Temporary Release/ Coronavirus Restricted Temporary Release, Special Purpose License, Home Detention Curfew) (ECTR/CRTR, SPL, HDC) assessed thoroughly and quickly, and released promptly?

Expectations

The *Expectations* from which these questions are derived are as follows:*

I. Safety

- Children travel in safe, decent conditions, are treated with respect and attention is paid to their individual needs. (1)
- Children are safe and treated with respect on their reception to and first night in prison. Risks are identified and children are supported according to their individual needs. (2)
- Children are provided with a safe and secure environment which protects them from harm and neglect. They receive services that are designed to ensure safe and effective care and support. (4)
- Child protection concerns are identified and investigated, and action is taken to prevent further harm. (5)
- Children at risk of self-harm or suicide receive personal and consistent care and support to address their individual needs and have unhindered access to help. (6)
- Children live in a safe environment where security is proportionate. Effective intelligence is used to safeguard children. (7)
- Children are subject to searching measures that are appropriately assessed and proportionate to risk. (8)
- Children live in a safe, well-ordered and motivational environment where their achievements and good behaviour are recognised, promoted and rewarded. Unacceptable behaviour is dealt with in an objective, fair and consistent manner which safeguards children's welfare. (9)
- Children at risk or who have been subject to bullying or victimisation are protected by staff from any further victimisation. (16)
- When children are physically restrained, the minimum degree of force is used for the shortest time necessary, by trained staff using approved techniques. Following restraint, children are appropriately monitored and supported. (17)
- Children are only separated from others or removed from their normal location with the proper authorisation and are located for appropriate reasons. Separation is not used as a punishment. (19)

2. Care

- Children are treated with care and respect for their human dignity at all times. Relationships between children and staff are warm, compassionate and helpful but staff maintain appropriate boundaries. (21)
- Children have an identified member of staff they can turn to on a day-to-day basis who is aware of and responds to their individual needs. Staff provide support and help children to make positive changes in their lives. (23)
- Children live in a safe, clean and decent environment which is in a good state of repair and suitable for adolescents. (24)
- Children are encouraged, enabled and expected to keep themselves, their cells and communal areas clean. (26)
- Children have a varied, healthy and balanced diet which meets their individual needs, including religious, cultural or other special dietary requirements. (29)
- Children can purchase a suitable range of goods at reasonable prices and can do so safely. (31)
- Children can take an active role in influencing decisions about services, routines and facilities in the prison and in managing their own day-to-day life. There is evidence of change in policy and practice arising from the views and experiences of children. (32)
- Children have confidence in complaints procedures, which are effective, timely and well understood. (34)
- Children are informed of their legal rights and are supported by establishment staff to understand and freely exercise those rights. (36)
- Children are informed of and understand their sentence or remand in custody. (37)
- Managers demonstrate strong leadership in delivering a coordinated approach to embedding equality considerations in regimes, eliminating all forms of discrimination and promoting inclusion and respect for diversity (38)
- Discriminatory behaviour is challenged robustly and consistently. (40)
- Children are treated equitably and according to their individual needs. (42)

Health care

- Children are cared for by services that accurately assess and meet their health, social care and substance misuse needs and which promote continuity of health and social care on release. (49)
- Children receive treatment, which is sensitive to their diverse needs, from competent staff in an environment that promotes dignity and maintains privacy. (50)
- Children's immediate health, substance misuse and social care needs are recognised on reception and responded to promptly and effectively. (52)
- Children's individual, ongoing health care needs are addressed through an appropriate range of care services. Continuity of care is maintained on transfer or release. (53)
- Children with mental health problems are identified promptly and supported by community-equivalent services to optimise their mental well-being during their detention and on transfer or release. (55)
- A whole prison strategic approach to drugs and alcohol ensures supply and demand reduction and that treatment is integrated, effective and meets children's individual needs. (56)
- Children receive community equivalent, patient-centred medicines optimisation and pharmacy services. (57)
- Children receive timely, community-equivalent dental services, including oral health promotion. (58)

3. Purposeful activity

- Children are actively encouraged to spend time out of their cells usefully and feel safe to do so. (60)

- Children have good access to a well-equipped library and are encouraged to use it frequently. (61)
- Children benefit from physical education and fitness provision that meets their needs. (62)
- Children can access creative activities which promote learning, well-being and support rehabilitation. (64)
- Children benefit from good quality education, skills and work. (65.1 England)
- Children achieve and attain the best possible outcomes and standards in their education, work and activities. (66.1 Wales)

4. Resettlement

- Children are encouraged and helped to maintain or re-establish positive relationships with family, friends and community agencies while in custody. (67)
- Children can maintain access to the outside world through regular and easy access to visits. (68)
- Children can maintain contact with the outside world through regular and easy access to mail, telephones and other communications. (70)
- Children are helped to prepare for release or transfer through a 'whole establishment' approach. Resettlement begins on arrival and is designed to meet children's needs, explore pro-social strengths and goals and reduce their likelihood of committing further offences. (71)
- Children who may present a risk to the public on their release are managed appropriately during the custodial part of their sentence to minimise their risk both during custody and on release, as well as their likelihood of reoffending. (75)
- The specific needs of children who have looked after status are managed appropriately so that they receive their full entitlements while they are in custody and on release. (78)
- Children receive adequate services and practical help to properly prepare them for their release. Appropriate care and accommodation is arranged before their release. (79)
- Children have suitable, sustainable and safe accommodation arranged 14 days prior to their release. (80)
- Children are encouraged and enabled to access a range of interventions that promote social reintegration and personal development, and address behaviours which may contribute towards their offending. (83)

6. Visit methods

Inspectors will, wherever possible, base all findings on the triangulation of multiple evidence sources. Triangulation describes the corroboration of an evidence source with at least two other different sources. Inspectors will use the following methods to arrive at findings:

- Data to enable triangulation.
- Observations while walking around establishments.
- Speaking to children. This will be done while adhering to social distancing guidelines and in the following ways:
 - on wings where children may already be unlocked
 - opening cells where it is safe to do so
 - in workshops, if they are being run
 - at mealtimes when children are collecting their food
 - during other periods when children may already be unlocked
 - by using in-cell phones where they are available
 - isolating children will normally only be spoken to by phone. If that is not possible and inspectors consider it important to speak to an isolating individual, this will be done only with HMI Prisons' own personal protective equipment (PPE) and normally by the HMI Prisons health inspector.

- Speaking to staff. This will also be done while walking around establishments and while maintaining suitable distance.
- Surveys of children and staff will also be undertaken.
- The off-site inspector can check record and data as required.
- Maintaining a direct link with Independent Monitoring Boards (IMBs). The IMBs are gathering considerable information from forms of remote monitoring, including a telephone line set up specifically for children. This information will continue to be shared with HMI Prisons as it was during the short scrutiny visits (SSVs). We will continue to provide the IMBs with our findings.

Health and safety

The detailed health and safety guidance established for SSVs has been updated in light of current knowledge and circumstances, with the aim of minimising the risk of spreading infection when carrying out SVs. Risks and mitigations are extensively documented in the current version of HMI Prisons' COVID-19 health and safety guidance, which is available on our website.

Safeguarding and sanctions

HMI Prisons will continue to follow its existing safeguarding and sanctions protocols.^{vi}

7. Reporting findings

HMI Prisons will provide written briefings to individual establishments, HM Prison and Probation Service (HMPPS) and health providers in the same week as the visit. Within one month of the visit, HMI Prisons will publish an individual establishment report on the treatment of and conditions for children during the recovery from COVID-19. The report will include a commentary on the pace of progress towards reintroducing constructive and rehabilitative regimes. Recommendations made in previous full inspection reports will not be followed up at scrutiny visits (SVs), but recommendations made at a previous SV will be.

HM Chief Inspector of Prisons (HMCIP) may write to the Secretary of State to bring to their attention serious concerns that in their judgement require immediate attention. HMCIP reserves the right to publish any such correspondence. However, the Urgent Notification process, which was designed with full inspections in mind, will not be used for SVs. The reports will be structured as follows:

- Introduction
- Fact page
- Where relevant, judgements on previous key recommendations
- Key concerns and recommendations from this visit
- Notable positive practice
- Main findings under healthy prison areas
- Photographs where useful

Surveys of children and staff will be published alongside the report on the HMI Prisons website.

HMI Prisons may collate the findings of individual visits to produce thematic reports on specific issues that affect the whole estate.

8. Conclusion and implementation

HMI Prisons' developing approach to scrutiny during the COVID-19 pandemic will enable greater depth and breadth of scrutiny and more triangulation of evidence. The scrutiny visits (SVs) will

continue to provide constructive and evidence-based commentary, which also tells the story of life in establishments holding children during recovery from the COVID-19 crisis. The reports will be published quickly enough to influence decisions.

The SV methodology is intended to be sufficiently flexible to allow for more intensive scrutiny and longer visits as conditions improve. It will be subject to regular review to ensure that HMI Prisons' approach is responsive to changing circumstances. The viability of returning to the full inspection methodology is also under constant review and they will be re-established as soon as it is safe and practicable to do so.

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- ⁱ As recognised by the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (SPT), the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) and the World Health Organization (WHO), it is crucial that National Preventive Mechanisms (NPMs) can continue to exercise their mandate, as set out in OPCAT (Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment), throughout the COVID-19 outbreak, particularly in light of the risks the outbreak poses to those detained. At times of crisis and operational pressure, the risks of both conscious and unintentional mistreatment increase, and external perspective and oversight of closed institutions can be even more important than usual. The SPT guidance stresses these points and states that NPMs, 'should continue to undertake visits of a preventive nature, respecting necessary limitations on the manner in which their visits are undertaken'. The CPT states that, 'Monitoring by independent bodies, including National Preventive Mechanisms ... remains an essential safeguard ... States should continue to guarantee access for monitoring bodies to all places of detention, including places where persons are kept in quarantine'. For more information, see the accompanying human rights scoping document, HMI Prisons, *COVID-19 Human Rights Scoping*, July 2020.
- ⁱⁱ There are significant limitations to what can be learned from data alone. During inspections, we view data as a starting point and our final conclusions often diverge from the direction in which it was initially taking us. The quality of information also depends on careful recording; in the current situation we may be able to place less reliance on full and thorough records given that staff may have other urgent priorities.
- ⁱⁱⁱ This is an indicative timetable and may be subject to minor variations in light of circumstances.
- ^{iv} The selection of the relevant *Expectations* and the development of the guidance questions followed a human rights scoping exercise specific to COVID-19, [available on our website](#). This exercise looked at standards applicable across detention settings. In addition, in relation to children who are detained, specific standards include the following:
- the detention of a child must be a last resort and be imposed for the shortest possible period of time. Children must be informed of any charges against them and have prompt access to legal and other assistance, including to prepare their defence. Criminal matters must be determined without delay by an independent and impartial body and children must be able to challenge, and receive a prompt decision about, the legality of their detention before an independent and impartial body;
 - the best interests of the child must be a primary consideration in all actions concerning them;
 - children must be able to express their views on matters affecting them and those views must be given due consideration;
 - the State must ensure that children are provided with the protection and care necessary for their well-being and take effective measures to protect them from all forms of abuse. Child protection services must continue to function and be available during the pandemic.
 - children must be protected from discrimination or punishment on the basis of the status or activities of their parents/guardians and other family members;
 - the State must take all appropriate measures to promote the recovery of children who have experienced abuse or neglect;
 - children deprived of their liberty must be treated with humanity, and in a manner consistent with the promotion of their dignity and sense of self-worth and which takes into account the needs of someone of their age;
 - children deprived of their liberty shall be kept separately from adults unless it is in their best interests not to do so;

- children deprived of their liberty must be able to maintain and develop family relationships in as normal a manner as possible. Restrictions on visits must be strictly necessary and proportionate and regularly reassessed, taking into consideration the impact of the restrictions on children;
- children have the right to engage in rest and leisure, including age-appropriate recreation activities. During the pandemic, alternative and creative solutions to providing activities should be explored, including supervised outdoor activity at least once a day;
- children released from detention must be provided with assistance and support to meet their needs, including in relation to housing, clothing, healthcare and food;
- children must be provided with information about COVID-19 and how to prevent infection in a range of age-appropriate languages and formats that they understand.

In relation to the education of children during the pandemic, the Committee on the Rights of the Child has called on States to “Ensure that online learning does not exacerbate existing inequalities or replace student-teacher interaction. Online learning is a creative alternative to classroom learning but poses challenges for children who have limited or no access to technology or the Internet or do not have adequate parental support. Alternative solutions should be available for such children to benefit from the guidance and support provided by teachers.”

See United Nations Convention on the Rights of the Child; Council of Europe, *Recommendation CM/Rec(2008)11 of the Committee of Ministers to member states on the European Rules for juvenile offenders subject to sanctions or measures*,

https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016805d2716; *United Nations Rules for the Protection of Juveniles Deprived of their Liberty ('Havana Rules')*,

https://www.unodc.org/pdf/criminal_justice/United_Nations_Rules_for_the_Protection_of_Juveniles_Deprived_of_their_Liberty.pdf; Office of the High Commissioner of Human Rights (OHCHR), *Internal HRTB toolkit of treaty law perspectives and jurisprudence in the context of COVID-19*, May 2020 (updated 15 July 2020), p. 18, https://www.ohchr.org/Documents/HRBodies/TB/COVID19/HRTB_toolkit_COVID_19.pdf;

Committee on the Rights of the Child, “The Committee on the Rights of the Child warns of the grave physical, emotional and psychological effect of the COVID-19 pandemic on children and calls on States to protect the rights of children”, 8 April 2020,

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT/CRC/STA/9095&Lang=en; and Council Of Europe, “Statement by the Lanzarote Committee Chair and Vice-Chairperson on stepping up protection of children against sexual exploitation and abuse in times of the COVID-19 pandemic”, 3 April 2020, <https://rm.coe.int/covid-19-lc-statement-en-final/16809e17ae>. Specific references can be found in the full human rights scoping document.

- ^v Numbers in brackets refer to the number of each expectation as it appears in the *Expectations: Criteria for assessing the treatment of children and conditions in prisons*.
- ^{vi} These can be found at <https://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>.