Aggregate report on

Short scrutiny visits

by HM Chief Inspector of Prisons

21 April – 7 July 2020

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Glossary of terms

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

Early Release on Compassionate Grounds
Determinate sentenced prisoners may be considered for early, compassionate release for medical reasons or in tragic family circumstances. Life or indeterminate sentence prisoners are only eligible to be considered for compassionate release in medical circumstances.

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

FFP3 masks
Filtering face piece 3 (FFP3) masks offer the wearer the highest level of protection and are recommended for use during aerosol-generating procedures.

Face fit testing
A face fit test should be carried out to ensure FFP3 respiratory protective equipment can protect the wearer. Any health care professional required to undertake an emergency intervention that creates aerosol-generated air-borne droplets is required to wear an FFP3 mask to protect themselves.

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.

Protective isolation unit (PIU)
Unit or area for the temporary isolation of symptomatic prisoners for up to 7 days; to be used if isolation within their current cellular location is deemed inappropriate (see the specific section for further guidance).

Release on Temporary License (ROTL) issued under a Special Purpose License (SPL)
During the COVID-19 pandemic, establishments have been directed to take active steps to identify pregnant women, prisoners with their babies in custody and those defined by the NHS guidelines as 'extremely vulnerable' to COVID-19 to assess whether they are eligible and willing for compassionate release on ROTL. Prisoners should only be released if they have suitable accommodation on release, a safe means of getting there and provision in place to meet any health and social care needs.

Reverse cohort unit (RCU)
Unit where newly-arrived prisoners are held in quarantine for 14 days.

Rule 35 reports
Detention centre Rule 35 requires that the Home Office be notified if a centre doctor considers a detainee's health to be injuriously affected by continued detention or the conditions of detention, or if a detainee may have been a victim of torture or has suicidal intentions.

Shielding
Enhanced form of social distancing for those who have health conditions that make them vulnerable to COVID-19 infection

Short scrutiny visit (SSV)
Launched in April 2020, a type of visit in which two to three similar establishments (for example, young offender institutions or local prisons) are visited. The aim of these visits was not to report on how an establishment meets HMI Prisons' Expectations (as in a normal inspection). Instead inspectors focused on issues which are essential to the safety, care and basic rights of those detained in the current circumstances, provided a snapshot of how establishments are responding to the COVID-19 pandemic and shared any positive practice found. SSVs were replaced with SVs in August 2020.

Social distancing
The practice of maintaining distance between oneself and other individuals, recommended by Public Health England as a measure to reduce the transmission of COVID-19.

Solitary confinement
When a person is confined for 22 hours or more per day without meaningful human contact. See Rule 44 of the United Nations Standard Minimum Rules for the Treatment of Prisoners (the 'Mandela Rules') and Rule 60.6(a) of the European Prison Rules). The Mandela Rules state that prolonged solitary confinement (in excess of 15 days) and indefinite solitary confinement (when someone does not know when their confinement will end) should be prohibited.

Introduction

This report summarises the findings of 35 short scrutiny visits (SSVs) undertaken by HMI Prisons during the spring and summer of 2020. In response to the risks presented by the COVID-19 pandemic, we suspended our planned inspection programme and quickly developed and implemented the new SSV methodology. This ensured that we could fulfil our statutory duty to report on treatment and conditions in prisons and other places of detention as safely as possible and without adding unreasonable burdens to establishments dealing with unprecedented challenges. During this period, we visited adult male prisons, women's prisons and young offender institutions. We also visited immigration removal centres (IRCs), which we report on in the final section of this report.

We found that prisons and immigration removal centres had responded swiftly and decisively to keep prisoners, children and detainees safe from COVID-19. The restrictions imposed in March 2020 undoubtedly helped to prevent the spread of the virus. They included isolation, shielding (see Glossary of terms), cohorting (see Reverse Cohorting Units and Protective Isolation Units, Glossary of terms), suspension of visits and very limited time out of cell for most prisoners. While many of these limitations were extreme, there was a high level of acceptance and cooperation among prisoners, supported by generally good communication about the reasons for such actions by most prison managers. For some weeks, there was a sense of prisoners, children and staff 'being in this together'.

However, as our SSV programme progressed, our visits identified increasing levels of stress and frustration among many prisoners and evidence that prisoner well-being was being increasingly affected by the continuation of restrictions. Governors of individual establishments in the public sector were unable to make local adjustments to their regimes without permission from HM Prison and Probation (HMPPS) Gold Command, which delayed relaxation of restrictions which had already served their purpose in individual locations. This meant that 16 weeks after the restrictions were imposed, most of them were still in place. Moreover, women's prisons and children's establishments are usually managed as functional groups in recognition of the specific needs of the populations they hold. However, since the restrictions were imposed, these prisons have been subsumed into regional structures. Without the support of their specialist management, they have struggled to meet the specific needs of their populations.

The restrictions were applied to all types of closed prisons in the public sector. For children, this meant a complete suspension of all face-to-face education for 16 weeks. Throughout the restrictions, vulnerable children in the community and in privately-run secure sites were able to continue to attend school. We do not understand why the same approach was not taken for children in public sector custody and we consider the loss of education for so long to have been disproportionate.

The restrictions were applied across the entire estate but had different consequences depending on the setting. In the women's estate, there are some exceptionally vulnerable individuals who usually benefit from a range of specialist support services provided by external providers; their absence was extremely damaging. For these prisoners, the long hours of lock up were compounded by the sudden withdrawal of services on which they depended, and self-harm among prisoners in prisons holding women has remained consistently high throughout the lockdown period.

Over the past five months, prison staff worked hard to provide decent conditions for those in their care, and for the most part they have been successful. Our SSV reports highlighted much notable positive practice, which is available on our website at: https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/short-scrutiny-visits/. The key processes around reception, care of the most vulnerable, daily showers and exercise, access to urgent health provision and some basic release planning were by and large maintained.

However, in some prisons, at certain times, conditions fell below an acceptable minimum, particularly in relation to time out of cell, time in the open air and showers. For example, some quarantined, isolated or shielded prisoners did not have access to time in the open air for a week or more and did not have a daily shower. In one prison, shielding prisoners had only one and a half hours out of cell per week. Elsewhere, prisoners and children who were not isolating for any specific reason had unacceptably little time out of cell. If there were to be a resurgence of the virus, other means of controlling its spread that would not carry such a high risk of causing long-term harm to those in custody, and which would not risk them being held in conditions that meet widely agreed definitions of solitary confinement (see Glossary of terms), should be explored. We have met many governors and managers who are convinced this would be achievable.

Prisoners' and children's main complaint was about the suspension of social visits. Undoubtedly, this was a necessary restriction for a number of weeks early on in the pandemic. Nationally, HMPPS had taken some useful steps to promote family contact, providing prisoners with free phone credit, additional letters and mobile telephones. However, HMPPS' previous failure (despite many recommendations from both ourselves and Lord Farmer (author of the 2017 report: The importance of strengthening prisoners' family ties to prevent reoffending and reduce intergenerational crime)) to provide virtual visits meant that prisons were unprepared for the demand during the pandemic. The recent introduction of video calling ('Purple Visits', see Glossary of terms) appears likely to be helpful, but most prisons still do not have access to this facility.

Many prisons we visited suffered from overcrowding and this, combined with prisons designed with narrow landings, made social distancing difficult. The prison population has reduced slightly since the start of the pandemic, mainly due to fewer people being processed by the courts. There have been operational benefits as a result of these reductions in some prisons, but the numbers are now likely to start increasing again. It is even more important now than it was before the pandemic that prisons only hold as many prisoners as they can safely and decently manage.

HMPPS and the immigration estate have avoided the worst predictions about COVID-19 infection rates and deaths, and maintained generally stable estates. Managers have kept prisoners, children and detainees safe during an exceptional crisis, and this must not be forgotten. But in prisons, there is now a real risk of psychological decline among prisoners, which needs to be addressed urgently, so that prisoners, children and detainees do not suffer long-term damage to their mental health and well-being, and prisons can fulfil their rehabilitative goals.

At the time of writing, HMPPS are in the process of implementing their recovery plan for prisons, which involves individual establishments applying for permission to move to a new regime stage and then implementing (when authorised to do so) Exceptional Delivery Models (EDMs). This is all set out in the National Framework for Prison Regimes and Services. This document also makes clear that 'progress will be slow and incremental, and restrictions may need to be re-imposed in the event of local outbreaks'. In light of the findings in this report, simply re-imposing the restrictions that were necessarily applied in the early stages of the outbreak would be too narrow an approach. We have seen many prison leaders who are convinced that they could have delivered more purposeful and more humane regimes without compromising safety, and who are frustrated by the restrictive approach they have been forced to take. Every establishment is different. Local initiative, innovation and flexibility which recognises those differences should surely be encouraged, and not stifled.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons
July 2020

Background to the report

A1 Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All visits carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

A3 On 17 March 2020, in light of the COVID-19 pandemic, HMI Prisons stopped its full inspection programme and worked to develop a new approach to reporting on the treatment of and conditions for those detained. The new programme, termed short scrutiny visits, commenced on 21 April 2020.

A4 The short scrutiny visits methodology was developed together with health and safety guidance and in line with the principle of 'do no harm', which means that HMI Prisons will not put detainees, prison staff or its own staff at unreasonable risk and will work in line with national public health guidance. Key characteristics of short scrutiny visits are that only two to three inspectors will attend establishments, including a health inspector. Each visit will take place over the course of a single day, and will focus on a small number of issues which are essential to the care and basic rights of those detained in the current circumstances. These critical areas include: care for the most vulnerable prisoners (including children) and the need for meaningful human contact; support for those at risk of self-harm and suicide; hygiene; legal rights; health care; access to fresh air; contact with families, friends and the outside world; and support and risk management for those being released.

A5 Short scrutiny visits did not allow the exhaustive triangulation of evidence that characterises full inspections or assess treatment and conditions against the full inspection criteria set out in our *Expectations*. However, they did enable us to tell the story of life in prison or immigration detention during the crisis and comment on the proportionality of the restrictions put in place. Most SSV reports encompassed three establishments, visited on the same day by different teams. Findings in the reports were presented thematically rather than focusing on individual prisons.

A6 HMI Prisons undertook 35 short scrutiny visits between 21 April and 7 July 2020, visiting the following establishments:

Young offender institutions holding children
Cookham Wood, Parc and Wetherby (21 April)
Feltham A and Werrington (7 July)

Local prisons
Altcourse, Elmley and Wandsworth (28 April)
Leeds, Thameside and Winchester (23 June)

Category C training prisons
Coldingley, Portland and Ranby (5 May)
Brinsford, Maidstone and Onley (16 June)

Immigration removal centres
Brook House, Harmondsworth, Morton Hall and Yarl's Wood (12 May)

Prisons holding women
Bronzefield, Eastwood Park and Foston Hall (19 May)
Downview and Send (30 June)

Long-term high security prisons
Belmarsh, Manchester and Woodhill (26 May)

Prisons holding prisoners convicted of sexual offences
Littlehey, Rye Hill and Stafford (2 June)

Category D open prisons
Ford, Sudbury and Thorn Cross (9 June)

A7 This report is a summary of these 35 visits. It distils the main themes of the reports and identifies the most important findings of the short scrutiny visit programme.

A8 Please find the short scrutiny visit reports on our website at: https://www.justiceinspectorates.gov.uk/hmiprisons/inspections?s&prison-inspection-type=short-scrutiny-visits. While the sites selected for short scrutiny visits were broadly representative of the main types of establishment, the findings are not necessarily generalisable across all establishments of a certain type.

A9 The individual short scrutiny visit reports contain examples of notable positive practice. A table listing all examples of notable positive practice identified during the short scrutiny visits is also available on the HMI Prisons website at: https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/short-scrutiny-visits/. This report does not duplicate them.

A10 The first four sections of this report relate to prisons holding men and women and to young offender institutions holding children. When the word 'prisoners' is used, it refers to adults only; 'children' is used for any person under the age of 18. When a judgement includes children, we use the phrase 'prisoners and children'. Immigration removal centres are reported on separately, in section 5.

A11 We have not identified individual establishments because in most cases positive practice or failings apparent in one establishment were also found elsewhere.

Section 1. Safety

Actions taken to promote safety

1.1 Her Majesty's Prison and Probation Service (HMPPS) and individual prisons responded swiftly and decisively in spring 2020 to keep prisoners and children safe from COVID-19, by cancelling the majority of activities and restricting prisoners and children to their cells for nearly the whole day (see Section 3). Prisoners and children were only let out of their cells for essential activities. This usually happened in small cohorts or 'family groups' to minimise the risk of infection. Sadly, there were some COVID-19-related deaths among both prisoners and staff, but the restrictions imposed were largely successful in preventing the spread of the virus. In surveys sent to all staff in prisons subject to short scrutiny visits (SSVs), the majority reported that reasonable steps had been taken to keep them and prisoners safe.

1.2 In most establishments, communication with prisoners, children and staff was good. Governors and directors employed different methods to ensure good communication with prisoners, including newsletters, use of prison TV and radio channels, COVID-19 prisoner representatives and socially-distanced consultation.

1.3 Prisoners and children arriving in prison from court or on transfer were quarantined for two weeks on reverse cohorting units (RCUs, see Glossary of terms) to ensure that they did not introduce COVID-19 into the main prison population (see also Arrival and early days). Prisoners and children showing symptoms of the virus were isolated, often in protective isolation units (PIUs, see Glossary of terms). Those who were especially vulnerable to COVID-19 because of pre-existing medical conditions or age were identified and given the opportunity to shield (see also paragraph 1.14).

1.4 Social distancing was difficult in parts of many prisons because of the design of the buildings and at some sites it was very difficult to achieve, especially in overcrowded Victorian prisons with narrow prison landings. While some staff worked hard to observe social distancing where they could, we saw many situations where staff did not attempt to do so, reflecting a complacent attitude to the presenting risks.

1.5 As our programme of short scrutiny visits (SSVs) progressed, prisoners, children and staff became increasingly frustrated with the duration and severity of the restrictions. Managers could not provide reassurance to either prisoners or us about when restrictions would be eased because measures and timescales were being controlled centrally by HMPPS. As community restrictions eased, prisoners, children and many staff began to feel that the restrictions were now disproportionate to the risks from COVID-19. A member of staff commented:

> *'COVID-19 has had a far weaker presence than predicted. The restricted regime was designed to respond to the prediction… Isolation is widely recognised as damaging to mental health. The current restricted regime is unnecessary and damaging to those in our care.'*

Arrival and early days

1.6 Most establishments received new arrivals either from courts or from local prisons. RCUs were generally well managed, although some were very busy – one prison received 30 new prisoners a week in groups of six. Sometimes children arrived alone, which could mean two

weeks of quarantine with little meaningful human interaction. In some prisons, it was not clear why those on the RCU had a worse regime and less time out of cell than those not in quarantine. The effectiveness of RCUs was undermined in several prisons because staff continued to be deployed to other units instead of being dedicated to the RCU.

1.7 Prisons had maintained adequate reception and first night processes, with interviews to identify risks and vulnerabilities and health assessments still taking place. Induction programmes were reduced because most external agencies were not operating on site. Some prisons still delivered induction face to face, but others relied heavily on booklets, which was problematic for prisoners and children who could not read English.

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

1.8 Prisoners and children at risk of self-harm were generally well-supported via ACCT (assessment, care in custody and teamwork) processes. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were available at most prisons either in person or by telephone. Children had free access to Childline, the Samaritans, the Howard League's legal helpline and the Children's Commissioner's helpline. However, Barnardo's, who provided the independent advisory service for children, had withdrawn their services.

1.9 National data for the period of our SSV programme showed a drop in the number of recorded self-harm incidents among men. Levels of self-harm among women stayed consistently high. During the SSV programme, the incidence of self-inflicted deaths was similar to the months before the pandemic.

1.10 The impact of regime restrictions on well-being was evident in individual cases. Prisoners and children struggled with long periods in their cells and suffered from a lack of human contact. Those with very high levels of need, notably in the children's and women's estates, also had to cope with the absence of specialist services which had previously provided them with substantial structured support, particularly around mental health (see also paragraph 2.8). In an NHS England survey of health care users in two prisons holding women in June 2020, 68% of respondents said that their mental health had deteriorated since 23 March and 71% said their physical health had deteriorated.

1.11 In some establishments staff were very aware of how the restricted regime could impact on well-being and systematically identified prisoners and children likely to require more support than others. Such prisoners and children had regular welfare checks or keyworker sessions at a frequency determined by a multi-disciplinary team. In the children's estate, staff also spoke with any child who declined an opportunity to come out of their cell and monitored which children did not make telephone calls. However, these practices were not universal and in a few prisons, including one women's prison, we were not assured that prisoners' well-being was being adequately monitored.

1.12 In some cases, we found that prisoners preferred to stay in their cells. It was a concern but not a surprise that many of these prisoners felt they were safer from victimisation this way. Others were content to avoid the challenges of daily institutional life. However, lengthy cellular confinement was poor preparation for release regardless of preference.

1.13 Across the estate many prisoners who had been advised to shield because they were especially vulnerable to COVID-19 declined to do so. Sometimes this was personal choice. However, there could also be disincentives to shielding, such as less time out of cell or a requirement to move location.

1.14 In a minority of sites, we considered that the restrictions applied to prisoners were excessive and were not justified by health concerns. Instead they created conditions which fell below an acceptable minimum. In one women's prison, symptomatic prisoners were isolated for seven days without any opportunities to leave their cells, even for a shower or time in the open air. In one men's prison we found a prisoner held in these conditions for 14 days. In another men's prison, shielding prisoners were held on normal location and their only opportunity for time in the open air was with non-shielding prisoners. Since they had in-cell showers, many had therefore not left their cells at all during the restrictions. A very cautious interpretation of the shielding guidance in one prison meant that over half the population (approximately 550 prisoners) was shielded in April and May. These prisoners had only one and a half hours per week out of their cells to shower, make phone calls or spend time in the open air. They were locked up all weekend.

1.15 In all these examples, prisoners were effectively held in solitary confinement and in some cases in prolonged and/or indefinite solitary confinement (see Glossary of terms).

Section 2. Respect

Living conditions

2.1 All the prisons visited had a greater emphasis on cleanliness than we would usually see, but there were frequent lapses in standards, especially in showers and on common touch points, such as door handles. Although there had been some initial shortages, sufficient cleaning equipment and personal hygiene products were available in most prisons. In several prisons, prisoners lived in overcrowded cells, which exacerbated the impact of the restrictions. Some establishments received temporary cellular accommodation to reduce the number of prisoners sharing cells.

2.2 The most concerning living conditions were in a prison where most cells did not have a toilet or sink. Instead an electronic night sanitation system allowed prisoners to leave their cells one at a time to use communal showers and toilets. During the first five weeks of the restricted regime this system was overwhelmed and prisoners waited for hours to be let out, often resorting to urinating or defecating in buckets or bags in their cells. The fact that prisoners ate in these cells and did not have access to hand-washing facilities or hand sanitiser aggravated the situation. These conditions were unacceptable and degrading.

2.3 Across the estate, prisoners did not always have an opportunity to shower every day, particularly at the start of the period of restrictions, unless they were fortunate enough to have a shower in their cell. We met prisoners who were not isolating but still could only shower two or three times a week, often because they had to choose between time in the open air and a shower. After initial difficulties at some sites, those in women's prisons and young offender institutions holding children could shower every day.

2.4 Meals were delivered to cell doors in the children's estate, but most prisoners (including those in women's prisons) were able collect their meals from a servery. This provided additional – albeit brief – opportunities for prisoners to leave their cells and to have socially-distanced contact with staff and peers before returning to their cells to eat. It was not clear why this was not permitted in some establishments. Most prisons offered prisoners and children additional drinks and snacks every day and these were appreciated. Some children had occasional opportunities to eat together, which was good. However, in one young offender's institution we were concerned to find a 16-hour gap between the evening meal and breakfast.

2.5 Chaplaincy teams were proactive in providing one-to-one support to individual prisoners and children. Some had introduced useful innovations, such as televised worship and outdoor meditation sessions.

Health care

2.6 There was effective partnership working between providers, prison commissioners and Public Health England. Local outbreak management plans were in place and outbreaks had been managed well. There were also management plans for shielding and cohorting infected prisoners and children. After some initial supply problems, there was sufficient personal protective equipment for health care providers (PPE, see Glossary of terms), although face fit testing of health care staff for FFP3 masks (see Glossary of terms) had not always been achieved which created risks for staff attending medical emergencies.

2.7 Urgent primary care continued to operate and some establishments used in-cell telephones to facilitate telemedicine, which mirrored community practice. Access to secondary health appointments had ceased, with the exception of cancer referrals and emergency care. Reception screenings continued, often face to face, with prison staff provided with PPE.

2.8 Most formal low-intensity therapeutic mental health interventions had ceased during the period of restrictions. Requests for support were generally suitably prioritised by a multi-disciplinary team with a focus on supporting individuals who presented the most risk. However, this did not always work well: in some locations routine referrals were not being assessed and those waiting for assessment were not being monitored. Face-to-face appointments, including with psychiatrists, were usually facilitated where necessary. Mental health transfers had continued and happened within the two-week target for children, but not for adults.

2.9 Most allied health professionals' clinics had been curtailed in line with the community. Social care packages had been maintained, but most local authorities did not attend prisons to conduct social care assessments which were now either on hold, undertaken by phone or completed by the on-site health providers. Clinical substance misuse services had been reduced to a reasonable minimum and one-to-one psychosocial work was being facilitated where necessary. Dental provision was for emergencies only. Midwifery services were generally good. Support for mothers and babies in the specialist units was good.

2.10 After some initial difficulties with the supply of paracetamol in several locations, medicines management was mostly sound. The majority of prisoners and children were provided with a month's medication on release, rather than the usual seven days' worth.

Section 3. Purposeful activity

3.1 Except in the open estate, most prisoners had, since 23 March, spent at least 23 hours a day locked in their cell. In some establishments, prisoners had only 30 minutes out of cell and had to choose between a shower or time in the open air. A few prisoners, for example those who were shielding or in quarantine, had even less time out of cell (see paragraphs 1.13 and 1.14). In every prison, a minority of prisoners (generally around 10%) continued to attend work because their jobs were essential to the running of the prison.

3.2 Time out of cell in women's prisons was better than in the men's estate. In women's local prisons, the basic entitlement was similar to that in men's prisons, at around one hour. However, 15% to 30% of women also had some employment, which was higher than the level typically seen in the male estate. In women's training prisons half the population worked for around 15 hours a week and the remainder had one and a half hours' time out of cell.

3.3 At one open prison, prisoners were locked in their house units for most of the day and only allowed out at designated exercise times. This was at odds with the ethos of an open prison.

3.4 Children in the four public sector young offender institutions (YOIs) we visited had been locked up for more than 22 hours every day since the restrictions were announced in late March; in the case of two YOIs, visited in early July, this meant children had been locked up for 15 weeks. For part of this period, some only had 40 minutes out of cell a day (see paragraphs 1.13 and 1.14). The main cause of this reduced time out of cell was the cancellation, by HM Prison and Probation Service (HMPPS), of all face-to-face education, a decision which was enforced even when governors believed they had designed local processes to allow it to take place safely. Instead, children were offered in-cell education packs. Take-up of these was high in some sites and arrangements for marking and feedback were good.

3.5 In contrast, children at privately-run Parc received at least three hours of purposeful time out of cell a day, including face-to-face education, when we visited in late April:

> *'After a week of running a more limited regime, managers planned, risk-assessed and started delivering two hours of face-to-face education activity every weekday. This included carpentry, cookery, PE and three classroom-based pathways.'*

3.6 There was no classroom-based education in any of the adult prisons we visited. Local education providers supplied in-cell study packs but while this was a good initial response to lockdown, it was not targeted to prisoners' specific needs, and arrangements for providing feedback were weak, except in a private prison where on-site teachers supported prisoners' in-cell learning.

3.7 Prison staff provided more in-cell activities than usual to help alleviate boredom. Examples included in-cell exercise routines (sometimes delivered via in-cell televisions), resistance bands, playing cards, puzzles, craft materials, extra television channels, weekly film screenings, games consoles and donated DVDs. Libraries were closed, except in one young offenders' institution. All prisons had arranged a mobile trolley service or had a small stock of books on each wing or an ordering service.

3.8 Adults in lower security sites generally had some access to outdoor structured exercise sessions, but those in local prisons often only had in-cell opportunities, even by July. One establishment in the children's estate did not provide PE.

Section 4. Resettlement

Contact with children and families and the outside world

4.1 The suspension of social visits in March 2020 was reasonable because it was in line with community restrictions, but caused much distress and anxiety, particularly for primary carers. Our visits sought to understand how well establishments had mitigated this situation.

4.2 From the start of the restricted regime, every adult prisoner in a public sector prison received £5 telephone credit each week to help them keep in touch with their families and friends. Children received a more generous allowance. A reduction in the cost of prisoner telephone calls was negotiated nationally. In prisons with in-cell telephones (around half of the sites we visited, including the children's estate), this financial support helped mitigate the difficulties of maintaining contact, because prisoners and children could make calls at times convenient to them, subject to having sufficient credit. However, where there were no in-cell telephones, calls could initially only be made during the limited time out of cell. This meant that calls were not always possible at convenient times and often had to be short.

4.3 HM Prison and Probation Service (HMPPS) had provided secure mobile telephones for prisoner use in all prisons without in-cell telephony. Although a lack of mobile signal hampered implementation of this scheme in some locations, this was a popular innovation which had alleviated pressure on communal telephones. Inexplicably, one prison, which had received these mobile telephones, had not offered them to prisoners.

4.4 Prisoners and children were allowed to write and send an unlimited number of letters. Most but not all prisons allowed prisoners and children to send replies via the 'email a prisoner' scheme. Each prison was also provided with two tablets designed to support video-conferencing in cases of urgent compassionate need, such as virtual attendance at a funeral. They were rarely used and a more flexible approach to these valuable resources would have been helpful.

4.5 HMPPS accelerated an existing project to provide a secure video calling facility in prisons, which was welcome, although long overdue. However, the roll-out has been too slow to relieve the frustrations of not having visits and this delay has been very keenly felt. We first saw video calling in public sector prisons at the end of June, but, according to HMPPS, it will be some months before it will be available in all sites.

4.6 Release on temporary licence (ROTL) was suspended, except for essential workers. There was a lack of clarity about the definition of an essential worker and one prison took a very restrictive approach with the result that no prisoners continued in their jobs. Elsewhere there were significant reductions in the number of prisoners in external paid employment. For many prisoners, the loss of employment threatened their resettlement plans. ROTL for family contact purposes was also suspended, which was particularly frustrating for primary carers and disproportionately affected women prisoners.

4.7 Some governors had encouraged local innovations. In some open prisons, prisoners used their own mobile telephones under supervision to have video calls with their families. Elsewhere, prisoners could record short video messages to send home, staff distributed activities for prisoners to send home for Father's Day and some prisons kept in touch with families via Twitter.

Release planning

4.8 All prisons maintained critical public protection processes, including multi-agency public protection arrangements (MAPPA), but some were not holding regular interdepartmental risk management meetings. At a few prisons, the increased telephone use by prisoners had overwhelmed the monitoring arrangements and there were significant backlogs.

4.9 Most but not all community rehabilitation company (CRC) staff had withdrawn from prisons, or at least from seeing prisoners and children face-to-face. Some carried out assessments without any consultation with the prisoner, which undermined effective release planning. More positively, in-cell telephony was sometimes used to facilitate a conversation.

4.10 In the children's estate resettlement teams maintained contact with children and continued the usual training and remand planning processes.

4.11 Prison-based offender managers prioritised work for those approaching release, including parole cases, and saw prisoners and children face-to-face when necessary. Most offending behaviour programmes were suspended and few progressive transfers took place. As the weeks passed, we met more prisoners and children who felt unable to make progress (particularly men awaiting transfer to open conditions) and who were concerned that this might affect their release plans.

4.12 Difficulties with securing stable accommodation on release continued. In one prison for men, only two out of 23 prisoners referred to the housing provider in the month preceding our visit had confirmed temporary accommodation by the time they were released. Some women were also released without accommodation. All children had accommodation on release and were met at the gate by a suitable adult. However, two boys were released late from Feltham (and one spent an additional night in custody) because no suitable adult could be found to collect them at the correct time.

4.13 The two early release schemes in operation (the End of Custody Temporary Release (ECTR) Scheme and Early Release on Compassionate Grounds, see Glossary of terms) made little impact on the prison population and some applications sent to HMPPS did not receive replies. The lack of response was particularly concerning given the considerable administrative burden the ECTR scheme had created and the levels of overcrowding in some prisons.

4.14 Most prisons ensured that prisoners had a mobile telephone on release and used taxis or prison transport to travel home. Some prisons provided face coverings to those travelling by public transport.

Section 5. Immigration removal centres

5.1 At all of the immigration removal centres (IRCs) visited (each run by a different provider), populations had been dramatically reduced since March. Immigration detention ceases to be lawful when there is no reasonable prospect of removal and the travel restrictions imposed during the pandemic made removal unlikely. The reduced populations made social distancing easier and helped keep detainees safe from COVID-19. However, some of those still detained had been held for extended periods – 12 had been detained for over a year and more than a fifth had been held for over six months.

5.2 New detainees arrived only once every three weeks on a rota basis for each male IRC as part of the reverse cohorting arrangements and were usually quarantined for their first 14 days. The effectiveness of this process was somewhat undermined because staff working with these detainees also had contact with non-quarantined detainees.

5.3 There were good processes for supporting vulnerable detainees and for reviewing their detention. ACDT (case management for detainees at risk of suicide or self-harm in IRCs) and other care planning processes were still being delivered. Most detainees identified as particularly vulnerable to COVID-19 declined to shield. Some Rule 35 interviews (see Glossary of terms) did not take place face-to-face, which potentially compromised their effectiveness.

5.4 Cleaning products were available and standards of cleanliness and hygiene were good. All detainees could have single rooms, usually with a toilet and a shower. Communication with detainees was generally good.

5.5 Management of health care and joint working to manage the pandemic were effective across all sites. Infection control processes were effective, assisted by the low numbers of people detained. Mental health support was reasonable across all sites and administration of medicines continued to be effective. There was sufficient personal protective equipment (PPE, see Glossary of terms), but three of the sites had not achieved full face fit testing for FFP3 masks (see Glossary of terms), which meant that resuscitation processes varied according to which staff were on duty, which created potential risks.

5.6 The good freedom of movement normally found in IRCs remained and most detainees could work if they wished to. However, whereas two of the centres continued to run education and to open their libraries, the others did not. One of the centres had closed its gym and the reasons for the inconsistencies across the estate were unclear. Extra activity packs for use in rooms were available in all the centres.

5.7 To mitigate the absence of social visits, all detainees received £10 PIN credit each week. All detainees had access to a mobile telephone, internet and video calls.

5.8 Welfare staff were still providing useful assistance and some community support groups were in telephone contact with detainees. Detainees could obtain legal advice and contact Home Office staff by telephone. While most detainees were released to suitable accommodation, nine had left one centre without a fixed address between the start of March and our visit (in May). Meanwhile, much to their frustration, some detainees who had been granted conditional bail were still detained because of a lack of suitable accommodation.