

Report on a scrutiny visit to

# **HMYOI Feltham A**

by HM Chief Inspector of Prisons

**9 and 17 February 2021**



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# Introduction

HMYOI Feltham A is an establishment in West London that holds children aged 15 to 18. It is jointly managed with an adjacent establishment, Feltham B, which holds young adults.

At the time of our last full inspection of Feltham A in July 2019, outcomes for children had declined dramatically and we considered them to be poor, our lowest judgement, in three of our four tests of a healthy establishment. This decline was so acute that my predecessor invoked the Urgent Notification (UN) process for the first time in an establishment holding children.

The COVID-19 pandemic emerged eight months later, and managers had to implement restrictions to keep staff and children safe. At this visit we found that these restrictions had been implemented appropriately and despite a significant outbreak of COVID-19 among staff, the establishment had experienced very few cases among children.

Since our last inspection, progress had been made and, remarkably in the middle of a pandemic, outcomes in some areas had improved. Children were split into groups of four in which they accessed education and other activities. We found that being in small groups had improved the quality of relationships between children and staff, with more children than at the previous inspection reporting feeling cared for or being encouraged to attend education.

Self-harm had reduced dramatically with only five incidents recorded in the previous six months compared to 242 in the same period before our previous inspection. The number of violent incidents had also fallen, although one in five children felt unsafe at the time of our visit and there was a concerning rise in multi-perpetrator assaults as friction between different groups increased. The enhanced support unit had been relaunched and there was a positive ethos enabling children to spend more time out of cell, including for education and interventions, than they could have on other units.

Health services were generally good with very few waiting lists for clinics. The dental service was particularly proactive and had established itself as an urgent care centre. This ensured that children could access treatment in the early stages of the pandemic.

Time out of cell had also improved since our last inspection. On average children received about 4.5 hours a day during the week and 3.5 hours during the weekend. This included face-to-face education which had been consistently delivered since June 2020. Attendance at education had improved dramatically but punctuality remained a problem.

There were some areas where progress was not as good. Support for children to maintain contact with family and friends needed improvement to make sure video and in-person visits were accessed by all children who wanted them. Oversight of equality and diversity was also underdeveloped and many children did not feel involved in their sentence or remand plan.

While the improvement made at Feltham A is commendable, some of this reflects how bad things had been at the time of the Urgent Notification. Headway has been made with a far smaller population than usual and the challenge for local and national leaders is to consolidate and build on this progress as the population increases.

## **Charlie Taylor**

HM Chief Inspector of Prisons

February 2021

# About HMYOI Feltham A

## **Task of the young offender institution**

To manage children on remand and those who have been convicted by the courts.

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

Children held at the time of this visit: 63

Baseline certified normal capacity: 160

In-use certified normal capacity: 120

Operational capacity: 120

## **Prison status (public or private) and key providers**

Public

Physical health provider: Central and North-west London NHS Foundation Trust (CNWL)

Mental health provider: CNWL

Substance misuse treatment provider: CNWL

Prison education framework provider: Prospects

Escort contractor: Serco

## **Prison group/Department**

Youth Custody Service

## **Brief history**

The original Feltham was built in 1854 as an industrial school and was taken over in 1910 by the Prison Commissioners as their second Borstal institution. The existing building opened as a remand centre in March 1988.

## **Short description of residential units**

Alpine enhanced support unit

Bittern closed

Curlew induction and reverse cohort unit

Dunlin normal location

Eagle normal location – enhanced privileges

Falcon reintegration unit

Heron normal location

Jay normal location

Grebe closed

## **Governor and date in post**

Emily Martin, 2018

## **Leadership changes since last inspection**

None

## **Independent Monitoring Board chair**

Maggie Thurer

## **Date of last inspection**

July 2019

# 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 establishment to address.
- S3 **Key concern:** The consistency of welfare checks on children was variable and there was little evidence that they were being carried out every day. Staff were unsure of where responsibility lay for carrying out welfare checks or the required frequency.
- Recommendation: Leaders and managers should ensure that welfare checks are conducted and recorded each day for every child and that staff are aware of their responsibility to do so.**  
(To the governor)
- S4 **Key concern:** Serious incident warning signs during restraint incidents were not routinely referred to the local authority designated officer.
- Recommendation: Leaders and managers should ensure that all child protection concerns are promptly referred to the local authority designated officer.**  
(To the governor)
- S5 **Key concern:** The increase in group assaults was concerning and contributed to the continuing high levels of use of force.
- Recommendation: Leaders should investigate the rise in group assaults and put measures in place to prevent them.** (To the governor)
- S6 **Key concern:** Resources had been allocated to improve equality work but there was no clear plan for improvement. Some monitoring of treatment and access to services by protected characteristic groups took place but there was no evidence of action taken to investigate or address discrepancies.
- Recommendation: The approach to promoting equality should be underpinned by systematic monitoring and analysis of outcomes for children in each protected characteristic group and action should be taken when there is evidence of unequal treatment.** (To the governor)
- S7 **Key concern:** Video call visits were underused which was a missed opportunity to support children to maintain contact with their family and friends.
- Recommendation: Children and their families should be actively supported to make full use of the options available for video calls and visits.** (To the governor)

S8 **Key concern:** While attendance at education had improved, punctuality required improvement.

**Recommendation: Children should arrive at education classes on time.**

S9 **Key concern:** Too few children attended their review meetings with youth offending teams, social workers and other community professionals. This undermined the usefulness of these meetings, leaving some children unaware of their targets in custody and not contributing to plans for their future.

**Recommendation: The reasons for children not attending their review meetings should be identified and addressed so that children are familiar with their targets and contribute to their future plans.** (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 the benefits experienced as a result of small group sizes are sustained.

S12 Leaders and managers should seek to improve the provision of IT so that teachers can support children to develop further their vocational knowledge and English skills.

S13 Teachers should provide more specific and helpful feedback on children's written and other assessed work to enable children to improve their knowledge and skills.

S14 Leaders and managers should recruit staff to the existing learning support assistant vacancies to ensure that sufficient support is available to all children when the establishment returns to full occupancy.

### 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 Inspectors found five examples of notable positive practice during this visit.

S17 The adaptation of a small gym on the reverse cohort unit was thoughtful and beneficial for children's mental and physical health needs (paragraph 1.11).

- S18 The adoption of a restorative adjudication process was well received by children and helped them to reflect and articulate mitigation more clearly (paragraph 1.20).
- S19 The increased use of video link for professional and legal visits during the COVID-19 restrictions had supported safe contact (paragraph 2.9).
- S20 The registration of the dental service as an urgent care centre was a positive initiative which had allowed children continued access to a dentist throughout the pandemic (paragraph 2.27).
- S21 The scheduling system designed by prison staff was very impressive. All children's activities were timetabled, including contact with youth agencies, and children knew their timetable for each day (paragraph 3.1).

# 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

- 1.1** Feltham A has had a turbulent recent history. At the time of our last inspection in July 2019, outcomes for children were so poor that the urgent notification (UN) protocol was invoked. Leaders and managers had made progress since the UN was issued, although so far with a reduced population.
- 1.2** In March 2020, in common with the rest of the prison estate, leaders at Feltham had had to implement measures to curtail the spread of COVID-19. These restrictions had included the isolation of new admissions, symptomatic children and those particularly vulnerable to the virus. Children were placed in small ‘family groups’ of four and accessed education and other activities in these groups. At the time of our visit, there had been a recent outbreak of COVID-19 among staff and there were some staff shortfalls. In contrast just five children had tested positive for the virus since the pandemic started.
- 1.3** Most staff and children said that they understood the restrictions and what was expected of them. Communication from leaders and managers was good. First-line managers were visible on all units, although children told us that they rarely saw some senior leaders.
- 1.4** There had been significant progress since our previous inspection. Outcomes for children had improved across many areas of our expectations which was remarkable in the context of the restrictions. Relationships between staff and children were better and, in our survey, 56% of children said they felt cared for compared to 19% at our previous inspection. The number of children who felt that staff encouraged them to attend education or supported them to achieve their sentence plan targets had also increased.
- 1.5** Time out of cell had improved and education had been delivered consistently since June 2020. Attendance at education was higher than we have seen at Feltham for some time, but punctuality still needed improvement.
- 1.6** Some of these improvements were from a very low base and significant concerns remained. The total number of violent incidents had reduced but the number of assaults where a group of children assaulted one child had increased in recent months, which was concerning (see paragraph 1.14).

## Arrival and early days

- 1.7** About three children a week were received, mostly from court. Reception arrangements had been adapted in response to the pandemic to accommodate social distancing (see Glossary of terms), maintain hand hygiene and provide a welcoming environment for children. The reception area was shabby and in need of maintenance, but a new reception facility was scheduled to open in June 2021.
- 1.8** On arrival children received the initial health care screening from a nurse while remaining on the transport vehicle. If there were no immediate concerns, the child alighted from the



vehicle and further procedures resumed inside reception. A second, more detailed health care screening was carried out in a suitably private room.

- I.9** Children arriving with COVID-19 symptoms remained on the vehicle and were taken directly to the reverse cohort unit (RCU, see Glossary of terms) to minimise the risk of cross-infection. Children who had recently arrived told us that the system worked well, they had felt cared for and had been informed of what would happen next.
- I.10** The RCU had been set up on Curlew unit and at the time of our visit nine children were located there. Children remained on the unit for up to 14 days or could leave after 10 days if they had tested negative twice during this time. A dedicated team of staff on the unit knew the children well. Entry to the unit was restricted and cleaning schedules were being followed. Children's welfare was checked and recorded every two hours night and day.
- I.11** The regime on Curlew was slightly more restricted than elsewhere in the prison in common with other establishments. Children had a minimum of one hour 45 minutes out of their cell each day which included an hour in the fresh air, 30 minutes to take a shower and 15 minutes for a face-to-face welfare check. Children could also attend induction for education and could use the small gym on the unit. This meant that during induction children received around four hours out of their cell each day.
- I.12** The prison induction was provided in booklet form while education and other agencies delivered a face-to-face induction using the glass screens in closed visits. Children said that they felt supported during their induction, which was positive.

## Managing behaviour

- I.13** Children's perceptions of safety remained poor. In our survey, 19% said they felt unsafe and only 35% said they would report victimisation by other children to a member of staff, which was concerning. Children spoke of varying levels of trust that they had built up with staff. Those on the smaller, more specialised units such as the enhanced support and platinum units spoke of having more trust in staff than those in other locations.
- I.14** Leaders and managers had developed robust oversight of violence. The number of violent incidents in the previous six months had more than halved when compared to the six months before restrictions had been imposed, which was remarkable. Levels of violence were now comparable to similar establishments, although there had been an increase in group assaults in the previous six months. Managers were analysing these incidents so that they could introduce measures to prevent them.
- I.15** The level of use of force remained as high as it had been before the pandemic and was higher than similar young offender institutions. In our survey, 71% of children said they had had force used against them. Managers attributed the high levels to the increase in group assaults.
- I.16** Oversight of the use of force had improved. Very little documentation was outstanding and the weekly restraint and behaviour management meetings were well attended. Scrutiny of trends, hot spots, risks and learning was conducted at the meetings, which was useful. Children who needed additional support to manage their behaviour were discussed and personal handling plans were considered for children with a medical condition which could be exacerbated if MMPR (managing and minimising physical restraint) measures were used.
- I.17** All use of force incidents were reviewed by the MMPR team within 24 hours and 10% were quality assured by the safeguarding manager. Concerns about use of force were escalated to the restraint and behaviour management meetings and footage of the incident was viewed by

a multidisciplinary team. Records of these meetings were thorough and indicated that actions were being progressed.

- I.18** The national MMPR team provided an additional layer of scrutiny for all incidents involving pain-inducing techniques or serious incident warning signs. Pain-inducing techniques had been used six times during the previous six months. Quality assurance focused largely on the application of the restraint techniques rather than whether they were appropriate or avoidable. In November 2020 pain-inducing techniques had been applied to one child three times during one incident.
- I.19** In our survey, 54% of children said they had been locked up and stopped from mixing with other children as a punishment. Falcon unit was designated to hold separated children on prison rule 49 (see Glossary of terms) and to conduct adjudications. The cells were clean and largely free of graffiti. The number of days children had been separated had reduced from 49 times with an average of 11 days in the six months before the pandemic to 41 times with an average of six days per child in the six months before our visit. Rule 49 records had improved and children told us they felt cared for by the staff.
- I.20** Adjudications were well managed. The number of adjudications had reduced from 863 during the six months before the pandemic to 550 in the last six months, although this number was still high given the reduced population. Most charges were for violent incidents which managers attributed to the increase in group assaults. A restorative justice approach to adjudications had been put in place which helped children to reflect on their actions and repair harm.
- I.21** Only 32% of children in our survey said that the incentives policy encouraged them to behave well. Managers had adapted the scheme appropriately during the pandemic and the lowest level of the scheme had largely ceased, including the removal of televisions as a punishment. However, on Falcon unit all children had their televisions removed during their first three days of separation.
- I.22** Dunlin housed nine children at the time of our visit who enjoyed the benefits of the highest incentives level, platinum. They could eat breakfast together, enjoyed a wider range of age-appropriate equipment for entertainment and had greater access to PE which they appreciated.
- I.23** The immediate reward scheme where green cards were issued for positive behaviour and red cards for negative behaviour remained. We observed several staff across the prison issuing green cards and children told us they responded well to the system which was encouraging. Prison leaders had made sure that the scheme was fair by including the issue of green cards to children on long trials while they were at court.
- I.24** The newly reopened enhanced support unit (ESU) was clean and bright. The education facilities and sensory room were in a good condition. Three children on the unit at the time of our visit were engaged in a full programme of activities and interventions.
- I.25** Children on the ESU enjoyed a predictable regime, mixed well and felt supported by the staff. The unit was developing an ethos that was underpinned by the Secure Stairs (see Glossary of terms) approach and staff articulated clearly how this was used when working with the children. Our observations of the ESU were positive although it was too early to assess if children were successfully reintegrated into the general population.

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

- I.26** The number of incidents of self-harm was very low and had reduced from 160 incidents during the six months before the pandemic to just five in the six months before our visit. Managers attributed this to staff training and closer scrutiny of the management of children on an ACCT (assessment, care in custody and teamwork case management of children at risk of suicide or self-harm). Records of the ACCT reviews that we looked at showed that they were well attended and punctual and detailed notes of discussions had been recorded. Monthly safeguarding meetings had continued throughout the pandemic to support and monitor vulnerable children.
- I.27** In our survey, 44% of children said their emergency cell bell was answered within five minutes. Records showed that most cell bells were answered in less than five minutes, that managers checked records each week and investigated every response which had exceeded this time.
- I.28** Self-isolation was now rare and no children were self-isolating at the time of our visit which was an improvement since the last inspection.
- I.29** Daily welfare checks were consistent on Curlew unit but varied on other units and were not conducted regularly for all children. Some prison staff were confused about how checks were conducted and recorded and by whom. This was reflected in the case notes that we looked at and managers said they would address this.
- I.30** Relationships between the prison and the local authority designated officer (DO) were good. Monthly updates on safeguarding matters such as use of force and self-harm were shared, but the prison did not routinely refer every occurrence of serious incident warning signs to the DO. The threshold for referral that the prison had set was not appropriate and managers said they would address this as a priority.
- I.31** After a long period of absence, the Barnardo's independent advocacy service had a low profile and many children and staff we spoke to were unaware of it.
- I.32** A designated safer custody hotline enabled friends and family to call if they wished to raise immediate concerns about a child.

## 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 who accessed all activities in these groups. There was evidence that this new model had improved relationships between staff and children. In our survey, 56% of children said they felt cared for by staff compared with 19% at our previous inspection. Seventy-one per cent of children said that staff encouraged them to attend education compared with 37% previously.
- 2.2 We observed respectful relationships across the establishment. Information sharing among different services had improved and most staff we spoke to were knowledgeable about the children in their care. Each child was allocated a custody support plan officer with whom they met regularly. Staff spent more time with children identified as needing more support, but despite the reduced population daily welfare checks were not carried out consistently (see paragraph 1.29).

### Living conditions

- 2.3 All children lived in single cell accommodation. Cells were adequately equipped and a programme to replace windows had just started. In our survey, 75% of children said they were provided with clean sheets each week, and 65% said they were given enough soap or sanitiser to keep their hands clean. We found good supplies of prison issue clothing, toiletries, bedding and cleaning materials.



A cell prepared for a new occupant.

- 2.4** In our survey, 55% of children said that communal areas were clean. Officers were responsible for cleaning communal areas during the pandemic and most areas were reasonably clean and tidy. Showers and serveries had been refurbished during the previous 18 months. Initiatives such as awarding a score each day for clean, tidy cells on Dunlin unit encouraged children to maintain their personal environment to a good standard.



Communal areas were clean and tidy.

- 2.5** Since our last full inspection, telephones had been installed in each cell which was a benefit during the pandemic and appreciated by children (see paragraph 4.3). Work to install electronic technology in cells was in progress.
- 2.6** In our survey, 90% of children said they could shower every day, and 88% that they had enough clean, suitable clothes for the week. Showers were being used throughout unlock periods during our visit and children had ready access to towels and clean prison-issue clothing. Laundry facilities were in use on the units each time that we checked.

## Complaints, legal services, consultation and food and shop

- 2.7** Attempts had been made to maintain consultation through the children's council. It was not possible for child representatives on each unit to meet together as a group, so a Kinetic Youth worker (a contracted youth services team working in the prison) met the representatives on each unit to identify the issues they wanted to raise. Residential units also had arrangements for consultation on their unit, but it was not clear how these strands were coordinated to generate actions that could be fed back to children. Other forms of consultation had included an MMR survey in October 2020 and exit questionnaires for children moving from Dunlin unit.
- 2.8** The number of complaints had reduced during the pandemic. Responses to most complaints were clear and focused on the issues raised but a few did not address the complaints fully. In some cases, the child who had submitted the complaint had been spoken to as part of the investigation. All complaints submitted were checked by a member of the safeguarding team. Analysis of complaints was not sufficiently thorough and did not, for example, include

complaints which were overdue a response. The database of complaints showed that some had been outstanding for lengthy periods.

- 2.9** Legal visits were open for professional visitors, although there was limited uptake. Video link had been used more during COVID-19 restrictions to enable children to have contact with legal advisers and community professionals such as youth offending teams or social workers.
- 2.10** In our survey, 66% of children said the food was good or reasonable. In most cases staff took food to the children who ate on their own in their cells. The exception was Dunlin unit where children ate meals together. Mealtimes were such that children could go for 15 hours between their evening meal and breakfast which was a long time for growing adolescents. Two 'comfort packs' of snacks were provided each week, but they did not fill this gap adequately.
- 2.11** Children had been able to continue buying items for personal use from the prison shop during the pandemic. These were supplemented by a tuck shop where green cards earned for good behaviour and engagement with the regime could be exchanged for items not available from the shop.

## Equality, diversity and faith

- 2.12** Leaders had allocated additional resources to equality work and there was a dedicated equality adviser for the children's site. The equality adviser consulted staff and children, usually individually rather than in groups. A programme of events to promote and celebrate equality and diversity was delivered in partnership with education and Kinetic Youth. However, there was no plan outlining the expectations for this role and the impact on outcomes for children.
- 2.13** Some of the data on outcomes produced by different departments enabled leaders to identify differences in treatment and access to services by protected characteristic groups across the population. There was no evidence that discrepancies identified had been investigated or action taken.
- 2.14** Complaints about discrimination were investigated and quality assured. The majority of these complaints were submitted by staff rather than children.
- 2.15** Corporate worship had been suspended during the pandemic, but the chaplaincy gave children individual support to enable them to practise their faith.

## Health care

- 2.16** The pandemic had been well managed with effective strategic oversight and liaison between NHS England, Public Health England, HMPPS and health care. Central and North West London NHS Foundation Trust (CNWL) had been awarded the contract to deliver health care services at Feltham in April 2020.
- 2.17** Health care managers provided clinical leadership for the delivery of services. Plans for the restoration of all clinical services were ready to be implemented in accordance with the HMPPS pandemic plan. A successful recruitment campaign had been carried out to fill a range of posts in primary care, mental health and substance misuse services.
- 2.18** On arrival children were assessed for signs and symptoms of COVID-19. Children were given a mask on entry to the prison and remained on the reverse cohort unit (RCU, see

Glossary of terms) for 14 days. All children received a full health screening within two hours of arrival and a multidisciplinary CHAT assessment (comprehensive health assessment tool). Children received PCR tests on days two and six (tests that were sent to a laboratory).

- 2.19** Children who tested positive for COVID-19 were seen each day by a member of the health care team for a face-to-face assessment. Health care and prison staff liaised effectively in the management of the children. Five children had tested positive during the pandemic. Vaccine supplies had been received and children who qualified for vaccination had been identified.
- 2.20** Initial short-term difficulties with the supply of personal protective equipment (PPE, see Glossary of terms) had been remedied and there was enough stock on site. A trainer in the 'fit testing' of FFP3 masks had trained three clinical and three prison staff to undertake 'fit testing'. Thirty-two clinical staff had been tested.
- 2.21** Health care staff were able to make confidential calls to children on their in-cell telephone. Clinicians said that this was a very useful tool for maintaining contact with children.
- 2.22** The GP service was available six days a week. All applications were triaged by the GP who was able to telephone children to elicit additional information, offer advice on self-care and follow up those who had not attended an appointment.
- 2.23** All applications for physiotherapy, podiatry and optical services were triaged by the appropriate clinician before the monthly clinic. There were no waiting lists for these services.
- 2.24** Nurse-led clinics had continued throughout the pandemic, including sexual health, childhood immunisations, health checks for children with long-term conditions and health reviews for looked-after children. Individual care plans were in place for patients in primary care, physical and mental health units.
- 2.25** Paramedics and emergency care technicians delivered emergency care and children were transferred to hospital for further assessment if necessary. Referrals to hospital had continued but access was controlled by the external provider. Hospital consultations had also been conducted by telephone.
- 2.26** The dental service had been registered as an urgent care centre which had allowed children access to the dentist early in the pandemic. The dentist saw children for face-to-face triage appointments. The dental waiting list for children needing continuing treatment had a maximum wait of five weeks.
- 2.27** Mental health practitioners with a broad skill mix, including speech and language, drama, art and occupational therapy, had been recruited to mental health services. Enhanced support arrangements were made for the most vulnerable children, and custody staff and children we spoke to valued the child and adolescent mental health service (CAMHS) team. Pathways were in place for neuro-disability, wellbeing, complex cases and Secure Stairs (see Glossary of terms). CAMHS and prison staff worked closely together and CAMHS staff attended all ACCT reviews (assessment, care in custody and teamwork case management of children at risk of suicide or self-harm) and good order or discipline reviews. Children on mental health medications were subject to physical health monitoring in line with national guidance. Arrangements were made for children requiring mental health support on release, including regular medication reviews.
- 2.28** No children were awaiting transfer under the Mental Health Act at the time of our visit.
- 2.29** The primary focus of the psychosocial support service was to educate children at risk of using illicit substances. The team held a caseload of 24 children who were receiving a range of interventions following specific pathways. These included a structured pathway for those

at risk of using class A substances, a brief intervention pathway for children using cannabis or alcohol and a harm minimisation pathway. No children were on opiate substitution therapy at the time of our visit.

**2.30** The pharmacist had been on long-term sick-leave and clinical oversight of medicines was being undertaken by a remote clinical pharmacist. A senior pharmacist technician and a full-time pharmacy technician ensured that medicines were reconciled in a timely manner and that prescriptions were continuous. Topical creams and inhalers for asthma were given in possession. Medicines were administered up to three times a day from a secure medication administration room in reception. Evening medications were administered from a locked box taken to the door of the child's cell, but only when the other children were locked behind their door.

**2.31** We observed effective, safe and appropriate administration of medication, including contingency measures for accessing and recording prescriptions.



## 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/hmiprison/inspections/>.

- 3.1** In our survey, 91% of children said they were attending education, which was good. Children had an average of 4.5 hours out of cell during the week and 3.5 hours at the weekend, which was better than similar establishments. This included education classes, exercise, and access to the sports field and youth work. Prison staff had developed an impressive scheduling system to facilitate this programme, but punctuality remained a problem.
- 3.2** Distraction packs had been made available to children to use when they were locked up. Only 51% in our survey said they had been given a pack but only a quarter of these said that they had found it useful. Children told us they found the packs boring and some children said they had never received a pack, which was disappointing.
- 3.3** Children had access to an hour in the open air each day. In our survey, 88% of children said they spent time in the fresh air. Children had an average of 4.5 hours of PE a week consisting of free weights, exercise machinery and sports hall activities, which was positive.
- 3.4** Despite the pandemic, it was notable that vocational courses had continued and the prison had maintained its relationships with football clubs.
- 3.5** The library had been closed intermittently in line with wider restrictions but had recently reopened. A good outreach service was well used. The delivery and collection of books from children on the units operated smoothly and were risk assessed in accordance with COVID-19 precautions.
- 3.6** Children could request four books and a learning language guide twice a week. Many children told us that the system worked well and that they could request a genre of books if they were unsure of the titles.
- 3.7** Managers ensured that children with additional learning support needs received effective help from learning support assistants outside their group sessions. Support from qualified speech and language professionals had been maintained during the pandemic for children who needed it.
- 3.8** The group of children that we interviewed welcomed their continuing access to education. They described some of the new skills that they had developed, such as washing and plaiting hair and using hair clippers. Children talked confidently about the importance of minimising food contamination in catering.
- 3.9** Teachers had benefited from a well-considered programme of training to develop their skills, for example training in special educational needs and psychology had been enhanced so that

they could better understand and meet children's needs. Leaders had developed and started to introduce a curriculum to help children address their barriers to learning and develop their knowledge and skills.

- 3.10** Children had continued to make progress during the pandemic. Teachers had ensured that children achieved GCSE qualifications in English, mathematics and psychology and several vocational subjects.
- 3.11** Leaders and managers ensured that teachers planned effective support for children to make good progress with their learning. In a few cases, however, results of initial assessments were not made available to teachers in a timely manner which hindered them from planning individual learning effectively.
- 3.12** Staff said that the lack of sufficient IT resources had presented teaching challenges and had limited their ability to deliver a wider range of learning activities and subjects. Teachers had started to photograph children's work in accordance with the criteria for qualifications. Teachers did not use the in-cell telephones to support and assess English speaking and listening skills when children were isolating.
- 3.13** Teachers' feedback on children's written work was not specific enough for children to identify how to improve their skills and knowledge. Teachers did not consistently identify spelling and grammatical errors to help children to correct them.

## 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** Children were able to receive domestic visits for compassionate reasons. The visits area had been rearranged to allow for social distancing (see Glossary of terms). Visitors wore face coverings, no physical contact was allowed, and no refreshments were available. Take up of visits was low.



The visits area.

- 4.2** The use of Purple Visits (see Glossary of terms) for contact with family or carers was also low with a total of just 356 video calls across Feltham A and B (young adults) during the previous six months. The calls had taken place in offices on the units with an officer required to be nearby. Leaders and managers were trying to address the low take-up and were providing a dedicated room for the video calls.
- 4.3** In-cell telephones had been installed just before the start of the COVID-19 restrictions. Children were given an additional £10 phone credit each week to help them maintain family contact. They could also exchange green cards earned for good engagement with the regime for phone credit. Children who had not had any contact were identified so that additional support could be offered.
- 4.4** Children could write and receive letters and could also use 'email a prisoner'. This enabled families and carers to send emails to children and pay for the child to send a reply using the same secure email system.
- 4.5** Work had started to develop advice, guidance and support for young fathers in the population.

## Sentence progression and risk management

- 4.6** Soon after their arrival, each child was allocated to a resettlement practitioner who arranged sentence and remand meetings at the required times, usually via conference phone calls. During the pandemic children had not always been able to join the meetings and, although this had been rectified, many still did not participate. In our survey, only just over half the children were aware of their sentence or remand plan targets. However, a higher proportion of children who knew their targets said that staff were helping them to achieve them.
- 4.7** Resettlement practitioners maintained contact with families and carers, who were involved in sentence planning and remand meetings where possible. Children were able to phone the resettlement unit from their cells in addition to regular contact with their resettlement practitioners.
- 4.8** A variety of interventions and support was available to children, some of which had continued throughout the pandemic such as individual and group interactions with RoadLight (delivers informal therapeutic intervention programmes accredited by the Open College Network) and Kinetic Youth. Delivery of accredited interventions had resumed in autumn 2020 and the wellbeing team was working with children with a range of specialist needs, included addressing harmful sexual behaviour.
- 4.9** Most children had some form of social services involvement in their care. Children did not always attend their looked-after child reviews which often took place via conference calls. More use had been made of video link during the pandemic so that social workers and other professionals could see the children they were responsible for. Contact details for social workers and youth offending teams (YOTs) were included on children's telephone numbers list but a member of unit staff or a resettlement practitioner had to arrange a free phone call to these important community contacts.
- 4.10** Many children transitioned to adult prisons during their period in custody. Planning for transition to the adult estate started in good time but identifying a prison could be a lengthy process. Resettlement practitioners tried to ensure that a transition was preceded by at least a telephone conversation with the receiving prison so that the child could ask questions. Work had started to develop support for children with long and indeterminate sentences.
- 4.11** An interdepartmental risk management meeting took place each month with reasonable multidisciplinary attendance. A range of areas related to risk were discussed, including children on mail and telephone monitoring for public protection, the highest risk children, and those approaching release or transition. At the time of our visit, no children were subject to monitoring for public protection reasons. There was no backlog of listening to calls made by the small number of children who were being monitored for security reasons.

## Release planning

- 4.12** An average of five children were released each month. Over the previous six months, all children had been provided with accommodation on release, although this was not always confirmed in enough time for other elements of resettlement to be fully considered. In one of the cases that we reviewed, there was evidence that education staff had provided information to YOTs to help them identify suitable education, training or employment after release.
- 4.13** Pre-release meetings and contact with resettlement practitioners ensured that children knew their licence restrictions and arrangements for release, together with COVID-19 restrictions

in the community. This information was reinforced in reception before they left Feltham. Children were given face coverings and a pack of information.

- 4.14** 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). Management of early release from detention and training orders and release on home detention curfew was timely.

## 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/hmiprison/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/hmiprison/about-hmi-prison/covid-19/scrutiny-visits/>

## Scrutiny visit team

This scrutiny visit was carried out by:

Angus Mulready-Jones

Esra Sari

Angela Johnson

Sarah Goodwin

Becky Duffield

Rahul Jalil

Steve Lambert

Team leader

Inspector

Inspector

Health care inspector

Researcher

Researcher

Ofsted inspector

## **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.justiceinspectors.gov.uk/hmiprison/about-our-inspections/>

### **Certified normal accommodation (CNA) and operational capacity**

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of 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.

### **Young offender Rule 49**

Young Offender Rule 49 enables managers to segregate any child who, by their behaviour, presents a risk to the maintenance of good order or discipline or who is themselves at risk of harm from other children.

### **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.

**Social/physical distancing**

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

**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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