

Report on a scrutiny visit to

HMYOI Wetherby and the Keppel unit

by HM Chief Inspector of Prisons

19 and 26–27 January 2021



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Introduction

HMYOI Wetherby is a young offender institution in Yorkshire with space for up to 336 boys aged between 15 and 17, including 48 spaces on the Keppel unit, a specialist facility within the establishment that is designed to hold particularly vulnerable children. During the COVID-19 pandemic the number of children in custody has fallen across England and Wales and at the time of our visit the site held 173 children, including 21 on the Keppel unit.

We last visited the establishment in April 2020 at the outset of the pandemic and found that, while swift action had been taken by managers to prevent the spread of COVID-19, children were subject to a very limited regime of just one hour out of cell each day. On this visit we found that progress had been made, with evidence of improving outcomes in the areas of safety and care. However, too little had been done to make sure that children at Wetherby and Keppel received consistent education and were meaningfully involved in their sentence planning.

At the start of the pandemic, managers placed children in small 'family groups' and established quarantine arrangements (cohorting) for new arrivals, those who were symptomatic or close contacts of symptomatic children and those who were particularly vulnerable to COVID-19. At the time of our visit, these cohorting arrangements were operating appropriately for the most part, although we were concerned that new admissions to Keppel unit had little human interaction during their first few days.

It was clear that leaders' responses to the pandemic had fundamentally altered life for children at Wetherby and Keppel. There had been some improvements: levels of both violence and self-harm among children had reduced, although oversight in these areas needed improvement. Children and staff told us that the smaller group sizes had improved relationships and children's perceptions of staff in our survey were generally positive.

The impact of the restrictions on time out of cell and access to education was poor. Regular face-to-face education had only been restarted for most children during the weeks immediately before our visit. For much of the preceding nine months, most education had been delivered through in-cell packs and time out of cell was very limited. In our survey, only about 30% of children said they spent more than two hours out of their cell each day and very few said they found the in-cell education packs helpful.

Health care was well led and most services had been reinstated. There was no waiting list to see a nurse or GP but waits were excessive for a dentist, optician or speech and language therapist. Most children were receiving mental health support from a responsive child and adolescent mental health service.

Long-standing delays with mental health transfers continued. Over the last 12 months all six children who had been transferred to mental health facilities had waited for too long. At the time of our visit, one boy had been waiting for more than six weeks and no realistic timeframe had been set for his transfer to hospital. These delays meant that very unwell children continued to live in an establishment with no capacity to provide the specialist care that they needed. These routine delays demonstrate a lack of will by the Ministry of Justice and the Department of Health and Social Care to provide adequate care for some of the most vulnerable children in society.

It was positive that social visits had continued and the recent work to increase the use of video calling (Purple Visits) was something that other establishments could learn from. Resettlement case workers had maintained contact with children, but sentence planning meetings too often took place without the child and they became detached from the process.

We found positive outcomes in the areas of safety and care, but future progress depends on managers' ability to increase safely the number of children who can be unlocked together. There is evidence that the prolonged use of very small 'family groups' had resulted in tension between groups and children becoming unused to mixing with others. This had understandably created anxiety among staff and children about mixing different groups together. This needs to be addressed so that more activity and interventions can be delivered for children at Wetherby and Keppel.

Charlie Taylor

HM Chief Inspector of Prisons

January 2021

About HMYOI Wetherby and the Keppel unit

Task of the establishment

To hold in custody children aged between 15 and 18 years committed by the courts

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

Children held at the time of this visit: 173 (including 21 on Keppel unit)

Baseline certified normal capacity: 336 (including 48 on Keppel unit)

In-use certified normal capacity: 336 (including 48 on Keppel unit)

Operational capacity: 336 (including 48 on Keppel unit)

Prison status (public or private) and key providers

Public

Physical health provider: Leeds Community Health Care NHS Trust

Mental health provider: South-west Yorkshire NHS Foundation Trust

Substance misuse treatment provider: Leeds Community Health Care NHS Trust

Prison education framework provider: Novus

Escort contractor: GeoAmey

Prison group/Department

Youth Custody Service

Brief history

A former naval base, Wetherby became a borstal in 1958 and has since changed its role from an open youth custody centre to a closed young offender institution holding boys aged between 15 and 18 years old. Keppel unit is a specialist facility located within the Wetherby perimeter fence. The unit manages children with complex needs.

Short description of residential units

Anson unit: nine-cell segregation and a nine-cell progression landing

Benbow: 48 bed unit with accommodation for restricted status children

Collingwood: 60 bed standard accommodation for enhanced children and currently reverse cohort unit

Drake, Exmouth and Frobisher: 60 bed standard accommodation

Keppel: 48 bed complex needs unit

Napier: six-bed enhanced support unit

Governor/director and date in post

Peter Gormley, July 2020

Changes in governor since last inspection

Craig Lowe, September 2019 to July 2020

Andrew Dickinson, October 2016 to September 2019

Independent Monitoring Board chair

Catherine Porter

Date of last inspection

Full inspection: March 2019

Short scrutiny visit: April 2020

Summary of key findings

Key concerns and recommendations

- S1 Key concerns and recommendations identify the issues of most importance to improving outcomes for children and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of children.
- S2 During this visit we identified some areas of key concern and have made a small number of recommendations for the establish to address.
- S3 **Key concern:** Keppel unit had relatively few new receptions and it was rare for more than one child to arrive on the same day. The need to reverse cohort on a separate spur of the unit meant that these children had no interaction with their peers for up to 14 days after arrival. Given their vulnerability, this social isolation was a concern.
- Recommendation: Newly arrived children should have consistent meaningful human contact throughout their first few days, including safe contact with their peers.** (To the governor)
- S4 **Key concern:** Despite previous recommendations, body-worn video cameras were not routinely activated by staff. This had been raised several times as a concern at the safeguarding meetings, but little progress had been made to resolve the situation.
- Recommendation: Body-worn video cameras should be routinely activated by staff at the outset of an incident and this should be robustly monitored by prison leaders.** (To the governor)
- S5 **Key concern:** Although children on ACCTs felt cared for by staff, there were significant weaknesses in the quality assurance of ACCT documentation.
- Recommendation: Managers should ensure that monitoring and quality assurance of ACCT processes and documentation are carried out regularly.** (To the governor)
- S6 **Key concern:** Children requiring transfer to secure mental health beds for specialist care and treatment in hospital under the Mental Health Act waited for far too long. At the time of our visit, one child had been waiting 44 days in segregated conditions and subject to constant watch, with no realistic timescale for his transfer. Such delays caused unnecessary anxiety and anguish for extremely vulnerable children.
- Recommendation: Children who are referred for secure in-patient transfer under the Mental Health Act should receive a swift assessment in line with national guidelines and subsequent transfers should take place within 14 days.** (To the Ministry of Justice)
- S7 **Key concern:** The majority of initial sentence planning meetings took place without the child and appropriate residential staff. This undermined the quality of sentence plans and meant that children were not aware of their targets while in custody.
- Recommendation: Children should attend and participate in sentence or remand planning meetings with the case worker, youth custody team and residential staff.** (To the governor)

S8 **Key concern:** In our survey, only 31% of children on the main site and 29% on Keppel unit said they spent more than two hours out of their cells a day. At the time of our visit, most children had about four hours 30 minutes out of their cells on a weekday, although during the previous 10 months children had received significantly less than this. The weekend regime for children was particularly poor, with many children reporting having about 45 minutes out of cell.

Recommendation: Leaders should increase the amount of time children spend engaged in activity out of their cells, in particular the weekend regime should be improved. (To the governor)

S9 **Key concern:** Prison managers had been too slow to address the increasing number of telephone calls which needed monitoring. This had resulted in a substantial backlog of calls which had not been listened to, ill-informed reviews and extension to monitoring.

Recommendation: The backlog in telephone monitoring should be addressed as a matter of urgency to ensure that risk is managed and the public are protected. (To the governor)

Education, skills and work (Ofsted)

S10 During this visit Ofsted inspectors conducted an interim assessment of the provision of education, skills and work in the establishment. They identified steps that the prison needed to take to meet the needs of children, including those with special educational needs and disabilities.

Next steps

- S11 Leaders and managers should continue to increase the hours of education, skills and work that children receive, ensuring that they access a full curriculum as soon as possible by attending classes or by remote learning.
- S12 Leaders, managers and tutors should encourage learners to complete their education packs by reviewing their contents to make them more engaging and provide support to those who need help completing them.
- S13 Teachers should provide more specific and helpful feedback on learners' written and other assessed work to enable them to improve their knowledge and skills.
- S14 Leaders and managers should increase their level of oversight of teaching and learning to provide themselves with assurance of their quality.

Notable positive practice

S15 We define notable positive practice as innovative practice or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for children; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

- S16 Children who had not made any telephone calls during the previous week were visited by a member of the safeguarding team to offer support and identify any concerns (see paragraph 1.26).
- S17 The twice daily multidisciplinary briefings on Keppel unit were a good forum for making sure that up-to-date information about children was shared with all staff (see paragraph 2.2).
- S18 A member of staff had been appointed to take responsibility for the management and promotion of Purple Visits video calls. They took a proactive approach including booking visits for the children, incorporating Purple Visits into induction, speaking to children who had not had a Purple Visit and offering support to families. Within the previous two months, the take up of visits had increased by five times (see paragraph 4.2).

Section 1. Safety

In this section, we report mainly on leadership and management; arrival and early days; managing behaviour; and safeguarding and support for the most vulnerable children, including those at risk of self-harm.

Leadership and management

- I.1** There had been significant shortfalls in staff over the previous five months due to staff testing positive for COVID-19 or being contacted by track and trace and having to isolate. In contrast, only five children had tested positive since the start of the pandemic. This indicated that the measures put in place by managers had been largely successful in preventing the spread of the virus among the population.
- I.2** Leaders had established appropriate quarantine arrangements for children who were symptomatic, new arrivals and those who were particularly vulnerable to the virus. At the time of our visit, no children were symptomatic or shielding (see Glossary of terms). Time out of cell for children who were quarantined on arrival was more limited than for the main population. This was mitigated in part on the main site by frequent opportunities for meaningful interaction with staff and other children. The Keppel unit had far fewer new admissions, and we had concerns about the impact of this period of social isolation on some of the most vulnerable children in the criminal justice system.
- I.3** At the start of the pandemic, local efforts to deliver a regime which met the needs of children were undermined by the decision made by HMPPS to treat children in the same way as prisoners held in the adult estate. This significantly affected the outcomes for children who were unable to access key services, including education and visits. At the time of our visit the decision had been changed which enabled local leaders to provide face-to-face services to children.
- I.4** Leaders were visible to children and frontline staff, particularly on Keppel unit, and had maintained good levels of communication throughout the pandemic. In our survey, nearly all children knew about the restrictions and most said that these had been explained to them. While less than half the population felt that the restrictions were necessary, 74% on the main site and 77% on Keppel said that they had been kept safe from the virus. Similarly, in our staff survey, 82% of those who responded agreed that reasonable steps were being taken to keep them safe. Shared facilities were cleaned after each use and there was clear guidance on social distancing across the site. Social distancing was not always adhered to, but all staff wore surgical face masks when interacting with children and other staff. Leaders had ensured that sufficient handwashing facilities and personal protective equipment (PPE, see Glossary of terms) were available for staff.
- I.5** The pandemic had clearly affected staff morale badly. In our staff survey, 46% of staff said that morale had declined during the pandemic compared to just 9% who said it had improved. Many staff expressed frustration at the impact of the restrictions on the support they could deliver to children.
- I.6** At the time of our visit, leaders were delivering education on most days and children had about 4.5 hours out of cell on weekdays. This had not been the case for most of the previous nine months when children on the main site received very little education and less than two hours out of their cells each day. Leaders had maintained more consistent provision for children with the highest levels of need, including those on Keppel.

- 1.7** The pandemic and the response to it had had a significant impact on outcomes for children. In some areas there had been improvements: there was more consistency in daily life and smaller family groups or bubbles had improved relationships between staff and children. However, children received far less education and many had become detached from resettlement planning. There was also evidence that the prolonged use of very small family groups had made children less accustomed to social interaction and had led to tension between different groups.
- 1.8** In this context, there was understandable anxiety among staff and children about mixing groups which needed to be addressed before purposeful activity was increased. Leaders had plans for future improvements, but these also depended on strengthening safety measures so that more children could be unlocked together.
- 1.9** Some very good work had been carried out to make sure that children could keep in touch with their friends and family. Visits continued to take place and the allocation of a member of staff to support children and their families to use Purple Visits video calls (see Glossary of terms and paragraph 4.2) had transformed take up from below 40 calls a month to more than 200. This was exceptional and something the rest of the prison estate could adopt.

Arrival and early days

- 1.10** Wetherby and Keppel unit jointly received about 19 new arrivals each month. The reception area was spacious with appropriate signage and social distancing measures in place.
- 1.11** Some aspects of the reception process were completed at an open desk which compromised confidentiality. First night interviews were conducted in a private interview room. Children were able to shower, have a meal and make a phone call to a friend or family member before being transferred to their designated unit. Records that we examined showed that children did not have long waits in reception and were moved to the unit within two hours of arrival.
- 1.12** New arrivals were separated from the rest of the population for up to 14 days on one of the designated reverse cohort units (RCUs, see Glossary of terms) on Collingwood, Napier (the enhanced support unit) and Keppel. Cells on these units were equipped with in-cell telephones. First night cells that we inspected were adequately prepared. Children received a basic reception pack on arrival which included credit for the telephone. Some children had to wait too long for their first canteen which increased the risk of borrowing and getting into early debt.



A cell ready to be occupied

- I.13** Formal induction was conducted individually or in groups who had arrived together. Children also received an information booklet and an MP3 player with useful pre-recorded information about Wetherby for them to listen to during their first few days. Peer support was available on Collingwood. Staff told us that professional interpreting services such as Big Word would be used if required.

- I.14** Children who arrived on the same day could be unlocked together with appropriate social distancing. However, the regime was very restricted, with meals and medicines delivered to cells and time out of cell limited to about two hours 15 minutes a day during the week. This included one hour of exercise, a shower and short induction sessions. Distraction packs including quizzes, word searches and in-cell exercise routines were available for children.
- I.15** Induction arrangements on Keppel unit were in many respects similar to those on the main Wetherby site and included 30 minutes of exercise each day, one-to-one induction, in-cell distraction packs and as much spontaneous cleaning activity and conversations as staff could facilitate. The main difference was the lack of opportunity for interaction with other children. The number of new admissions was low and it was rare for more than one child to arrive on the same day to form a cohort group. They were isolated from other children for up to 14 days before joining a family group. Prison data showed that 82% of children living on Keppel unit had disabilities and, in our survey, 71% said they had spent time in the care of their local authority. The impact of social isolation at the start of their detention on this vulnerable group of children was a concern (see key concern and recommendation S3).

Managing behaviour

- I.16** The number of use of force incidents had reduced since the start of the pandemic. Records that we reviewed were adequate although in one case use of force paperwork had not been completed following an incident. Governance of the use of force had continued during the pandemic. Every incident was quality assured by a minimising and managing physical restraint (MMPR) co-ordinator and reviewed at the weekly restraint minimisation meeting. However, it was a significant concern that body-worn video cameras were not routinely activated by staff and, although it had been raised a number of times at the monthly safeguarding meeting, little progress had been made to resolve it (see key concern and recommendation S4). Adjudication and good order or discipline paperwork was quality assured by the deputy governor.
- I.17** The basic level of the incentives scheme had been suspended to reflect national policy. Children could be awarded merits for positive behaviour which they could use to buy items from the shop such as chocolate bars, toiletries and stationery.
- I.18** Since the start of the pandemic, there had been a reduction in the number of recorded assaults on children on the main site and Keppel unit. Assaults on staff by children on the Keppel unit had increased during the summer, but had since decreased to pre-pandemic levels. On the main site, assaults on staff had remained about the same as pre-pandemic levels. The prison had identified that the main driver of violence during the pandemic had been children shouting to each other from their windows and work was in progress to address this.
- I.19** Following a violent incident, the violence reduction coordinator had interviewed the children involved to offer support. Conflict resolution work had been limited while children were unable to mix and little thought had been given to facilitating this in other ways, such as by telephone. West Yorkshire Police had started working with children identified as having involvement in gangs. This programme was in its early stages and it was too soon to evaluate its effectiveness.
- I.20** We found examples of unofficial punishments including turning the water off in children's cells. The child protection team and senior managers were aware of this and had appropriately identified and challenged incidents of this kind, but more work was needed to prevent recurrence.

- I.21** Violence and the use of force were discussed at the monthly and quarterly safeguarding meetings (see paragraph I.27).
- I.22** In our survey, 53% of children on the main site and 59% on Keppel unit said they had been locked up and kept away from other children as a punishment. The use of separation had generally been lower than before the pandemic, although in October and November 2020 it had risen to pre-pandemic levels. This had been attributed to an increase in violence and shouting from windows during those months, and the prison was using the violence reduction plan to respond to this.
- I.23** The segregation unit was clean and bright. Staff were relaxed and approachable, and children were positive about their treatment on the unit. Isolated children had access to daily telephone calls, showers, exercise and outreach from education. There was no electricity to access television and no in-cell telephones despite the cabling being in place. Reintegration planning had been well managed. The independent monitoring board no longer participated in segregation review meetings. Children who were separated on the wings received the same regime as those in the segregation unit and were visited each day by managers. Although not fully operational, the enhanced support unit, Napier, was a promising initiative to support children with complex needs.
- I.24** Children with restricted status had the same regime as the main population. They were able to attend education on a morning or afternoon from Monday to Thursday and physical education twice a week. They could eat together in their family groups on alternate days. Despite their individual needs, children with restricted status could not be placed on Keppel unit for security reasons. Children for whom Keppel would have been an appropriate placement could spend limited time on the unit during the day but otherwise had to remain on the main site.

Safeguarding and support for the most vulnerable, including those at risk of self-harm

- I.25** In our survey, 8% of children on the main site and 12% on Keppel unit said they felt unsafe, with 38% and 44% respectively reporting verbal abuse from other children and 18% and 31% threats and intimidation from other children. About one-third of children across the site said that they had been verbally abused by staff.
- I.26** Most of the case notes that we examined demonstrated that staff checked on the welfare of children frequently, although some entries were perfunctory. In our survey, 69% of main site children and 77% from Keppel said that if they had a problem, there was a member of staff they could turn to. The weekly safeguarding meetings identified children who had not made any telephone calls the previous week. They were visited by a member of the safeguarding team to offer support and identify any concerns, which was good.
- I.27** A range of issues across the whole site were discussed at the monthly and quarterly safeguarding meetings including safer custody, violence reduction and child protection. Meetings were well attended in person or by telephone conference call. However, records of these meetings did not provide enough evidence of detailed analysis of patterns and trends to address identified concerns and to learn from good practice.
- I.28** Child protection referrals were investigated quickly and thoroughly and children received additional support from the safeguarding team during the investigation. The investigation team consisted of a designated social worker, the establishment child protection coordinator and, if required, senior or skilled representatives such as the MMPR coordinator. Records were kept of the investigation and the decision-making process and children were kept

informed and provided with a response. Agencies who had made complaints were also kept informed.

- I.29** The governor or a representative continued to attend the Leeds Safeguarding Children Partnership (LCSP), which met quarterly. There was a good working relationship with the LCSP and the local authority designated officer, who was always consulted during child protection investigations.
- I.30** Family and community professionals were able to raise safeguarding concerns with the prison through a designated telephone line. Staff across the establishment were aware of the appropriate procedures for reporting concerns about the safety of a child. We saw examples of concerns raised by staff which had been appropriately investigated.
- I.31** Overall, the number of recorded self-harm incidents had decreased since the start of the pandemic, although there had been an increase in levels in July 2020 which had been attributed to a small number of complex children. The Keppel unit had followed a similar pattern with a spike in July which had decreased substantially by the end of the year.
- I.32** Children at risk of self-harm whom we spoke to felt cared for. Staff were knowledgeable about the children in their care and aware of why they were supported through the ACCT process (assessment, care in custody and teamwork case management of children at risk of suicide or self-harm). ACCT documentation indicated that participation at case reviews was limited to child and adolescent mental health services (CAMHS) with some contribution from the chaplaincy. The documentation also demonstrated little evidence of regular engagement with children's families and most entries were observational with no evidence of meaningful interaction. We were extremely concerned that ACCT documents for two different children contained the same initial case review with only a change of name. Quality assurance of ACCT documentation was weak (see key concern and recommendation S5). Care maps were adequate and case management on Keppel was consistent.
- I.33** All children received hourly welfare checks from staff between 7am and 10pm. Isolating children on the RCU could exercise outdoors with other children who had arrived on the same day. If only one child had arrived on a particular day, they told us that staff regularly checked on them and talked to them.
- I.34** Some children told us that their cell call bells were not always answered quickly. Records indicated that 77 tests had been carried out by managers on the main site during the previous four months, 23 of which had taken more than five minutes for staff to answer. It was not clear what action had been taken in these cases.
- I.35** Children could contact a number of telephone support lines free of charge from their in-cell phones. When we tested the safer custody telephone line, it was responded to quickly.

Section 2. Care

In this section, we report mainly on relationships between children and staff; living conditions; complaints, legal services, consultation, food and canteen; equality, diversity and faith; and health care.

Relationships between children and staff

- 2.1** During the pandemic the population had been divided into family groups of four children. Children could participate in most activities in these groups which were being expanded to eight children at the time of our visit. Children and staff said that these smaller groups had improved relationships between staff and children. In our survey, more than 80% of children at both sites felt that most staff treated them with respect and 61% at Wetherby and 82% at Keppel felt cared for by staff. These were higher percentages than we usually see.
- 2.2** Most staff we spoke to were knowledgeable about the children in their care and we observed respectful relationships across the establishment. Multidisciplinary briefing meetings had been retained twice a day on Keppel unit with appropriate social distancing. They remained a very good forum for ensuring that staff on the unit had up-to-date information about the children.
- 2.3** Each child was allocated a custody support plan (CuSP) officer whom they met regularly to discuss any concerns. Staff carried out welfare checks on children every hour.

Living conditions

- 2.4** All children lived in single cell accommodation. The standard of cells varied. Some cells, particularly on Keppel unit, looked shabby, were not child friendly and lacked personalisation. Cells on Keppel had showers. Hand-drawn pictures of rainbows in support of NHS workers above cell doors on Keppel and a large mural on a wall which children had helped to create were good examples of constructive activity.



Artwork by children on Keppel

- 2.5** In our survey, 85% of children on the main site and 94% on Keppel unit said they were provided with clean sheets each week, but only 61% and 65% respectively said they were given enough soap or hand sanitiser. Most children said they were able to keep their cells clean. Cleaning trolleys on each spur of Keppel provided children with regular access to the cleaning materials they needed. Children on that unit also benefited from in-cell showers.



Cell shower area on Keppel unit

- 2.6** In our survey, 57% of children on the main site and 53% on Keppel said that communal areas were clean. We observed that cleanliness in most areas was adequate. There was more evidence on Keppel of children helping to clean communal areas, but since the start of the pandemic most of the cleaning of communal areas had been incorporated into prison officers' daily duties. Some areas had not been cleaned properly, for example a wing servery was found several hours after a meal with a large number of unwashed dishes.



Servery area in Collingwood

- 2.7** Since our last full inspection, telephones had been installed in each cell which was appreciated by children. Further refurbishment work was in progress on the four main wings to install in-cell showers, but this was at an early stage with only prototype cells completed.

- 2.8** In our survey, 80% of children on the main site and 71% on Keppel said that they had enough clean clothes each week. Laundry was facilitated each week and each unit had its own laundry room, but they were shabby and needed redecoration.



Laundry area

Complaints, legal services, consultation and food and shop

- 2.9** A children's council had been established but meetings had ceased during the initial months of the pandemic and restarted in June 2020. However, the council meetings and consultations with children had not been held each month which undermined the consultation process. Each unit had its own consultation arrangements at varying intervals. All children had been surveyed in June 2020 to incorporate their views into the prison's pandemic recovery plan (see Glossary of terms).
- 2.10** Complaints had reduced at the beginning of the pandemic, although they had been steadily rising since August. Prison managers analysed complaints each quarter, which prevented early identification of trends. Complaints did not always receive a full reply and some responses were superficial. Quality assurance had not been completed for several months. Applications to put pin phone numbers on to children's accounts often took too long.
- 2.11** In our survey, 66% of main site respondents and 93% on Keppel said the food was good or reasonable. Lunch and evening meals were not always served at scheduled times. We found several examples of food being served an hour early with 16 hours between the evening meal and breakfast. Children on Keppel were able to eat one meal a day with their peers, but most children ate all their meals alone in their cell.

Equality, diversity and faith

- 2.12** Managers had maintained oversight of equality throughout the pandemic. The equality team monitored data and presented a regular report to the senior management team. In most areas data on treatment or access to services were not compared to population data which made it difficult for managers to identify differences in treatment.
- 2.13** Regular consultations were held with children at Wetherby and Keppel to discuss a range of protected characteristics. These meetings rarely focused on issues of equality, however, and more often concentrated on general problems on the wings. Consultations on Keppel sometimes involved only one child.
- 2.14** The regime restrictions had prevented some work to promote and celebrate equality and diversity, but the equality team had maintained a calendar of events and a regular newsletter.
- 2.15** Complaints about discrimination were investigated thoroughly within the recommended time frames. A useful analysis of these complaints was completed every six months.
- 2.16** Corporate worship had been suspended during the pandemic, but the chaplaincy gave children individual support to enable them to practise their faith.

Health care

- 2.17** Effective liaison at strategic and operational level between Public Health England, NHS England & Improvement, health care and Wetherby ensured good management and oversight of the response to the pandemic. Managers had excellent oversight of service delivery and restoration plans and were visible across the prison. Clinical areas were clean and well appointed and environmental risk assessments had been carried out in line with COVID-19 protocols. Additional emergency kit had been acquired in line with national guidelines which was subject to regular, documented checks.

- 2.18** There were robust arrangements for the management of new arrivals and children who tested positive for COVID-19. New arrivals received PCR swab testing on day one and day six and children who tested negative could leave the reverse cohort unit (RCU, see Glossary of terms). Children received an enhanced reception health care screen within two hours of arriving and a multidisciplinary CHAT assessment (comprehensive health assessment tool). Children who tested positive received a health care review each day and there was effective liaison between health care and the prison COVID-19 team. Clinical leaders had developed pictorial 'one-minute guides' for all staff to use in the management of symptomatic children, which was good.
- 2.19** Primary care staffing levels had been maintained throughout the pandemic with minimal use of agency staff and care had been delivered 24 hours a day across the site. Children were given appointments to see GPs and nurses in treatment rooms on the wings and a prison officer was detailed each day to ensure smooth running. Did-not-attend rates were low and, at the time of our visit, there was no waiting list for a GP appointment. Staff told us this was an effective use of resources which reduced the need for children to wait in the health care waiting area. Referrals were triaged each day and communication between all services had been enhanced by the addition of a daily virtual handover at lunchtime. At the time of our visit, 11 children with long-term conditions had been allocated to the 'virtual ward' which enabled improved oversight and monitoring of their condition and associated care plan.
- 2.20** The patient engagement and wellbeing lead and the health promotion practitioner supported 40 children. They had adapted their service to meet the needs of children who had developed sleep problems and weight gain in response to the curtailed regime. They facilitated a whole-prison approach to address individual needs by involving PE instructors, Kinetic Youth (a contracted youth services team working in the prison) and kitchen staff, which was commendable.
- 2.21** Dental services had continued to provide emergency treatment throughout the pandemic and, at the time of our visit, were delivering routine dental care and treatment with appropriate safeguards for the management of the room and aerosol-generating equipment. All staff, including supervising custody staff, had been fit-tested for FFP3 face masks and the dental suite was clean and well ordered. Dental staff had implemented a referral triage form for health care staff to aid the classification of emergency, urgent and routine treatment, which was good. Additional appointments were taking place to address the waiting list.
- 2.22** Children had limited access to an optician whose contract had ended, but health staff used community opticians for children requiring urgent eye tests or glasses. At the time of the visit, a new optometry provider had been secured who planned to provide extra sessions to address the 49-week waiting list. Children had good access to a physiotherapist who attended the prison each month and provided remote triage and advice. A speech and language therapist provided remote advice but had accrued a 20-week waiting list, which was too long.
- 2.23** At the time of our visit, 92 children were being supported by a responsive child and adolescent mental health service (CAMHS) which delivered care and treatment seven days a week. Virtual handovers took place twice a day which ensured effective communication among the team who had a good range of disciplines. Enhanced support arrangements were made for the most vulnerable children, and custody staff and children we spoke to valued the CAMHS team. Clear pathways were in place for neuro-disability, wellbeing, complex cases and Secure Stairs (see Glossary of terms) and the recent appointment of a nurse specialising in self-harm was promising. CAMHS and the prison worked closely together and CAMHS staff attended all ACCT and good order or discipline reviews. Children receiving mental health medications were subject to physical health monitoring in line with national guidance. Regular medication reviews were held and arrangements were made for children who were released and required mental health support.

- 2.24** Mental Health Act transfers to secure in-patient units were taking far too long despite the efforts of CAMHS and the prison. During the previous 12 months, six children had been transferred out, none within the guideline of 14 days and the longest taking 38 days. Since March 2020, providers had been taking too long to assess children for transfer, in one case taking four weeks. We were very concerned about one child who was being managed on constant watch in segregated conditions. At the time of our visit, he had been waiting 44 days for transfer to hospital to receive the specialist care that he urgently needed. There were apparently no medium secure beds to transfer him to (see key concern and recommendation S6).
- 2.25** The Young Persons' Drug and Alcohol Support Service (YPDASS) was providing psychosocial support to 53 children at the time of our visit. No children were receiving opiate substitution therapy. YPDASS were seeing patients face to face when appropriate and made good use of the in-cell telephones. They were aware that the curtailed regime had changed the substance misuse needs of children and they gave good discharge support to children leaving custody.
- 2.26** There was good clinical oversight of medicines by a remote clinical pharmacist who led clinical audit and participated in the monthly medicines management meeting. Two senior pharmacy technicians led a team of technicians who ensured that reconciliation of medicines was timely following reception and that prescriptions were continuous. Patients could access urgent medicines and in-possession risk assessments that we looked at were appropriate and reviewed regularly. Medicines were administered up to four times a day from hatches on the wings, although evening medications were administered from a trolley. This created unnecessary risks, particularly as some children were unlocked on the wings during medicine administration.

Section 3. Purposeful activity

In this section we report mainly on time out of cell, access to the open air, provision of activities, participation in education and access to library resources and physical exercise. Ofsted inspectors joined us on this visit to provide an assessment of the provision of education, skills and work in the establishment. They focused on:

- What actions are leaders taking to provide an appropriate curriculum that responds to the reasonable needs of children and stakeholders and adapts to changed circumstances?
- What steps are leaders, managers and staff taking to make sure the approaches used for building knowledge and skills are appropriate to meet the reasonable needs of children?

A summary of their key findings is included in this section. Ofsted's interim visit letter is published in full on our website: <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>

- 3.1** In our survey, only 31% of children on the main site and 29% on Keppel unit said they spent more than two hours out of their cells a day and 75% and 82% respectively said they were able to have time in the fresh air. At the time of our visit, most children had about four hours 30 minutes out of their cells on a weekday, although during the previous 10 months children had received significantly less than this. The weekend regime for children was particularly poor, with many children reporting receiving just 45 minutes out of cell. Work was required to expand the regime further (see paragraph S8).
- 3.2** Children on Keppel unit had had a similarly restricted core day. Over the previous two months, they had received just under four hours out of cell each weekday and between two and two and a half hours on Saturday and Sunday. They had 30 minutes outside in the exercise yard each day with the option of outdoor activities which many of the children enjoyed. The regime had improved during the week of our visit.
- 3.3** In-cell activity packs were available and, in our survey, 62% on the main site and 59% on Keppel said they had been provided with packs. Only 26% and 20% of children respectively said that they were helpful (see paragraph S12).
- 3.4** Kinetic Youth workers (see paragraph 2.20) undertook useful one-to-one work with children, for example on Keppel they were helping a child who did not speak English as their first language to develop their understanding and use of English.
- 3.5** PE provision was good and most children were able to access PE at least twice a week. The facilities were very good and the PE department worked well with the patient engagement and wellbeing lead to address children's concerns about weight gain (see paragraph 2.20). The new PE facilities on Keppel unit, with a dedicated PE instructor, was a good resource which was being used well.
- 3.6** Children were able to take footballs out to the otherwise stark exercise yards which was positive and helped to normalise the environment. The work under way on Keppel unit to add a new outside PE area to the exercise yard was a positive initiative which would allow more children to have productive time outside at the same time.
- 3.7** Children had limited access to library facilities as the main library was closed. Each unit held a small selection of library books for children to use. Since the reopening of the education department, children had been able to put in an application for specific books. Books were quarantined for a short period when they were returned to prevent the risk of infection.

- 3.8** Access to education, skills and work had fluctuated during the pandemic. The great majority of children on the main site had only just returned to 12 hours a week of face-to-face education after many months with less than seven hours a week. The small number of learners on the specialist units had benefited from 15 hours of face-to-face education from the early stages of regime restrictions.
- 3.9** When face-to-face education had resumed, leaders and managers had designed a model of delivery based on 'bubbles' of four children which made learners feel safe and more willing to engage in education. Attendance was high.
- 3.10** Managers and teachers had continued to provide most of the vocational pathways that had been available before the pandemic, although with reduced hours of delivery. For example, learners worked in the bistro to develop their hospitality and catering skills.
- 3.11** Teachers had focused well on addressing the gaps in learners' knowledge that had arisen during the early stages of the pandemic. In mathematics this had been tackled by activities such as revising learners' arithmetic skills without the use of calculators.
- 3.12** Teachers had enabled learners to continue to make progress during the pandemic. They had ensured that children achieved qualifications during summer 2020 through centre-assessed grades in English and mathematics GCSE (grades which schools and colleges assessed that students were most likely to have achieved if examinations had gone ahead).
- 3.13** The feedback that teachers gave to children on their written work was not specific enough to help them understand what they needed to do to improve their skills and knowledge (see paragraph S13).
- 3.14** Formal observations of teachers had ceased, and leaders and managers were not able to quality assure the teaching (see paragraph S14).

Section 4. Resettlement

In this section, we report mainly on contact with children and families; sentence progression and risk management; and release planning.

Contact with children and families

- 4.1** Domestic visits had restarted in June 2020 despite restrictions in the community and the wider Prison Service. The visits hall had been redesigned to enable social distancing. Restrictions on visits included face masks, screens, timings and a lack of refreshments. Take up was low due to concerns among families regarding travelling and health and safety restrictions making visits less desirable for children and their visitors. Each child could have one social visit a week.



The visits hall

- 4.2** Purple Visits (see Glossary of terms) had started to operate video calls in June 2020, with initially a low take up averaging 36 visits a month. In December a member of staff appointed to take responsibility for Purple Visits had taken a number of initiatives to promote the service which included: ensuring that Purple Visits were included in induction; sending booking information to the registered next of kin rather than to the child; identifying and approaching children who had not had a Purple Visit to ask if they or their family needed help with the process. They also allowed additional Purple Visits for children who had communication difficulties. Within two months the take up of Purple Visits had increased from an average of 36 to an average of 225 visits a month.
- 4.3** Children were provided with an additional £15 in phone credit each week to use on the phones in their cells. This helped them to keep in touch with their families which they appreciated. The 'email a prisoner' scheme allowed families to send and receive emails from their children. An average of 10 to 20 emails a day were processed.
- 4.4** Case workers contacted family members when a child arrived and remained in touch. We saw good examples of family members involved in sentence planning meetings.

Sentence progression and risk management

- 4.5** Not all children had an up-to-date risk assessment. While this was the responsibility of the community youth offending team (YOT), this was not challenged by resettlement case workers or managers at the establishment. Children and residential staff were rarely involved in sentence and remand planning meetings and too few children were aware of their targets and how to achieve them (see key concern and recommendation S7). In our survey, only 34% of children on the main site and 44% on Keppel unit said that they knew what their targets were. Reviews of children's sentence plans were not held consistently.
- 4.6** Children we spoke to knew who their individual case worker was and spoke positively about the support they received.
- 4.7** Interventions had stopped at the beginning of the pandemic but had restarted in October 2020. Prison managers had planned this carefully, starting with children whose programme had been interrupted by the pandemic and focusing on shorter programmes to maximise delivery. Case workers had not included referrals in initial sentence plans and waiting lists for the programmes were short. Some one-to-one work had continued throughout the pandemic, particularly on Keppel where some children had continued offending behaviour work with assessments completed.
- 4.8** During the pandemic, community social workers were not always able to see looked-after children to fulfil their statutory duties and YOT workers mostly operated remotely because of limited availability of professional visits. Resettlement case workers facilitated communication between community agencies and children, but this affected their capacity to undertake resettlement work. Social workers and YOTs were included on children's telephone numbers list but this relied on the child making contact at their own expense.
- 4.9** Planning for transition to the adult estate was adequately focused on the individual child's needs and staff on Keppel unit were aware of the anxiety this could cause to the child. Some adult establishments refused to accept children which created unnecessary delays. Children on remand did not always have a transition meeting despite the efforts of managers at Wetherby. A small number of 18-year-olds transferred directly to open conditions, which was positive.

4.10 Interdepartmental risk management team meetings took place each month and were well attended by a range of disciplines. The meetings focused on children on mail and telephone monitoring for public protection. At the time of our visit, 18 children were subject to mail and telephone monitoring. A three-month backlog in call monitoring had resulted in a lack of evidence to inform public protection monitoring reviews and the extension of monitoring in some cases (see key concern and recommendation S9). Prison managers were aware of the backlog but had failed to provide resources to address it.

Release planning

4.11 The prison released an average of 25 children a month. In our survey, only 24% of children at Wetherby and 59% of children on Keppel unit said that anyone was helping them prepare for release. This was concerning. All children were provided with accommodation on release although this was not always arranged in good time, which hampered other important elements of resettlement, for example substance misuse and health care provision.

4.12 Children were given careers advice by a large and well-qualified team of engagement and resettlement staff. Managers used information on home areas well to refine the careers advice that they gave to children.

4.13 Support from a mentoring charity for 15- to 21-year-olds called In2Out had been maintained during the pandemic but was not delivered in person, and the charity predominantly worked with children on the Keppel unit.

4.14 The facility to open bank accounts for 18-year-olds had continued.

4.15 Prison case workers ensured that each child had contact with their YOT before release to ensure that licence restrictions and arrangements on release were understood and any concerns identified.

4.16 No child had been released under the end of custody temporary release scheme (see Glossary of terms) or release on temporary licence (ROTL, see Glossary of terms). Children continued to be assessed for suitability for ROTL. At the time of our visit, 58 children were eligible but the COVID-19 restrictions prevented them from accessing ROTL. Management of the early release scheme was effective and timely and 20 releases had taken place under the scheme in the previous six months.

Section 5. Appendices

Appendix I: Background and methodology

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.

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 21 bodies making up the NPM in the UK.

During a standard, full inspection HMI Prisons reports against Expectations, the independent criteria against which we inspect outcomes for those detained. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to children and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.

HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.

HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: <http://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/covid-19/short-scrutiny-visits/>.

As restrictions in the community eased, and establishments became more stable, we expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) focusing on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic, but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.

SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in response to COVID-19, and the impact they are having on the treatment of and conditions for children during the recovery phase. SVs look at key areas based on a selection of our existing Expectations, which were chosen following a further human rights scoping exercise and consultation.

Each SV report includes an introduction, which provides an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. SV reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings are set out under each of our four healthy prison assessments.

Ofsted inspectors joined us on this visit to provide an interim assessment on the education, skills and work provision in the prison. A summary of their findings is included in Section 3 and a list of the next steps they expect the prison to take follows our key concerns and recommendations. Ofsted's interim visit letter is published in full on our website:

<https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>

SVs are carried out over two weeks but entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>

Scrutiny visit team

This scrutiny visit was carried out by:

Angus Mulready-Jones	Team leader
Tamara Pattinson	Inspector
Angela Johnson	Inspector
Donna Ward	Inspector
Scott Ellis	Inspector
Shaun Thomson	Health care inspector
Charles Searle	Ofsted inspector
Joe Simmonds	Researcher
Amilcar Johnson	Researcher
Charlotte Betts	Researcher
Becky Duffield	Researcher

Appendix II: Further resources

Some further resources that should be read alongside this report have been published with it on the HMI Prisons website. For this report, these are:

Children's survey methodology and results

A representative survey of children is carried out at the start of the scrutiny visit, the results of which contribute to our evidence base for the visit. A document with information about the methodology, the survey and the results, and comparisons between the results for different groups are published alongside the report on our website.

Staff survey methodology and results

A survey of staff is carried out at the start of every scrutiny visit, the results of which contribute to the evidence base for the visit. A document with information about the methodology, the survey and the results are published alongside the report on our website.

Ofsted interim visit report

Ofsted's interim visit letter on how the establishment is meeting the needs of children during COVID-19, including children with special educational needs and disabilities, is published in full alongside the report on our website: <https://www.justiceinspectorates.gov.uk/hmiprison/inspections/>

Appendix III: Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprison/about-our-inspections/>

Certified normal accommodation (CNA) and operational capacity

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

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> This scheme was paused at the end of August 2020.

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

Recovery plan

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

Reverse cohort unit (RCU)

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

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 professionals, education professionals and the operational staff working on a day-to-day basis at the setting. <https://www.england.nhs.uk/commissioning/health-just/children-and-young-people>.

Shielding

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

Special purpose licence ROTL

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

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