

Report on short scrutiny visits to

# **Category C prisons**

by HM Chief Inspector of Prisons

**16 June 2020**

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# Contents

Glossary of terms	4
About this report	5
Introduction	7
Notable positive practice	9
Section 1. Safety	10
Section 2. Respect	13
Section 3. Purposeful activity	16
Section 4. Rehabilitation and release planning	17
Section 5. Appendix	19
Scrutiny visit team	19

# 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 in our 'Guide for writing inspection reports', available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

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

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

## **Key work**

The key worker scheme operates across the closed male estate, with prison officers managing around five to six offenders on a one-to-one basis.

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

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

## **Reverse cohort unit (RCU)**

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

## **Protective isolation unit (PIU)**

Unit or area for the temporary isolation of symptomatic prisoners for up to seven days; to be used if isolation within their current cellular location is deemed inappropriate.

## **Shielding**

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

## **Short scrutiny visit (SSV)**

A new type of HM Inspectorate of Prisons (HMI Prisons) visit in which three similar establishments (for example, young offender institutions or local prisons) are visited. The aim of these visits is not to report on how an establishment meets HMI Prisons' Expectations, as in a regular full inspection, but to give a snapshot of how it is responding to the COVID-19 pandemic and to share any positive practice found.

## **Social distancing**

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

# About this report

- A1 Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.
- A2 All visits carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.
- A3 HMI Prisons normally reports against a wide range of detailed standards, which are listed in our Expectations. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic has required a substantial revision of such norms, at least in the short term.
- A4 A detailed briefing document on our new methodology is available on the HMI Prisons website (<https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/>). It discusses the reasons for the actions we are taking, the primacy given to public health considerations and their place within the approach of what we have termed 'short scrutiny visits'. The purpose of our current approach is to:
- fulfil HMI Prisons' statutory duty to report on treatment and conditions effectively, without adding unreasonable burdens to a system currently dealing with unprecedented challenges
  - promote transparency about the response to COVID-19 in places of detention and ensure that lessons can be learned quickly
  - use an adapted methodology which provides effective independent scrutiny while adhering at all times to the 'do no harm' principle. This means that HMI Prisons will not put detainees, prison staff or its own staff at unreasonable risk and will work in line with national public health guidance.
- A5 HMI Prisons recognises that at times of crisis and operational pressure, the risks of both conscious and unintentional mistreatment increase, and external perspective and oversight of closed institutions become even more important than usual. By identifying concerns, we also aim to promote more effective and safer practices in prisons, thereby supporting public health. Our methodology will be reviewed and updated in line with changing circumstances.
- A6 Key characteristics of short scrutiny visits are that only two to three inspectors will attend establishments, including a health inspector. Each visit will take place over the course of a single day, and will focus on a small number of issues which are essential to the care and basic rights of those detained in the current circumstances. These critical areas include: care for the most vulnerable prisoners and the need for meaningful human contact; support for those at risk of self-harm and suicide; hygiene; legal rights; health care; access to fresh air; contact with families, friends and the outside world; and support and risk management for those being released.

- A7 Short scrutiny visits do not allow the exhaustive triangulation of evidence that characterises inspections. However, they do enable us to tell the story of life in prison during the current crisis and comment on the proportionality of the action being taken. Each report normally encompasses three establishments, visited on the same day by different teams. Findings in the report are presented thematically rather than focusing on individual prisons.
- A8 For more information and updates on our response to the COVID-19 pandemic, see our website: <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/>.

# Introduction

This report discusses findings from short scrutiny visits to HMP Maidstone, HMP Onley and HMP/YOI Brinsford on 16 June. All three establishments are category C prisons holding convicted adult male prisoners. Maidstone holds a foreign national population, Onley receives prisoners from the London area and Brinsford's population consists mostly of young adults aged 18–21.

This was our second visit to category C prisons since the pandemic began, and little had changed since the first visit on 5 May. Managers had taken effective measures to contain the spread of COVID-19 and were maintaining regime restrictions. There were some population pressures. Brinsford was challenged by the amount of transfers from other prisons, while Onley held many frustrated category D prisoners who needed to move to an open prison, and Maidstone held 19 individuals, an unusually high number, under immigration detention. Social distancing measures were still in place, although inconsistently practised at Brinsford and Maidstone.

Staff and prisoners were becoming concerned about the impact that such a prolonged restricted regime was having on prisoners' well-being. Levels of self-harm varied across the three prisons. We were concerned that there were no systematic welfare checks in place at Onley or Maidstone to identify any decline in prisoners' mood. At Maidstone, some prisoners had had no recorded contact at all since lockdown began. Key work for vulnerable and complex prisoners had returned at Brinsford and Maidstone but was inconsistent. At Maidstone, it was also evident that the vital resource of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) would be affected unless further training was carried out.

In addition to these pressures, Maidstone's foreign national population faced additional anxiety about their immigration status. Due to the withdrawal of several agencies, there was too little information or support available to them and not enough had been done to reinforce messages about the regime in languages other than English.

There was effective partnership working at all sites to deliver reduced health care services and manage the response to COVID-19. At Brinsford we saw some innovative approaches to continuing or reinstating health care delivery, including outreach work on wings, risk-assessed face-to-face clinics and good use of in-cell telephony to contact patients.

At all three prisons, prisoners were unlocked for no more than an hour each day. Some managers had actively considered options to improve the very limited time out of cell or create additional physical education sessions, but had not felt able to do so due to national guidelines and the concerns of staff associations. Only Brinsford and Onley provided physical education sessions, and at Onley these took place during the same period of unlock allocated for showers and phone calls. Attempts to provide in-cell education had not proven effective but we found good efforts to get some of the population out to work.

The suspension of visits continued to negatively affect many prisoners and HM Prisons and Probation Service (HMPPS) had still not provided video calling at the three sites. The failure to make use of additional mobile handsets at Maidstone was a missed opportunity to promote family contact, given the lack of in-cell phones.

Public protection procedures continued at all sites. The End of Custody Temporary Release Scheme had not relieved population pressure, with only two releases across the three prisons. Onley released about 35 prisoners each month and its 'departure lounge' was a welcome innovation, offering face coverings to individuals before they made journeys home.

Although all three prisons remained stable, this report illustrates some of the emerging frustrations and concerns felt by both staff and prisoners about the cumulative impact of restricted regimes.

Given that the spread of COVID-19 has been well contained in these prisons, I am disappointed and concerned that at this stage even the most modest local initiatives from governors - which in their view could be safely implemented to increase time out of cell - had, for whatever reason, been frustrated.

**Peter Clarke CVO OBE QPM**

HM Chief Inspector of Prisons

June 2020



# Notable positive practice

- At Maidstone, prisoners themselves curated the prison's TV channel with staff oversight to provide helpful information.
- At all three prisons, prisoners collected their meals from the servery, increasing contact with staff and enhancing the very limited time out of cell.
- At Brinsford, a number of face-to-face health care clinics were operating on a risk-assessed basis and health care staff made use of in-cell telephony to contact patients and review care needs.
- At Onley, some promising work had started between the mental health, education and safer custody teams to support prisoners with attention deficit hyperactivity disorder (ADHD) and create a clearer pathway into education. Distraction packs had been created to address the fears and worries around COVID-19, which included activities, relaxation techniques and in-cell yoga.
- At Brinsford, the young adult population had been provided with handheld games and resistance bands for in-cell exercise.
- At Maidstone, work in the kitchen and recycling department was rotated across a different residential unit each day, giving as many prisoners as possible some additional time out of cell.
- Brinsford and Onley had both maintained contact with families through active Twitter accounts.
- Onley had completed a 'family and friends' visits survey which explained that when visits restarted they would look very different, but asked visitors which aspects were most important to them.
- At Onley, the 'departure lounge' provided practical advice to prisoners on the day of release, as well as mobile phones and, importantly, face coverings, which were now a necessity for the journey home for any prisoners using public transport.

# Section 1. Safety

In this section, we report mainly on the actions taken to promote safety; the treatment of prisoners during arrival and early days; and the support for the most vulnerable prisoners, including those at risk of self-harm.

## Actions taken to promote safety

- 1.1** All three prisons had adopted appropriate cohort arrangements in line with national guidance to contain the spread of the virus and keep staff and prisoners safe.
- 1.2** At all three sites, some 12 weeks into very restrictive measures, prisoners were desperate to hear about restrictions being eased but the governors were unable to provide any reassurance. Communication with staff and prisoners was generally effective, but particularly so at Onley where there was a dedicated communications manager. At Maidstone, prisoners themselves curated the prison's TV channel to provide helpful information, although there was a noticeable lack of simple messages about COVID-19 for non-English speakers among the foreign national population.
- 1.3** The number of prisoners testing positive or showing symptoms for COVID-19 varied across the sites. At Onley, 19 prisoners had been symptomatic or tested positive and there was one symptomatic prisoner at the time of our visit. At Brinsford, five prisoners had tested positive reasonably early in the pandemic and although there had recently been symptomatic prisoners, there were none at the time of our visit. Only one prisoner had tested positive for COVID-19 at Maidstone and he was recovering following a period of hospitalisation. There were currently no symptomatic prisoners at Maidstone.
- 1.4** Population pressures were manageable at Onley and Maidstone but more challenging at Brinsford. At Maidstone, most prisoners already lived in single cells and the prison's operational capacity had been slightly reduced to help it manage new arrivals. There were 19 individuals held for immigration detention, an unusually high number.
- 1.5** Although Brinsford was not full at the time of the visit, its operational capacity had not been reduced and there was regular pressure created by transfers from other prisons.
- 1.6** At Onley, routine transfers into the prison had been halted early in the pandemic and the roll had reduced, enabling the prison to provide designated and considered cohort arrangements. Population pressures centred around 90 category D prisoners who were unable to move to open conditions and were extremely frustrated.
- 1.7** Cohort arrangements had been set up at the three prisons. Arrangements for reverse cohort units (RCUs – see Glossary of terms) and protective isolation units (PIUs – see Glossary of terms) had been established where required.
- 1.8** The management of shielding prisoners (see Glossary of terms) was efficient at Onley and Brinsford but more problematic at Maidstone. At Onley, 59 prisoners were being shielded (eight extremely vulnerable and 51 vulnerable prisoners) and they were very well supported on a dedicated shielding unit.
- 1.9** At Brinsford, six prisoners (including just one extremely vulnerable prisoner) were shielding. There was no shielding unit but prisoners were kept safe in their own cells and could access a domestic period.

- I.10** Maidstone lacked a suitable unit that it could dedicate to shielding the few medically vulnerable prisoners. Consequently, one very elderly prisoner had lived on the segregation unit by his own consent for nearly three months. Although he was coping well, there were no regular, recorded multidisciplinary reviews to ensure oversight of this decision.
- I.11** At all three prisons, the need for social distancing was reinforced but it was sometimes difficult to realise in the confines of existing buildings and was not consistently practised by prisoners or staff.

## Arrival and early days

- I.12** At the time of our visits, all three establishments were receiving transfers of prisoners. Reception processes were sound and prisoners arriving at Onley and Maidstone were particularly positive about how they were received by reception staff.
- I.13** New arrivals were separated from the rest of the population for 14 days in a designated RCU. We found reception and first night procedures were operating well and all new arrivals received private safety checks and health screening, as well as the equipment and clothing they needed. At Onley and Brinsford, prisoners on the RCU received the same regime as the rest of the population but time unlocked was often reduced on the Maidstone RCU.
- I.14** Prisoners received an amended and reduced induction, because agencies such as education providers were no longer on site. Prisoners received other relevant support and advice. The Maidstone RCU was run by existing induction staff who were familiar with early days processes.

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

- I.15** All three prisons were stable, but staff and prisoners were becoming concerned about the impact that such a prolonged restricted regime was having on well-being. Prisoners were desperate to know when restrictions would be eased. None of the governors could provide prisoners with this reassurance as measures and timescales were being controlled centrally by HM Prison and Probation Service (HMPPS).
- I.16** The number of recorded self-harm incidents had started to increase slightly at Brinsford but had decreased at Onley. At Maidstone, levels were similar to preceding months but much higher than the same period in 2019.
- I.17** There had been a self-inflicted death at Maidstone during the restricted regime and the number of prisoners receiving support under assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm had begun to increase. The number of Listeners would soon reduce to a problematic low level unless further training was carried out.
- I.18** Processes were in place to support the most vulnerable and complex prisoners across the three prisons. We saw evidence of some good support from the safer custody team for individual prisoners in crisis at Maidstone. At Brinsford, prisoners at risk of self-harm received daily welfare checks. Recorded welfare checks had just been introduced for the most vulnerable prisoners at Onley, but these only took place weekly.

- I.19** Some key work sessions (see Glossary of terms) had resumed at Brinsford and this provision was being expanded. At Maidstone, about 200 of the most vulnerable and complex prisoners had been identified for key work, but this support was inconsistent and had declined since May. Routine key work had been suspended at Onley.
- I.20** Overall, processes to monitor any deterioration in mood across the prisoner population were weak. Although we were reassured about the level of support at Brinsford, there were no systematic recorded welfare checks at Onley and Maidstone. At Maidstone, there was no recorded contact of any kind with some prisoners since March. This was a significant gap given that all prisoners had now experienced almost three months of a restricted regime.
- I.21** In addition to the pressures of a restricted regime, Maidstone's foreign national population faced anxiety about their immigration status. Access to Home Office staff was very limited and the Citizen's Advice Bureau had withdrawn from the site, although offender management unit (OMU) staff had tried to compensate for these gaps. Removal flights were sometimes cancelled, causing returning detainees to undergo further periods of quarantine at Maidstone, creating additional distress.

## Section 2. Respect

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

### Living conditions

- 2.1** Interactions between prisoners and staff across the three sites were relaxed but frustrations around the continuing restricted regime were evident. Prisoner councils had been reintroduced in Onley and Brinsford and were helping to engage prisoners. At Maidstone, the governor met the chair of the Community Council weekly.
- 2.2** Across the three prisons, cleaning schedules delivered more frequent cleaning and disinfecting of residential areas, including gates, door handles and railings. Communal areas appeared generally clean and tidy. Showers and outside exercise equipment at Brinsford were not always cleaned between uses and showers at Maidstone, some of which were already in a poor state of repair, were also not cleaned often or thoroughly enough, which did not assist with infection control.
- 2.3** Prisoners at all three sites, including those who were shielding or symptomatic, could shower daily. In-cell showers for some prisoners at Brinsford and Onley were greatly appreciated.
- 2.4** Prisoners at Onley and Maidstone could readily access cell cleaning materials and clean clothes and bedding, but those at Brinsford told us that cell cleaning equipment, clean towels and bedding were difficult to access at times.
- 2.5** At all three sites, prisoners were unlocked to collect their meals from the servery. This gave prisoners a small amount of additional time out of their cells and the opportunity to have contact with staff. Across the three sites, prisoners appreciated the extra food and drink packs provided.
- 2.6** Chaplaincy teams remained visible in the three sites to provide pastoral care but all corporate faith services had been suspended since the restrictions had come into force in March.

### Health care

- 2.7** At all three prisons, contingency arrangements were in place to identify and manage the risks associated with the pandemic. Close partnership working between prison staff, Public Health England, health commissioners and health providers had enabled the respective prisons to deliver essential services.
- 2.8** Staffing had remained largely intact but some providers, particularly at Maidstone, had drastically reduced health support initially, though these gaps had now mostly been addressed. There were no shortages of personal protective equipment (PPE – see Glossary of terms). Patients who were vulnerable due to health conditions had been identified and seen by health care staff so that they could be advised of the risks associated with COVID-19.
- 2.9** Brinsford and Onley had experienced a COVID-19 outbreak, but very few prisoners at any of the three sites were currently symptomatic or had tested positive recently. We were able

to speak on the phone to a number of prisoners affected by these arrangements. Feedback from prisoners was generally positive and all prisoners understood why restrictions were in place and valued the support offered, though many reported a degree of frustration that restrictions had not been eased in line with those in the community.

- 2.10** The individual health needs of prisoners continued to be assessed on arrival at all sites and prisoners were then assigned to reverse cohort units (RCU – see Glossary of terms). Prisoners understood the impact of COVID-19 and the effect on the delivery of health care.
- 2.11** Primary care input had reduced, with an emphasis on risk management to ensure adequate support for acute or critical need. GPs and specialist nurses continued to offer services. Health teams at Onley and Brinsford had changed their ways of working to provide services to prisoners in different ways, with new outreach work on wings at Brinsford being an example.
- 2.12** Applications for health support were triaged effectively, though the responsibility for this at Onley fell solely on the GPs, which could be very demanding. Impressively, routine clinics continued to run at Brinsford subject to risk assessment. Face-to-face appointments occurred at all sites, though further work was required to reintroduce a full range of services including immunisation and vaccination. Additionally, Brinsford had been able to make use of in-cell telephony to maintain contact and review care needs.
- 2.13** At all three sites, most other specialist primary care services such as dentistry, podiatry, optometry and physiotherapy had largely withdrawn or reduced contact. All sites had started to reintroduce dental services but waits for routine care had accumulated significantly. There was less demand for other specialist services, but they were being considered as part of plans to restore all areas of primary care.
- 2.14** Emergency response processes had been revised following refreshed national guidance, but they appeared not to have been communicated well at Maidstone.
- 2.15** Liaison with local hospitals was regularly taking place and prisoners continued to attend external clinics on a risk-assessed basis. Senior clinicians were overseeing these arrangements and local administrators were monitoring waiting lists.
- 2.16** Pre-release support continued, with all sites now routinely providing up to 28 days of take-home medication and liaising with community services where appropriate. During our visits, no prisoners required social care packages and the need for it was generally low.
- 2.17** Medicine management arrangements had been largely unaffected. Prisoners received medicine from wing hatches or health care centres and most told us that there had been no issues receiving their prescribed treatments. In-possession medicine use had been reviewed at all sites but no substantive changes were required. Administration of supervised medicines was taking significantly longer at Maidstone. There was oversight and governance of medicine management by pharmacies at all sites.
- 2.18** Access to comprehensive mental health provision had reduced at all sites and markedly so at Maidstone. Teams delivered support based on clinical risk and concentrated on the most vulnerable individuals, providing input into assessment, care in custody and teamwork (ACCT) case reviews. Individual support continued but routine assessments and interventions were taking much longer to fulfil. Face-to-face interventions were happening at Brinsford and Onley, as well as telephone contact at Brinsford, but most general low-intensity therapeutic interventions had ceased. Priorities were reviewed at all sites by multidisciplinary teams, though the rigour of this varied. The mental health team at Onley continued to have contact with everyone on its caseload and the psychiatrist was innovatively using video calling to undertake some consultations. At Onley, some promising

work had started between the mental health, education and safer custody teams to support prisoners with attention deficit hyperactivity disorder (ADHD) and create a clearer pathway into education. Distraction packs had been created to address the fears and worries around COVID-19, which included activities, relaxation techniques and in-cell yoga. There were no reports of any significant waits for transfer to hospital under the Mental Health Act at any of the sites.

- 2.19** Prisoners requiring clinical treatment for substance misuse problems continued to receive appropriate support and were offered naloxone (which reverses the effects of opiates) training and supply on release. Prisoners needing psychosocial interventions received some limited individual support, including harm minimisation advice. Welfare contacts were being maintained and in-cell work had been refreshed to encourage prisoner engagement.

## Section 3. Purposeful activity

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

- 3.1 For the last 12 weeks, most prisoners had spent at least 23 hours locked up each day. Time unlocked varied across the three sites. At Onley, most prisoners consistently received an hour out of their cells each day to exercise and shower. At Maidstone it ranged between 30 and 50 minutes and at Brinsford it could also be as little as 30 minutes. Some prisoners described feelings of isolation and believed their mental and emotional well-being was suffering as a result. Governors recognised that the current position was unsustainable but believed they had no autonomy to increase time out of cell, even though they felt they had sufficient staff and had contained the spread of COVID-19. They could offer prisoners no reassurance about when the current restrictions would be eased.
- 3.2 All prisoners at Brinsford were allowed to access exercise equipment on the yards, except for those on the enhanced unit, where the yard was closed. Fortunately, a separate outside space was available where prisoners could play tennis during their exercise period if they chose to. In addition to their daily time out of cell, a limited number of prisoners at Brinsford could access a weekly 20-minute circuit session led by PE staff. At Onley, prisoners could access outdoor exercise sessions with gym staff every 10 days, but this took place during the hour they were given to shower and make phone calls. There were no structured PE sessions currently offered at Maidstone.
- 3.3 Some prisoners at each site continued to be employed, including cleaners, kitchen workers and peer workers. At Brinsford, 89 prisoners were engaged in some kind of work and at Onley, around 70 prisoners were employed. At Maidstone, about 125 prisoners continued to work, and roles in the kitchen and recycling department were offered on rotation across residential units to allow as many prisoners as possible to get some extra time out of cell.
- 3.4 Rates of pay varied for prisoners who were newly arrived or without an allocated job. At Onley, prisoners were paid just £5 each week; at Brinsford they were paid £9.70 and at Maidstone £8.10.
- 3.5 Classroom-based education had ceased at all sites with no firm date to reintroduce provision. Across the three sites, some in-cell education packs had been developed and distributed but this was not consistent or sustained at Brinsford. At Maidstone, the packs had only been introduced about six weeks into the current regime and take-up had been poor, with only 10% returned for marking.
- 3.6 A range of in-cell activity and distraction packs had been introduced across the three prisons. At Onley prisoners could borrow DVD players and DVDs and at Maidstone prisoners could access additional television channels and DVDs. The provision for young adults at Brinsford was more creative and included additional television channels, handheld games and resistance bands for in-cell exercise. Despite these innovations, many prisoners spoke of the monotony of the regime and told us they were bored.
- 3.7 Libraries at the three sites had been closed since restrictions were introduced. At Onley, most wings had a few books, often donated by staff, but there was no library service. At Brinsford and Maidstone, a stock of books had been supplied to each wing. There were no opportunities for prisoners to request specific publications.



## Section 4. Rehabilitation and release planning

In this section, we report mainly on contact with children and families, and release planning.

### Contact with children and families and the outside world

- 4.1** Social visits had been suspended at the start of the restricted regime, which meant that prisoners had not had any face-to-face contact with their family and friends for three months. This was understandably a source of anxiety for many prisoners. Concerningly, video-enabled visits had still not been introduced by HM Prison and Probation Service (HMPPS) at any of the prisons to bridge the gap. Two tablet computers had been provided to each prison to support prisoners who had been bereaved.
- 4.2** All three prisons had responded to the cessation of visits by providing prisoners with an additional £5 phone credit each week and call costs had been reduced. At Brinsford, prisoners benefitted from in-cell telephony which they could access 24 hours a day, seven days a week, with no limits on purchasing additional phone credit. At Maidstone and Onley, prisoners relied on being able to make calls during their limited time out of cell. Maidstone had been provided with 14 additional handheld phones but had yet to utilise them. This was a missed opportunity given that many prisoners made phone calls abroad and would have appreciated the chance to make a call in-cell at a time of day convenient to their families.
- 4.3** Onley and Brinsford kept in contact with families using active Twitter accounts. Commendably, Onley had carried out a 'family and friends' visits survey which acknowledged that when visits restarted they would be very different, but asked visitors which aspects were most important to them.

### Release planning

- 4.4** Existing public protection measures had been sustained and adapted where necessary at all three prisons. At Brinsford, the significant increase in phone calls meant that there was a backlog in monitoring, but high-risk cases were prioritised.
- 4.5** Offender management work was limited but some face-to-face contact with offender management unit (OMU) staff was facilitated at all three prisons and work was sensibly focused on time-bound processes such as Parole Board hearings and recategorisation reviews. Onley continued to undertake offender assessment system (OASys) reviews. With the suspension of programmes and meaningful sentence planning, prisoners at Onley were frustrated that their progress had stalled. At Brinsford, work to support prisoners who had transitioned from the young people's estate continued.
- 4.6** At Maidstone there was very limited Home Office presence, and OMU staff spent much of their time seeing prisoners to communicate messages around their immigration status. There was now a significant backlog of work for the Maidstone OMU; 235 prisoners did not have an initial OASys assessment.
- 4.7** The End of Custody Temporary Release Scheme (see Glossary of terms) had proven ineffective in relieving population pressures. Despite considerable work from staff, only one prisoner had been released from Brinsford, one from Maidstone and none from Onley.

- 4.8** At Onley and Maidstone, resettlement staff did not interview prisoners face-to-face to discuss their needs, which limited effective release planning. At Brinsford, the community rehabilitation company (CRC) was providing an active resettlement service and release planning was still taking place.
- 4.9** At Onley, the new 'departure lounge' provide valuable practical support, such as mobile phones and face coverings for newly-released prisoners who were making the journey home using public transport, which was effective and thoughtful forward planning.
- 4.10** Some prisoners had been released without an address during the pandemic. At Onley in May, one prisoner had been released with no fixed abode and five into transient accommodation. At Brinsford, we were told that four prisoners had been released homeless but that all had been given appointments with their local authority who guaranteed to provide emergency accommodation. At Maidstone, there were few releases to the UK and we were told that nobody had been released homeless.

## Section 5. Appendix

### Scrutiny visit team

Alison Perry	Team leader
Kellie Reeve	Team leader
Jonathan Tickner	Team leader
Esra Sari	Inspector
Ian Dickens	Inspector
Caroline Wright	Inspector
Sarah Goodwin	Health care inspector
Maureen Jamieson	Health care inspector
Steve Eley	Health care inspector