

Justice Committee

Oral evidence: [Rainsbrook Secure Training Centre, HC 1266](#)

Tuesday 9 March 2021

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Members present: Sir Robert Neill (Chair); Paula Barker; Rob Butler; Janet Daby; James Daly; Miss Sarah Dines; Maria Eagle; Dr Kieran Mullan; Andy Slaughter.

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Witnesses

[I](#): Angus Mulready-Jones, Lead for Children and Young Adults, HM Inspectorate of Prisons; Christine Williams, Deputy Director of Social Care and Regulatory Practice, Ofsted; and Nick Stacey, HM Inspector, Ofsted.

[II](#): Ian Mulholland, Managing Director, MTC.

[III](#): Robert Buckland QC MP, Lord Chancellor and Secretary of State for Justice; Helga Swidenbank, Executive Director, Youth Custody Service; and Jo Farrar, CEO, HM Prison and Probation Service.



Examination of witnesses

Witnesses: Angus Mulready-Jones, Christine Williams and Nick Stacey.

Chair: Welcome to this special session of the Justice Committee to hear about the urgent notification procedure at Rainsbrook secure training centre. We are grateful to our witnesses for coming. I will ask our first panel of witnesses to introduce themselves shortly, and then we will turn to the questions. First, members have to make declarations of interest. I am a non-practising barrister.

Rob Butler: Prior to my election, I was a non-executive director of HMPPS and the magistrate member of the Sentencing Council. Prior to that, and directly relevant to today's hearing, between 2013 and 2017 I was a board member of the Youth Justice Board. For absolute completeness, from 2006 to about 2010, I was on the independent monitoring board of Feltham YOI, where Helga Swidenbank was then deputy governor. She will appear before us in our final session this afternoon.

Maria Eagle: I am a non-practising solicitor.

Miss Dines: I am a barrister, but I have not taken any cases since my election.

Andy Slaughter: I am a non-practising barrister.

James Daly: I am a practising solicitor and partner in a firm of solicitors.

Q1 **Chair:** Mr Mulready-Jones, Ms Williams and Mr Stacey, thank you very much for coming to give evidence to us today. May I ask each of you to introduce yourself and your organisation?

Angus Mulready-Jones: I lead for children and young adults at the Inspectorate of Prisons, which is jointly responsible, alongside Ofsted and the CQC, for inspecting secure training centres.

Christine Williams: I am deputy director for regulation and social care practice in Ofsted with responsibility for secure estate inspections.

Nick Stacey: I am Her Majesty's inspector, and I have been involved in leading inspections of secure training centres for the past three years or so.

Q2 **Chair:** Going back to your inspection of Rainsbrook in October 2020, in a nutshell, what did you find? Clearly, it provoked a measure of concern. Can you encapsulate that for us?

Nick Stacey: Fundamentally, this was an assurance visit following the last full inspection of the centre in February 2020. In the context of the pandemic, we wanted to see how the centre was managing. What was found on that visit was that children were being reverse cohorted. That is a rather clumsy prison term, meaning that newly admitted children were



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being isolated for 14 days upon admission to control infection. That was in accordance with the regime for the programme's exceptional delivery model, but children were being locked up for 23.5 hours a day.

The question we were highly concerned about was why this was the case. Given that only 43 children out of the 87 capacity were resident at that point, there was not insufficient staffing to warrant that solitary confinement. We had no reasonable assurance or explanation from senior managers.

We also discovered that leaders had failed to make any realistic progress on the 19 recommendations made at the February 2020 inspection. We found that too many children who should have been attending education full time were not doing so, and that most children were completing work packs in their rooms, which were not being marked.

We recommended that the locking of newly admitted children in that fashion cease immediately and that the outstanding recommendations from the February 2020 inspection were decisively addressed.

Q3 Chair: Does anybody want to add to that? That seems to encapsulate it pretty clearly, does it not? If the other witnesses do not want to add to that, may I ask you, Mr Tracey, whether you have found a like situation at any other secure training centre in the three years that you have been carrying out these inspections?

Nick Stacey: If I may draw a comparison with Oakhill, which is the other commissioned secure training centre, I led a visit there in November 2020. What we found there was in stark contrast, in that it had managed the conditions around children admitted during the pandemic far more effectively. Children were similarly isolated for 14 days, but they had an average of three to four hours per day outside their rooms with structured activities, so that did not apply.

Education provision was also much better. In the wider unit outside the admission unit children were being bubbled, to use the terminology, in groups of four and had been attending full-time education since September.

It had used its exceptional delivery model far more effectively and had gradually phased permissions over that period since it was implemented in April.

Q4 Chair: That is very helpful. The inspection that you conducted in 2020, following the one in February, was not the first time that concerns had been raised about standards at Rainsbrook. Previous inspections said that more needed to be done to bring it up to a good standard.

Nick Stacey: That is correct. Since 2015, all the annual inspections had required the centre to improve to be good in terms of overall effectiveness. I think that leadership and management had been found to be inadequate on two occasions, and education, similarly, inadequate on



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two occasions. Although there were fragmented improvements in some parts of children's experiences, they were not consistent over that period.

Q5 Chair: In October 2020 you had those concerns against that background. You presented those concerns to the Ministry of Justice, the Youth Custody Service and, I imagine, MTC as the operator. What response did you get?

Nick Stacey: Christine, do you want to pick that up?

Christine Williams: Following each inspection the provider would have had feedback anyway and so would have known of the concerns on site at the time.

Following that, we met the YCS to raise those concerns, particularly those about children being locked up for that length of time, and were reassured that that practice would cease.

We raised the issues Nick just mentioned about the level of concern about previous recommendations not having been progressed and the estate's education support for children, which was poor. We left them with a clear understanding of our concerns. From meetings with them we had reassurances that they would be responding to that and dealing with it immediately.

The chief inspectors also wrote to the Secretary of State and raised concerns about what we had found. Again, we had reassurances in correspondence that they would be addressing the issues; they took the issues of concern very seriously and they would be making some progress to address the particular issue of newly admitted children. We felt they knew what the issues were and that they were going to address them at that point.

Q6 Chair: When you say "they", to whom were you referring initially? Are you talking of MTC or the Youth Custody Service?

Christine Williams: Both of them. MTC was aware because it had had feedback and knew what the issues were following the inspection. We had met the YCS to raise the concerns, and then the letter from the chief inspectors went up to the Secretary of State.

Q7 Chair: What did you or anyone in your organisation do to track that? We know that you went back in in December. Did anything happen between October and December?

Christine Williams: After the October meeting we met the YCS on 5 November when they presented to us the actions they had taken, including increased management oversight and immediately ceasing isolation of the children. We had a couple of meetings with them since that time and our understanding was—there was no reason to disbelieve it at the time—that some of those actions and recommendations would be addressed. They talked to us and said that children would be outside their



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rooms each day for a minimum of three hours. We challenged that to make sure that was a minimum and that it was not going to become the norm, and they reassured us on that point, too.

Q8 Chair: You say you had no reason to disbelieve them. Did there come a time when you did disbelieve them?

Christine Williams: When we went back to do the monitoring visit in December we discovered, because children were telling us, that they were still being locked in their rooms. Nick and Angus can add to this, but the children gave us lots of examples of still being kept in their rooms. When we challenged that with the managers on site, they did not think that was the case and they were going to provide us with information to confirm it.

We gave them more time to provide that detail and they were not able to do that. Our conclusion was that not only what the children told us was correct but that the evidence the inspectors saw in the written logs reinforced what the children told us.

Q9 Chair: Was that December visit a monitoring visit set up in advance? Were you always going to go back after that time lag to monitor progress?

Christine Williams: After we visited in October and the concerns raised, we knew that we needed to go back, so we went back in December and we found things had not changed. That was the finding that instigated the urgent notification.

Q10 Dr Mullan: Before I ask about the December visit, can I pick up one point very briefly? You said you asked about the reason for keeping children in their cells for a very long time. You said they did not really have an explanation. Can I ask for a bit more detail? What exactly was said about why they were doing that and why they did not find an alternative compared with other sites?

Nick Stacey: I had conversations with the director and deputy director. As Christine just said, we had seen first-hand evidence from four or five children who were isolated in the reverse cohort unit. They were clearly telling us that they were locked up for 23.5 hours a day. In the preceding week five children had been locked up for a similar period, so the evidence was very stark. We saw it and spoke to custody officers in that unit who told us that, yes, children were locked up. Managers said—this was a rather bizarre conversation—that they had a new RCU protocol, which I think they introduced on 17 November, that allowed children in the admission unit four hours a day out of the units and that was what was happening. They said that the children were mistaken; they had got it wrong. I said, “We’ve seen it; we’ve been there, watched it and heard it.”

As Christine said, they asked for an opportunity to submit evidence that would support their case. This was an unannounced visit. We agreed.



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Fundamentally, the evidence was the daily unit logs of what was happening to those children minute by minute and hour by hour. Indeed, they testified that they were locked up for that period of time with very little stimulation, activity or interaction with staff. You can imagine we were thoroughly perplexed to hear this defence, which was no defence at all.

Q11 Dr Mullan: I was not clear. I was referring to the visit in October when you first raised the issue of children being locked up for extended periods. You said there was not really an explanation. I just want to understand exactly what they said in relation to that.

Angus Mulready-Jones: The explanation was that it was standard practice during the period of Covid restrictions that all children had to be subject to the cohorting arrangements for 14 days, which meant they had to be subjected to these very austere regimes. The centre had received advice from a variety of sources, Public Health England and its own healthcare provider, that had supported its position.

Fundamentally, I do not think any of the inspectors have a problem with the concept of reverse cohorting. The reverse cohorting unit is staffed from before 8 o'clock in the morning until about 9 o'clock at night. It had three children on it at the time of the October visit. Even if you did not want children mixing with each other, there was sufficient time in that day to have them out of their rooms for three, three and a half or perhaps even four hours at a stretch. This was a problem of culture and it became easier to put children in their rooms than to get them out and think creatively about how to ameliorate the impact of the necessary restrictions due to Covid on the wellbeing of children.

Q12 Dr Mullan: Were you ever privy to any of that advice? Did they ever share with you as the inspectorate any advice that they felt justified their approach, either generally or specifically, in the institution and how they were operating it?

Angus Mulready-Jones: I do not have that information to hand right now. I do not know whether Christine can comment on it.

Christine Williams: I do not have it, either. We could find it out for you later.

Q13 Chair: If you do not have it to hand, perhaps you will let us know. Mr Stacey, can you help Dr Mullan on that?

Nick Stacey: Could you repeat the question, Dr Mullan?

Q14 Dr Mullan: We have been given an explanation that the centre's initial reaction in October was to inform you they felt that what they were doing was in line with medical advice, advice of their own and advice from Public Health England. I was interested to know whether the inspectorate was ever shown, or had described to it in more detail, any evidence that would corroborate their account that they felt that what they were doing



was in line with guidance.

Nick Stacey: I personally was not on that visit, but I think they used that exactly as you describe as their defence. They were being guided by the exceptional delivery model and the command structures that flowed from that, and they were following PHE advice.

Q15 **Dr Mullan:** If I can roll this forward to December, you mentioned your findings in relation to the time children were spending in their rooms. What other findings were there in the December announced inspection—both new findings or repetitions of things you had identified in October?

Angus Mulready-Jones: I do not know whether you would like me to come in on this. There were two key elements to the findings in December. The first was the treatment of children and the continuation of the practice of locking them up for long periods during their early days.

We also found deficiencies in the education provision for children during and just after an outbreak at the centre. We do not disagree that there is a need for different models of education to be delivered, particularly if you are short of staff, but, bearing in mind this was December and the pandemic started in March, we would have expected some plans to be put in place to deliver a coherent system of education to 45 children who were there in December.

The fundamental problem was that by December everyone had assured us that this problem had been solved. The YCS, the director, deputy director, MTC and Secretary of State said this had been solved. Children were getting out of their cells for longer periods of time.

Even on the morning of our visit in December both the director and deputy director of the centre told us how practice on the boys' induction unit had improved. That was not the case only for boys, where the unit practice differed from management expectations; no consideration had been given to improving the experience of newly arrived girls, who continued to be locked in their rooms for the same period of time.

To put this into context, STCs hold children who are deemed to be too vulnerable to be put into YOIs. These regimes were experienced by children as young as 15 and continued even when there was evidence that the child was at risk of self-harm or exhibited signs of distress.

The size of the institution is important. We are not talking about a sprawling American establishment. It is a small site and it would have taken a matter of minutes for managers or YCS monitors to check if this poor treatment had been stopped. Therefore, the fact that it was not checked, or, if it was checked, it was not escalated, shows failure both at the centre with MTC and the YCS and wider in the Ministry of Justice to have the Secretary of State writing things in a letter on 18 November that we then found were not being implemented in December.

Q16 **Dr Mullan:** You may by implication have explained the answer to my



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next question. What were the specific reasons for you to invoke the urgent notification process, which is rare? You may well have indicated what those reasons were.

Angus Mulready-Jones: I think I have. I do not know whether Nick or Christine wants to elaborate.

Christine Williams: I think Angus has, but it is important to reiterate that we had been there in October and found what we had found; we had had a very detailed response to say things were changing, and when we went back in December they had not changed and the managers on the site were not aware.

Q17 **Dr Mullan:** I presume that from the point of view of an inspector what is more serious than conditions might be a failure of management even to know what the conditions are. That is what you were particularly concerned about.

Angus Mulready-Jones: That is absolutely the case. The larger issue here is one of leadership, oversight, national oversight and monitoring of what that centre's management is doing.

Q18 **Janet Daby:** I thank the panel for coming to answer the questions so comprehensively already.

In my previous life I was a children and family social worker and used to place children in secure homes, training centres such as this and foster care, where I was a registered Ofsted manager. To hear what has been happening at this training centre is very alarming because it is all about safeguards not being put in place for children.

Were other independent people going into the training centre? Were they able to pick up any of these issues? Was it reported to you in any other way and, if so, how did you respond? Is there anything that you think you would have done differently to move this along quicker to ensure the children were protected?

Angus Mulready-Jones: I think there is a real issue about the independence and the various people children have at their disposal to raise concerns. There are on-site monitors from the YCS with whom the children should have been able to raise concerns and who should have spotted this and told the YCS.

There is also a commissioned advocacy service, which should have raised concerns about this, as well as local partners and others who should have been aware. In reality, we found out about this only when we walked through the door and spoke to the children, so there were significant weaknesses in those systems designed to protect children.

Q19 **Janet Daby:** That means multiple failings had taken place. With whom would they have been followed through about where the failings had taken place for these young people?



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Angus Mulready-Jones: I will leave this to Christine in part, but in general we made recommendations for the leadership and management of the centre and the YCS to oversee that improvement, but it has to be said that there are systems in place that are meant to safeguard these children and they did not alert anyone that this practice was continuing. I will leave Christine to finish the answer.

Christine Williams: I just reiterate and reinforce the point that as the independent inspectorate we see it when we get there. We do not regulate the service; the YCS have that responsibility. As Angus says, they have people in there who should be aware of what is happening. We had had meetings with them before; we had been given reassurances that this was happening and that this was the progress they were making, and when we got there we found that was not the case.

Q20 **Janet Daby:** The fact is that failings had been taking place in Rainsbrook for some time. You mentioned that it required improvement to get to good, so the pandemic compounded the stresses already on the training centre. Did that not ring any alarm bells in raising any additional concerns? Obviously, you went in and there were other inspections taking place, but were there not any additional alarm bells ringing with regard to how the training centre was managing and caring for these young people as they came into the centre?

Christine Williams: We were mindful of the impact of Covid and the pandemic and the fact that there were reduced staffing numbers, but there were significantly reduced numbers of children as well. As Nick explained earlier, there is an example of another STC, Oakhill, which was managing it better for their children.

Our responsibility as an independent inspectorate is to go in and do the assurances bit, and that was exactly what we did. We are able to follow up with a monitoring visit, which is what we have done and will continue to do, and raise an urgent notification at the highest level, which is what we have done, and hopefully that will make a difference. We will know that when we go back.

When we went back in January we could see some progress, but we could not test the reverse cohorting situation because there had not been any children in there. Therefore, we will need to go back and test that out because, at the end of the day, this is about making sure that those children are properly safeguarded and taken care of.

Q21 **Paula Barker:** Some of this has been touched on, but I would like to explore it a little further. We have heard that in each of the past four years Rainsbrook has been judged by the inspectorate as requiring improvement to be good. Can you give any indication why that is? We have concentrated on the last inspection, but what were the findings in the previous years?



Nick Stacey: It is a variety of factors. As Angus alluded to, there is a cultural difficulty with these centres. I do not think that senior managers walk into the centre each day thinking, "I'm going to do a bad job for children," but most of them come from backgrounds in the adult custodial estate. Essentially, what they do is import an adult custodial model into a children's prison. The structure of STCs is very prison-like. They feel and look like prisons; they do not feel like children's homes. Therefore, they are very different physical settings from secure children's homes by way of contrast.

There is a long history of ineffective senior management grip and oversight to make improvements at pace. There is a lot of activity. They look at lots of things, but they are not necessarily the right things. The performance management system is based very much on what can be counted: the number of incidents, the number of occasions of use of force and the number of restraints. Typically, they spend a lot of time in meetings looking at these things and identifying trends and patterns.

What they are less capable of is trying to do something meaningful about it—reducing the level of violence between children and violence towards staff. These patterns and trends have continued over many years. Because they do not have a background in working with troubled and traumatised children, which all these children are, their interventions are too blunt and not informed enough to start alleviating and managing these very challenging behaviours.

That is compounded by a very high turnover of frontline custody officers, who work with children on a day-to-day basis in their residential unit. Typically, most of these staff do not stay in post for much longer than a year because it is a very difficult job and the supervision and support they are offered is not really sufficient.

Q22 **Paula Barker:** I am conscious of what you say about staff being used to the adult custodial model. You have talked about cultural issues and the high turnover of staff. Would it be fair to say that the organisation is not marketing itself or the jobs properly when it goes out to the marketplace?

Nick Stacey: It is a kind of cycle. There is continuing recruitment of frontline staff in particular and they do the best they can. In many cases they have increased salaries to more competitive levels; they offer a very careful six-month induction programme, but what tends to happen is that after that six-month induction there is a cliff edge. In that six-month period they will get more regular supervision; they will have shadowing opportunities; they will have some clinical supervision in some cases, but all that tends to stop quite quickly after the first six months. That is when you start to see a falling off.

We have often put it to them, "Why can't you support your frontline custody officers more effectively to stop this continual turnover and attrition?" I think it is a cultural issue. Because they do not have that background in children's residential work they are not sure how to set



about it. Their operational service managers are not very supportive. Typically, they do not really know what is going on in the frontline residential units; they are too distant from frontline practice. That distance from practice spreads its way through all the management layers in the centre right up to director level. There is a lot of activity and people at meetings, but they are not understanding what is happening on a day-to-day basis for children in the centre because fundamentally they do not go out and look enough.

Q23 Paula Barker: Ms Williams, you had your hand up. Do you want to come in at this point?

Christine Williams: I make the point that it is not just about the turnover of staff in frontline services, because over the past few years there have been changes in senior managers, too. I think that at times some progress has been made and the education offer was better than it is now. Health was poor at one point. That has significantly improved.

Nick is right. It has a lot to do with the type of staff and whom you have in there. When you get turnover and do not get the right people, that can have an impact on the quality of care provided to the children.

Nick Stacey: That is compounded by a change of provider in 2016. G4S was replaced by MTC. That transition was not well managed; it was quite chaotic, so that was another factor.

As Christine said, you have had inconsistent top leadership. In 2018 we were quite optimistic that there was a bit of a sea change and that things seemed to be improving. That was because the then director had been in post for a reasonable period of time. He had also established a senior management team that had been in post, so they were starting to implement the very beginnings of cultural change. Then he left and senior managers changed again and those improvements withered away.

Q24 Paula Barker: With hindsight, do you believe that an urgent notification should have been issued previously? We have heard a lot about what sound to me like systematic failures with MTC in the delivery of the contract to the detriment of the young people in these institutions.

Angus Mulready-Jones: There has been a lack of progress at Rainsbrook over the past four years. It was last good in 2013. The urgent notification process was introduced only in 2017, I think. I have to check whether that is accurate; it might be 2018. Since that time, inspections of Rainsbrook have come up with required improvement judgments rather than inadequate judgments that would have led to the urgent notification process being considered. We have certainly written to Ministers and others about outcomes at Rainsbrook over that period, but the urgent notification is a more recent tool at our disposal.

Q25 Paula Barker: On that point, Angus, do you think there should be independent monitoring boards in STCs, as there are in prisons and YOIs?



Angus Mulready-Jones: I think there should be independent oversight of practice in these places. Whether that is an independent monitoring board or monitoring service that works well, the issue is about independence and the people who undertake that role remaining independent from the provider.

What we have seen here is that quite a lot of people are in theory independent from MTC—you have the YCS monitor and the Barnardo's advocacy service—but no one raised the alarm bells to say that the practice we found in October and December was unacceptable. That could only have been because they either did not see or they thought it was reasonable. Both those things are fairly damning indictments of those services.

There needs to be some independent presence on site. If that is an independent monitoring board it is one way of solving the problem, but there are other tools or agencies in place at the minute.

Q26 **Paula Barker:** We have talked a little about improvements over the past four years. Christine, you said that there had been some progress in January, and Nick said there had been fragmented improvements that were not consistent over a period of time. Can you say what, if any, improvements there have been over the past four years?

Christine Williams: More recently, I think it has put in some efforts in the visibility of the leadership and management, but that is very new and we will need to test it out when we go back.

Prior to that, there had been intermittent progress. The resettlement part of the work has generally been okay. There has been intermittent progress in education, but that has deteriorated, and what we have found in the past couple of inspections and more recently is that the education offer is very poor. The YCS are aware of that; they have said it to us, but they need to do something about it because these children are not getting the education they deserve.

Health has improved over time. The support for children with both mental and physical health has improved. The difficulty is that as one thing improves something else deteriorates and there needs to be a consistent offer of good support and service for children from when they go in to a good transition and resettlement period when they leave. That is what we are not able to see.

Nick Stacey: For the sake of balance, there is some good work going on in these centres. There is good offender reduction work, substance misuse work and interventions around sexually harmful behaviour. They have been trying over a period of years to introduce a trauma-informed therapeutic model called SECURE STAIRS in conjunction with NHS England, but the problem is that the conditions under which they operate do not allow an integrated therapeutic model of care to flourish because it happens in pockets. The case workers meet the children individually;



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they do some good work, but that work does not carry through to the custody officers on their living unit, so it is patchy, fragmented and not consistent.

Q27 Paula Barker: Nick, you mentioned Oakhill and said that its provision was much better. I assume that there is no sharing of good practice or anything like that.

Nick Stacey: Oakhill also largely requires improvement to be good, so I am not putting it up as a centre of excellence by contrast, but I think its approach to the specific issues presented by the pandemic has been far better. I do not know whether Angus can talk about practice sharing. I am not particularly aware of how that happens.

Angus Mulready-Jones: There are some forums, but fundamentally it is right to highlight the weaknesses across the STC sector. Oakhill has required improvement since 2017, and before it closed Medway was inadequate or required improvement for the last four years, so there are some systemic issues around STCs. As my colleague has said, this is about sustained progress.

There will always be some improvement, but the issue is that the majority of children's experience just is not good enough, and that practice continues over time. That is what we have seen at Rainsbrook. There have been points when the education provision has been better, but at the minute it is not good enough. At the minute healthcare is reasonably good, but there have been times over that period when it has been not good enough. Throughout that period behaviour management has not been up to the mark. It is about sustaining the progress they have made in some areas while building on some of the other areas. It seems that as soon as one thing is stood up something else is falling over on these sites.

Q28 Paula Barker: In your last annual inspection you made 19 recommendations, yet only one was met. Why do you think that only now are your recommendations being acted upon?

Chair: Can anybody hazard a view on that? It must be disappointing that only one has been acted upon.

Christine Williams: We were definitely expecting to see much more progress than that. What we saw was an action plan that they thought was in progress, but we could not see the impact of those actions for children. Some of them needed to be implemented very quickly and could and should have been and there were others that we acknowledged would take a little more time, but not this length of time.

I think that was part of the consideration around the letters to the Secretary of State and the urgent notification. Children being locked in their rooms for that length of time is totally unacceptable, but the other part of it is the number of recommendations still outstanding that they had not done anything with over a period of time. We can continue to



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make recommendations, but they have to implement them. We will continually check and highlight those and escalate them to the highest level, but, at the end of the day, they have to do something with them. We continue to make the same or similar ones.

Angus Mulready-Jones: Following on the point about how frustrating it is to have to go back, we regularly find that key recommendations have not been acted upon. While one out of 19 is quite something, we regularly have to make similar recommendations again. For example, at Rainsbrook over the previous five years we have repeated whole or part-recommendations in areas like violence, bullying, use of force, self-harm, suicide prevention, education delivery, behaviour management and provision for girls.

This is a leadership and management problem; it is about being able to create an action plan that works and implementing it after it has been written down on a piece of paper.

What we found this time was that they had done only the first part of it. It had written down an action plan but taken no action.

Nick Stacey: Without labouring the point, I think this is part of the cultural problem in leadership and management. Senior managers issue instructions; they write procedures and protocols, which are often very detailed, but they are not implemented at middle and junior management levels. That is where the cultural problem is, because they do not have the means and quality assurance frameworks in place effectively to follow through to make sure these things happen on a day-to-day basis, so they just keep recycling and repeating, compounded by turnover of staff and changing teams in the education block and in senior management.

Chair: I think we have quite a clear picture.

Q29 **Dr Mullan:** I want to get an understanding of what explanation they offered to you in that environment. At the December inspection the explanation was that they had done it, and you found out they had not, but in the cycle of going back to them again and again what explanation did they give you for why they were failing to address the recommendations?

Chair: Did you get an explanation?

Nick Stacey: Fundamentally, no. I am struggling because they do not provide a coherent answer, so I cannot offer you a point of view. One is not provided. We return and say, "There seems to be very limited progress," and there is an awkward silence.

Dr Mullan: They just do not say anything about it.

Chair: That seems to be the general view of everybody.

Q30 **Andy Slaughter:** Rainsbrook as an institution has been beset by scandal



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going back almost 20 years, has it not, certainly to the death of Gareth Myatt? We do not really have time to go through all the terrible things that happened when G4S was in charge, but MTC came along in 2016. I think that raised a lot of eyebrows. It did not have any experience running this type of institution, and it had some pretty black marks against it from what had happened in America and in Egypt, where it had run prison contracts. From what you said, since that time, although there may have been some successes, it has largely failed to run it. Do you think your powers are sufficient to deal with policing an organisation like this?

Christine Williams: I go back to what I said earlier. We are the inspectorate; we are not the regulator. That makes it difficult. We can go in and say what we have seen and escalate it, in the way we have done, but we cannot regulate in the way we do with our children's homes where, if there is a breach of regulations, we can take enforcement action. That has to be for the YCS, whose contract it is; it has to take that responsibility and action to do that.

We use our powers as an inspectorate as much as we can. This time, as we have said, we have invoked the urgent notification and that is probably, along with the recommendations of an inspection, as much as we are able to do at this time. We will continue to highlight it at the highest level, the Secretary of State, and within the YCS and MOJ. We will continue to do that. In some respects that is probably an inadequate response, but that is as much as we are able to do.

Q31 **Chair:** What it comes down to is that you cannot compel enforcement of your recommendations.

Christine Williams: Yes.

Q32 **Andy Slaughter:** I do not want to put words into your mouth, but from what you have said so far it seems you are not satisfied with the way MTC has responded to your recommendations. Are you satisfied with the way YCS or the MOJ has responded to them?

Christine Williams: You cannot be satisfied when you have to make the same recommendations because ultimately it is about the service that those children are receiving, which is woefully inadequate. That cannot be acceptable to anyone. One of the things inspection does is identify what some of the issues are and you expect the provider and YCS to put those right so that it makes a difference for those children living there. That has not happened.

Q33 **Andy Slaughter:** Certain steps were taken. There was a stopping of some placements there, but generally speaking you are saying you do not think that those with perhaps more power and responsibility did take the action they should have, so we should be addressing our questions to them. Is that correct?



Angus Mulready-Jones: I think that is absolutely right. You cannot lay this solely at the door of the provider. The YCS when it contracts a service does not absolve itself of responsibility for making sure the service is delivered appropriately. We told the YCS and the YCS told us it was taking action and that action was not effective, despite the fact that the YCS has staff on site. The YCS is an agency of the MOJ. You cannot separate out the responsibility and just point to one of these agencies.

Andy Slaughter: I will ask them those questions.

Q34 **Maria Eagle:** Is it fair to say that the inspectorate feels it was misled or lied to by the operators during this time?

Christine Williams: When we met and had the information from the YCS they believed that things had happened and so the failing was that they did not know and should have known. When we met them, they gave us lots of information and explained that the reverse cohorting and all those issues had been addressed and that they were making sure children had activities. I can say only that they believed all the things they said to us were happening. Clearly, they were not and that is a massive failure. They should have known and they did not. Neither the director and senior managers at Rainsbrook nor YCS knew what was happening for those children in those units, because they would not have sent us the letter with the detail they did.

Nick Stacey: When I sat in the room with the director and deputy director and said, "Children are still being locked up for 23.5 hours a day," and they said, "We don't think they are," I do not think they were lying; I just do not think they knew the basic principle of going down once a day to talk to the children—there were only a small number, four or five—and the officers looking after them. They just were not doing it; they did not know. I do not think they were lying; I think it was utter incompetence.

Q35 **Maria Eagle:** Are the people who ought to have known but did not know on site, or are they based somewhere else?

Nick Stacey: They are on site. It takes literally two minutes—no more than that—to walk from their office to the children's unit.

Q36 **Maria Eagle:** If you are running the place it does not seem so hard to be able to work out what is going on, if that is all it takes, to be quite honest. I suppose that was what you meant when you said there was a lack of operational grip and oversight. Was it apparent to you what these managers were actually doing?

Angus Mulready-Jones: I think it is clear that they were not doing what they ought to have been doing during this time. There is not a paucity of managers at these centres. There were 43 children on one visit, 45 at the next and 37 at the next. If you take first-line managers as well, managers probably outnumber children. It is clear that what managers are doing is spending a lot of time in their offices in meetings and on



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contract compliance, but some of these managers work for the YCS as well as the contractor.

Q37 **Maria Eagle:** Mr Mulready-Jones, you said that YCS were also on site. They appear to have been pretty easily misled. Presumably, they too could have popped down the corridor and had a look at what was going on.

Angus Mulready-Jones: They could have and it would have taken them the same amount of time because they live on the same corridor as the agency managers.

Q38 **Maria Eagle:** If I were to ask you what you think could be done to improve oversight arrangements, just opening your eyes when you walk around might be the answer.

Angus Mulready-Jones: And asking questions that you know will come up in the future. We had written a report. We had given them recommendations and had written to the Secretary of State. There were only two or three areas on which they needed to focus. It was in our framework that we were coming back six or eight weeks later. I have been visiting children's institutions for seven years. It is baffling why it went so wrong here because they had so much evidence of what needed to be changed, and it would have taken nothing for them to check that what they hoped would change had actually happened.

Maria Eagle: Thank you to all of you. I think we should get on to talking to MTC. I am shocked by what we have heard today, but thank you for your answers to the questions.

Chair: Indeed. Thank you all very much. We are very grateful to you for your time and very important evidence.

Examination of witness

Witness: Ian Mulholland.

Q39 **Chair:** Mr Mulholland, I think I am right in saying that you became the managing director of MTC on 4 January this year.

Ian Mulholland: That is correct.

Q40 **Chair:** You were not previously employed by the company.

Ian Mulholland: I have never worked for them before, no.

Q41 **Chair:** I know you have worked in the sector in a number of capacities, but you were not employed by them at the time we are concerned with. You have been listening to the evidence we have just heard, I imagine.

Ian Mulholland: That is correct.

Q42 **Chair:** What is your reaction?



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Ian Mulholland: I would like to start by apologising unreservedly and expressing my deep regret and the deep regret of the organisation for the very obvious failings that inspectors found initially in October and then again when they revisited in December.

As you say, I fairly recently joined the organisation. I visited Rainsbrook on a number of occasions. My focus is, and has been since arriving, on addressing the immediate concerns that Ofsted found.

It was pleasing when they came back at the end of January because they were able to confirm that there was no longer any evidence of children being locked in their rooms for excessive periods of time. They also expressed some confidence in the impact that the interim director of the centre and his deputy had made in management grip, which we have heard much about today.

As well as addressing those immediate concerns, clearly there are long-standing cultural issues at the centre. My No. 1 priority as managing director of MTC in the UK is to put in place a new leadership team. Last week we appointed Andrew Dickinson—a very experienced former prison governor with extensive experience in the young people's estate who transformed Wetherby young offenders institution during his time there. We have a new head of education in place, who is starting to have an impact. I have also put in an interim operations director reporting to me, who will take line-management responsibility for Rainsbrook. That is another external appointment of somebody who has a long history of managing institutions similar to Rainsbrook.

Probably the most important feature I wanted to stress is that I have put in place a new assurance process, both within the centre and, critically, externally within MTC. I have brought in the people who were responsible for designing and implementing the HMPPS assurance process because, as the panel has heard, it clearly is not acceptable for either the people running the centre or the people running MTC not to know what is going on there. You will not hear me trying to defend that.

We are doing things about leadership and education, which over an extended period of time has not been good enough. The new manager is making an impact. We are having themed weeks, which starts to look like it is having some traction with the children. Importantly, from May, we will be working with a new education provider: Nacro is coming to help us with that work. Nacro has significant experience in working with children in secure settings. I am hopeful that we will start to see even more improvement in education from there.

Finally, we are investing fairly heavily in the physical environment with improvements being made across the living units.

We got it wrong. I am not going to attempt to defend how we got it wrong. I am hoping that I can give you some assurance about the things that we will do to make it better going forward.



Q43 **Chair:** Thank you very much for that. Can you help me on this? Are any of the previous leadership team still in post at Rainsbrook or have you a completely new set-up?

Ian Mulholland: The interim director whom we put in place between the October and December visits was the individual who, one of the previous witnesses suggested, had made an impact when he was there in 2018. He is still there. He is going at the end of this month, with Andrew Dickinson taking over at that point.

Q44 **Chair:** Otherwise, you have changed everything else.

Ian Mulholland: Yes. We have not changed every manager within the centre. We have new and fresh people in the operational line from the director up.

Q45 **Chair:** Who was your predecessor as managing director? Please remind me.

Ian Mulholland: That was David Hood.

Q46 **Chair:** What is David Hood doing now?

Ian Mulholland: Sir David Hood has taken a global role as vice-president of international business at MTC.

Chair: Thank you very much for your explanation of what you have been doing.

Q47 **Andy Slaughter:** Mr Mulholland, you will have heard what the inspectorate team had to say, which boils down to the fact that they have had concerns for a number of years about the way Rainsbrook has been run. They have been repeating quite serious recommendations, they have received assurances, but they have not been carried out. I understand that was not you, but it is the company you are now representing. Your predecessor has been promoted because of the failures that happened, which is all too common. What is your response to that? How can you justify the continued mistakes that were made in running Rainsbrook when you were very clearly told by statutory bodies what you should be doing?

Ian Mulholland: Let me try to answer that question in two parts: first of all, the history of inspection to October; and then, specifically, the October to December period.

If you look at the various reports between MTC taking responsibility in 2016 and October 2020, as we heard from the inspectors there have been areas of improvement. The resettlement provision and our work in supporting children, maintaining enhanced ties with their families, has been consistently good. A huge amount of effort has been put in to improve the healthcare provision, for example. In other areas, the leadership question has been less good.



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The bit that was missing for me was the assurance process. To be able to deliver sustained and cultural change over a period of time, you must be confident that the action you are taking is understood by staff and the children, is being properly embedded and is being consistently applied. Unless you have proper assurance processes in place, you cannot get the confidence that you are doing the things that you should do. It is clearly not good enough to be able to provide evidence that one of the 19 actions had been implemented between January and October. I, genuinely, do not believe that that is because people on the ground could not be bothered but because the ways those actions were implemented were not sustainable. They were not measured. They were not checked on afterwards. People were blindly going around thinking that things had changed but they were not checking. They probably had changed for a short period of time, but they were never embedded.

Assurance is critically important, as is visible leadership. As the previous witnesses said, it is not a big place. There is a reasonably sized senior leadership team. My expectation is that the director is around the centre every day that he or she is on duty. Likewise, with their deputy. People in charge of their areas should be visible in those areas.

Again, I take some comfort from the Ofsted revisit in January where they report that that was happening. The children knew the director and the deputy director and believed that he was listening to them and taking action when they were talking to him.

In the period between October and December the centre suffered a significant Covid outbreak. At one point during that period we had more than 70 staff absent from duty, either through having contracted Covid or they were self-isolating. That is more than 50% of the staff group at the centre. That had an impact on our ability to run things properly at that time. That is not an excuse but it is a relevant fact.

What we did not do was take a step back and ask ourselves, even if we thought we were taking the right public health approach by isolating the children who were newly received into the centre, could it be right to have children locked in their rooms for 23 and a half hours a day. If anybody had asked themselves that question, I don't think we would have ended up with that answer.

Q48 **Andy Slaughter:** You are supposed to be professionals doing this job. You mentioned 2016 and improvements. You started from quite a low bar, given you were taking over from G4S, who had the contract removed. You had quite a lot to prove. Am I right to say that this is your first contract in the UK and, possibly, your first youth contract as well?

Ian Mulholland: It is the first custodial contract, yes.

Q49 **Andy Slaughter:** It appears that there have been serial errors and failure since that time. Surely, it does not take much to work out that you should not be locking up 15-year-olds for 23 and a half hours a day. That



is common sense. Your staff are supposed to be professionally trained. How did that happen?

Ian Mulholland: Covid plays a part.

Q50 **Andy Slaughter:** Covid definitely plays a part. We have spent a lot of our time looking at Covid. It has affected many institutions and youth custodial facilities in the UK, but they have not all ended up where you are. What are the special things that went wrong?

Ian Mulholland: People were absolutely focused on trying to protect children and staff from Covid. In doing that they did the wrong thing, which resulted in children being locked up for excessive periods of time. As I said at the beginning, I am not going to try to defend that. That was wrong.

We had a further outbreak in January, with similar numbers of staff affected. The way the centre responded at that point was very different. As evidenced by the Ofsted reinspection, children were not locked in their rooms for excessive periods of time. Our staff, including those working on the Covid-positive units, were interacting day in and day out, all day, with the children in those units. That was the right thing to do. We got it wrong, clearly, last year. We have addressed it, we have put it right and in the second outbreak the picture was very different on the ground.

Q51 **Andy Slaughter:** As I said, you should have known what you were doing anyway. Even if you did not, you were told repeatedly by the inspectorate and then you were told through the urgent notification process. Why did it take you so long to respond to that?

Ian Mulholland: The response to the UN process, as evidenced in the January visit, shows that we have responded appropriately. The issue between the failure to respond fully between October and December is one that troubles me—and troubled me in the same way as it clearly troubles you.

There was the further outbreak. There was a significant impact on the staffing position at that point. Changes were made to the boys reverse cohort unit that were not fully followed through. Those same changes were not made to the girls reverse cohort unit, resulting in some girls continuing to be locked up for too long. If a child came into the centre and, for specific reasons, could not be housed on the reverse cohort unit, they were missed and were, therefore, locked up for too long. The number of children impacted between October and December was reduced from the previous practice, but it was still happening.

Q52 **Andy Slaughter:** What do you think should be the consequences for MTC, apart from somebody being promoted? Do you think there should be any sanction? Has there been any financial cost to the company? It is a profit-making company. Have you continued to make profit throughout this debacle? Do you think you should be more transparent? You are not subject to FOI in the same way as you would be if you were a public



institution.

Ian Mulholland: My approach is, absolutely, to be transparent. I don't think there is any more responsible job in public life than being accountable for the care of children who are in custody. That weighs heavily on my shoulder. I absolutely want to be transparent. MTC broke even in 2020 on the Rainsbrook contract. During 2021 we will invest more than £600,000 in improvements to the centre, both physical—the revised education provision—and through an improved employment offer to try to address some of the issues we heard about from previous witnesses around retention of staff. I expect that to be a similar picture in 2022. We certainly will not be making profit. We will be losing money during that period. However, if we want to operate in this area, we absolutely have to do the right thing to make sure that we are caring for the children appropriately and giving them every opportunity to leave the centre with more skills and a better chance to succeed when they leave us. That is what drives me. That is why I am here, and that is what I am going to try to do.

Andy Slaughter: Chair, I am aware of the time. I will leave it there.

Chair: Thank you very much, Mr Slaughter. Maria Eagle wanted to come in on one point, and then Rob Butler.

Q53 **Maria Eagle:** Thank you, Chair. Mr Mulholland, have any of the senior managers involved in this debacle been asked to leave or been dismissed?

Ian Mulholland: The former director no longer works for MTC, but it is important that I should stress that that was a planned move and was not as a result of this. He was going anyway. The interim director, who has made the short-term improvements that we discussed, will leave at the end of March. More broadly within the centre, without wishing to avoid answering the question, processes are ongoing and I would not want to pre-judge or pre-empt them.

Q54 **Maria Eagle:** Can you confirm whether anybody has been paid off to leave?

Ian Mulholland: Nobody has been paid off to leave.

Q55 **Rob Butler:** Mr Mulholland, you had very senior roles in HMPPS prior to moving into the private sector, including, I believe, director of all public prisons. Did you ever have, in your experience, such a litany of appalling inspection reports that were not acted upon?

Ian Mulholland: One of the things I tried to do in that role was introduce assurance processes that led to a position where we did not get surprises. I wanted to assure myself that I knew the prisons that were good, I knew the prisons that were less good, and I knew the issues in the prisons that were struggling. We had plans to try to improve those. Of course, during my time, HMIP found a number of prisons that were not



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performing well enough, but I was rarely surprised by that. Generally, we had a plan to improve them.

Q56 **Rob Butler:** What was your reaction when you were approached, if you were approached, to take this job, or when you decided to take this job, to what had been happening at Rainsbrook?

Ian Mulholland: I was coming to MTC before the Rainsbrook issues in December became known. MTC has a strategy for the UK and that is what attracted me to the role. I was looking forward to understanding how we were performing at Rainsbrook and what we were doing at Rainsbrook, but I did not come as a result of the urgent notification.

Q57 **Rob Butler:** But when you did come, presumably, you knew that Rainsbrook had a very poor history, including under the management of MTC. What did you think when you started your post about the state that Rainsbrook was in?

Ian Mulholland: I was surprised at the lack of external assurance. I was surprised at the lack of operational leadership outside the centre to support the centre and have the resources available to them to take action and make investment where things were not good enough.

Q58 **Rob Butler:** Were you surprised that only one of 19 recommendations made by the inspectorate in February 2020 had been acted on?

Ian Mulholland: I was very surprised by that, yes.

Q59 **Rob Butler:** What is your policy now on recommendations made by the inspectorate?

Ian Mulholland: We need to have a proper process to make sure that we only accept recommendations that we think are fair and grounded in evidence. Once we have accepted those recommendations, we need to make sure that we are putting an action plan together with realistic timescales that we believe we can meet. Once we have done both of those things, we get on and do it, and do it in such a way as is embedded, sustainable and measurable. We will then, from my external assurance process, check that the actions that we are claiming to have delivered are being delivered on a consistent basis and we are not leaving it solely to the leadership in the centre. There has to be a bit of external rigour taking place as well.

Q60 **Rob Butler:** That sounds a bit like you are only going to act on the recommendations that you like. You are, surely, going to need to have a very robust solid evidence base to disagree with recommendations that are made by hugely experienced inspectorates, are you not?

Ian Mulholland: Yes. It is not within my gift only to accept recommendations that we like. Some recommendations may go beyond our gift. For example, they may not sit within policy. They may be the responsibility of others. They may be undoable within the contractual constraints. It is my job to push back and meet those challenges. It is not



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about only doing the stuff that you like to do. I am sorry if I gave you that impression.

Q61 **Rob Butler:** As you said, you were not at MTC at the time of the inspections we are talking about today. Do you think it would have been appropriate for the Justice Committee to see people in front of it who were responsible and ought, rightly, to be held accountable?

Ian Mulholland: It is my job to represent the company. I am the person who is accountable for Rainsbrook's performance. That includes our performance going forward. I would very much welcome members of the Justice Select Committee visiting Rainsbrook in the coming months to look for yourselves at what we are doing well and hold me to account for doing the things that I have said this afternoon we are going to do.

Q62 **Rob Butler:** I am sure that once Covid measures are relaxed we will all be very keen to do that. You may not have heard right at the beginning, but I was a member of the Justice Board for nearly five years and I was a non-executive board member of HMPPS. I have actually been to Rainsbrook several times, and on each and every occasion I have been assured by the people running it that you have got a grip, that you're putting things right, that there's new leadership and that we can be confident of improvement. Yet here we are again with more failings and now a UN. How can we, as a Committee, have any confidence that you now have the right people to be running the centre and that this time we can believe what we are being told?

Ian Mulholland: Let me say two things. I want to stress that not everything at the centre is terrible. Some really good work is being carried out by some great people. Clearly, we have a lot to do. I am here for the long term. I am absolutely committed to running a centre at Rainsbrook that we can be proud of and that gives children a better chance when they leave than when they arrive.

Beyond me, the new ops director has been around a long time and has a very good track record in this area. We have managed to secure a director who is truly outstanding, truly child focused and is going to be at Rainsbrook between now and until the end of the contract in 2023. I think that should give you some confidence that we are going to get it right.

Q63 **Rob Butler:** Do you know how many directors there have been at Rainsbrook since MTC had the contract?

Ian Mulholland: I think Andrew will be the fourth. I am not absolutely certain on that.

Q64 **Rob Butler:** But with some other interims in between times, I believe.

Ian Mulholland: Yes. A previous substantive director, Stuart Jessup, is currently the interim.

Q65 **Rob Butler:** As you said, Mr Dickinson has a very successful track



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record. Those are the two words that have brought me the most joy in listening to your evidence this afternoon. He did do an amazing job at Wetherby. Will you make sure that he has all the resources—the cash he needs and, indeed, management support—to do whatever he deems necessary to turn Rainsbrook into a good STC, if not even an outstanding STC?

Ian Mulholland: You, absolutely, have my commitment on that front. I will support Andrew with whatever he needs to succeed.

Dr Mullan: Mr Mulholland, I want to clarify a point. You talked about the financial position on the contract for 2020. Could you tell us what the net financial position is on the contracts, looking back over a number of years?

Ian Mulholland: I do not have that information. I went back as far as 2019. I know that in 2019 and 2020, give or take, we were break even, and I know what the situation is going forward. I can write to the Committee with that information, if it would be helpful.

Q66 **Dr Mullan:** Yes, please. Can you tell us whether there are any financial penalty clauses within your contract for performance failures or issues that are considered sufficient to call into question whether you have delivered?

Ian Mulholland: There is a range of performance measures that we are required to meet. Perhaps I should know the answer to this point, but I do not. I do not know if there is any direct financial implication for the UN process. I am sorry.

Q67 **Dr Mullan:** Could you share with us the framework, if that is possible?

I want to pick up on some of your comments. You articulated a position that at the outset this was a best-efforts basis on which people were kept in their cells or rooms for that time because that is what people thought was best. As Mr Slaughter identified for you, that was not the case after the initial inspection, where you were advised that that was not appropriate. In December that was still happening. You described in your evidence, essentially, a challenge with change management. Senior managers wanted things to happen, but, of course, it is never easy in a complex organisation to secure that in a short timeframe.

I really want to press you on that. We are not talking about a complex set of requirements that were placed on you and the team. We are talking about how long children were due to spend in cells or rooms, whether that was going from 30 minutes to a few hours. Do you agree that that is not particularly complex in monitoring or in knowing, at the very least, whether you are achieving that?

Ian Mulholland: I do agree with that. Let me clarify. My best-efforts point was around keeping children and staff safe from infection specifically.



Q68 **Dr Mullan:** I understand that. Can you offer us any explanation in more detail of why the leadership team at the centre were unaware of how long children were spending locked up at the point of the December visit?

Ian Mulholland: With the outbreak, a decision was made for movement on to and off the units to be minimised, for fairly obvious reasons. Part of that included the leadership team taking a step back from being visible in the centre and seeing for themselves what was going on in the units all the time. That was a mistake, but it happened as a result of them trying to minimise movement across the centre.

They were being assured, as a result of the changes to the policy that they had made, that things had changed. They had changed to a degree on the boys reverse cohort unit but not completely. For reasons that I have not yet established, the same changes had not happened on the girls unit. Also, as I said, when children were coming in and not going through the reverse cohort unit for other health-related reasons, they were missed altogether.

I agree with you: it is not a massively complex institution. It is difficult to understand why people did not know what was going on beyond the Covid explanation and the step back from being on the frontline.

Chair: Thank you very much, Mr Mulholland, for your evidence.

Examination of witnesses

Witnesses: Robert Buckland, Helga Swidenbank and Jo Farrar.

Q69 **Chair:** We will move to the third panel, which is the Secretary of State, Ms Swidenbank and Ms Farrar. It is good to see you. Have you had a chance to listen to much of the previous evidence?

Robert Buckland: Sir Bob, I listened to Mr Mulholland's evidence. I was not able to hear the first witnesses, I am afraid.

Q70 **Chair:** I understand. Ms Swidenbank and Ms Farrar, did you manage to listen to the first panel's evidence?

Helga Swidenbank: Yes, I listened to the first panel and to the last witness.

Q71 **Chair:** Very well. Secretary of State, we heard from the inspectorate that, prior to the urgent notification letter, a letter had been sent to you some time in October or November.

Robert Buckland: Yes, that is right, Sir Bob. It was a letter dated 5 November to which I responded on 18 November. It was an update as to the latest position as I understood it to be.

Q72 **Chair:** As is set out in the letter, actions were being taken to address a number of these matters.



Robert Buckland: That is right. By the time I wrote, sadly, a Covid outbreak had been confirmed at Rainsbrook, which clearly was a significant and serious matter that naturally preoccupied the attention of staff. Having received such a serious letter I wanted to try to provide as comprehensive a reply as possible. I had received assurances from the YCS, who prior to Ofsted's letter had themselves been involved and asking questions about the situation, particularly with regard to time out of room and the issues of regime that quite naturally concern the Committee this afternoon.

Q73 **Chair:** In reliance upon those assurances, letters were written that gave the impression that steps were being taken to remediate these matters. We now know they were not. Ms Swidenbank, can you help me? How come that your people on site—

Robert Buckland: I was going to say, not to the degree that I hoped or expected. That is probably the right way to characterise it. In other words, not enough being done not quickly enough.

Q74 **Chair:** Thank you. Ms Swidenbank you have heard what the inspectors said. Were you aware of this lack of progress?

Helga Swidenbank: Thank you very much, Chair. We were concerned about some of the reverse cohorting practices in Rainsbrook as early as 16 October and wrote to the director at Rainsbrook expressing our concerns and asking him to consider some of the practice that we were seeing in other of our YOIs around, for example, bubbling. We had already raised that concern prior to the inspectors coming in in October.

Straight after that inspection, we worked very closely with the director's team to put together an action plan to identify the concerns of the inspectors raised in October, but pulling out the concerns raised in the February inspection as well. Immediately after the inspection, we talked to and got assurances from the director at Rainsbrook that they would move to a bubbling approach, and they had started to move to a bubbling approach at Rainsbrook prior to the outbreak.

We have talked about the Covid outbreak before. We think it is important to see this and some of the concerns we all share. The Covid outbreak certainly blew off course the work that was being done by Rainsbrook and my monitoring team in relation to delivering the concerns raised by the action plan.

Q75 **Chair:** What were your monitoring team doing?

Helga Swidenbank: I have a monitoring team of three. My monitoring team had a blended approach. Some of the work that we were doing was face to face. They were walking around the site of inspection. Some of it was via telephone and some of it was viewing CCTV evidence. They had a blended approach. They were also working alongside the director's team and getting assurances from the director's team that their staff team were delivering the action plan.



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Q76 **Chair:** Forgive me, we have heard evidence—I am sure you will not dispute it—that the YCS on-site staff are two minutes' walk away from the children's units and in exactly the same position as the MTC staff. Are you saying that they did not notice that in fact children were still continuing to be locked up for a period of time?

Helga Swidenbank: The team were doing a number of things. The team have two responsibilities. They have a contract management responsibility and they also have an assurance responsibility in terms of practice. They were doing a number of things. They were deploying their contract management responsibilities, but they were also checking on children. They were doing that in a number of ways—through face to face and through phone calls into the children's rooms. They were also being given very robust assurances by the provider that the concerns raised by the inspectorates were being addressed, in the same way that the provider was giving the inspectorate that assurance.

Q77 **Chair:** They are sitting in an office ringing children in their rooms two minutes' walk away. Is that the position?

Helga Swidenbank: Yes. Some of that was due to some of the restrictions imposed and agreed with Public Health England in relation to the outbreak.

I want to say at this point that we also recognise that we have some lessons to learn in relation to this. You talked earlier about professional curiosity and our staff being out and about, asking and probing probably further. We certainly note that we have some lessons to learn and are doing that very actively.

Q78 **Chair:** Can you help me? You said that they have a mix of responsibilities, some of it being contract management. How much of their time do they spend on contract management?

Helga Swidenbank: Some of the lessons we are learning from this are probably that the team was focusing a disproportionate amount of their time on overseeing the contract rather than walking around and testing the quality of provision. That is certainly some of the lessons that my and my leadership team are learning as a consequence of this.

Q79 **Chair:** Were you able to quantify how much time they were spending on contract managing? It was too much, you concede, but you cannot say.

Helga Swidenbank: I cannot give you a 40/60 split. I am sorry, I cannot give you that.

Chair: I see.

Helga Swidenbank: I would be guessing if I were to give you that.

Q80 **Chair:** I understand. I do not know whether there are logs that would demonstrate that.

Secretary of State, I wonder whether you can help me with this. Given



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what was said, you will remember that, particularly after prompting when you received the urgent notification letter, in a previous instance you intervened and terminated a contract. Was any consideration given to taking Rainsbrook back in-house on the basis that the failures were so gross that you could not trust this firm safely to carry out its responsibilities?

Robert Buckland: Sir Bob, I did not hear all your question.

Q81 **Chair:** Was any consideration given to terminating the contract and taking Rainsbrook back in-house—the same thing that was done in relation to Birmingham?

Robert Buckland: At the time of the UN?

Q82 **Chair:** At the time of the UN.

Robert Buckland: In December of last year.

Q83 **Chair:** You had been given assurances. You found out that those assurances were not in fact being delivered in the way that you would have anticipated.

Robert Buckland: Yes.

Q84 **Chair:** And there is a history of failure in that institution.

Robert Buckland: Yes. Not at that time. My primary focus was on responding promptly to the UN—not just on waiting for the usual 28-day period but to make sure that children were being cared for properly and to see the swiftest possible action. That was the primary focus in my mind.

With regard to the long-term or the medium-term issue concerning the contract, as you know, the position was that in February 2020 the contract was extended. You heard from Mr Mulholland about the contract having been extended to 2023.

I will not make glib remarks about last chance saloons or people being on probation, but it is very clear to me that, as a result of the incidents that we are dealing with and your Committee is seized of, MTC have frankly a lot to demonstrate to make me satisfied that the future at Rainsbrook can be one that we can be confident about. But they have that contract. They need to get on with the job and demonstrate that they can deliver. As I have said, that particular consideration is very much in my mind in the months ahead.

Q85 **Chair:** Will there be an enhanced monitoring regime to make sure that a close eye is kept on them?

Robert Buckland: Certainly, from my point of view as Secretary of State, I shall be speaking regularly with Ms Swidenbank and Dr Farrar about the issues. They might be even better placed than me to outline



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the particular approach that they want to take with regard to close monitoring of this issue.

Q86 **Chair:** Thank you. I think, Ms Swidenbank, you were nodding when the Secretary of State said that was the intention.

Helga Swidenbank: I am happy to come in. Since the UN we have reinforced our monitoring team with a senior operational manager grade. She is now on site full time, overseeing the action plan.

Coupled with that, we have regular weekly meetings with the operators—improvement meetings—and I chair a senior urgent notification board, which happens monthly and has the operator representatives, commercial representatives and operational delivery partners, including health, around the table.

In addition, we are using our commercial levers in relation to the contract. We have issued two improvement notices in relation to the UN and subsequent concerns we have had about delivery. We are very much working closely with the provider but holding them to very close account and meeting them almost daily in relation to their delivery at Rainsbrook.

Q87 **Miss Dines:** Invoking the urgent notification process is very rare, particularly for the youth estate. I would like to know what the company witnesses say were the main contributing factors, and maybe the Secretary of State could give me a short summary of what he thinks were the main contributing factors—and the answer of Covid is not acceptable.

Jo Farrar: I am happy to defer to the Secretary of State if he wants to come in, but perhaps I may start because as chief executive of HMPPS I also have responsibility for the youth custody service.

There are a number of things at play here. First, as we heard from earlier witnesses, there was an inspection with a number of recommendations that we were working with MTC on and that we were really concerned to make sure that we got right. There are longer-term issues where MTC has developed an action plan pre-Covid, which we need to monitor.

There is a second set of issues related to the inspection in October and then in December and to the reverse cohorting unit that was put in place because of Covid.

Reverse cohorting units are really important. They have been developed with Public Health England, and they are absolutely necessary for the prevention of the spread of the virus and for the protection of lives. However, that does not mean that keeping children in their cells for 23 and a half hours a day is right. Reverse cohorting units do not need to operate like that. I absolutely take your point that this is not a Covid issue. This is an issue of how children were looked after and cared for during that pandemic.



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Steps were taken by Helga's monitoring team to work closely with MTC. We talked about bubbling. There were visits to the units. There were written assurances. There were weekend visits. What was missed—probably because they were looking specifically at the recommendations in the UN and making sure that the reverse cohorting unit was operating better—was the fact that children were reverse cohorting elsewhere, particularly one girl and some other children. The same practice was happening.

A big lesson for us is that we really need to look at underlying practice. Helga has mentioned a number of issues that we are putting in place to strengthen monitoring.

I have also asked for our prison monitoring team to work closely with the YCS because we have more capacity there to make sure that we strengthen the monitoring process and make sure that we do not miss things like this in future.

I am confident now that MTC are on the right path in relation to the specific recommendations in the UN. What we need to really now address are the other recommendations and the wider issues that led to the required improvements, and that is what we will be working closely with the new director on to make sure that we have the improvements in place.

Robert Buckland: To answer Miss Dines's question, I can put it in this way. What had happened was that reverse cohorting units were being used as a destination or a location rather than a process. The whole point about reverse cohorting was to keep people safe and to control any transmission or outbreak of Covid. As Dr Farrar has said, the unit itself had frankly misunderstood the purpose, and that led to the lock-up that we know about and all agree was unacceptable.

Secondly, the use of that type of process outside of a reverse cohorting unit affected a small number—but still a number—of children who were locked up in that particular way.

Absolutely, Covid is not an excuse. It was absolutely the right public health measure to take, but a misuse of those provisions or those procedures led to the serious issues that we are dealing with today.

Q88 **Miss Dines:** Children are the very heart of our society. What concerns me, Secretary of State, is how many properly qualified and alleged well-managed institutions effectively failed. It seems to be a dreadful experience for some of our children. I am staggered how we could have missed it.

Robert Buckland: Miss Dines, you are right to bring us back to the issue about why it was that this carried on in the way that it did. Intentions to begin with were sincere. I do not believe that this was a wilful attempt to avoid responsibility or inflict harm upon children, and that is an important



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distinction to be drawn between other instances we have seen in the past.

None the less, this was a significant failure and I will not use the outbreak in Rainsbrook as an excuse. It certainly complicated matters, but the issues were very clear. They were set out by Ofsted. The challenge was laid out, and, as you heard from MTC, they accept responsibility for their part in what was an unacceptable failure.

The fact that I have come to the Committee today is an extension of my sense of responsibility. That is why I wrote the letter in response to Amanda Spielman's initial Ofsted letter and why I wrote again ahead of the UN to emphasise the seriousness with which the Department has taken this matter throughout the process.

Q89 Miss Dines: Are you content that sufficient sanction has been put in place as a result of this?

Robert Buckland: It may well be that officials can assist with regard to that matter. I absolutely take and hold accountability overall, which I am prepared to accept, and I do so in front of the Committee. MTC in the form of Mr Mulholland has in its evidence shown an appropriate approach to this. It is a matter for the Committee to judge that. I accept that. I would suggest that the evidence that he gave was appropriate.

The next stage is the outcome for the children and making sure that MTC are held to account and held to a very high standard indeed when it comes to their continuing operation at Rainsbrook.

Therefore, that is the greatest accountability here. It is easy to scapegoat individuals. This was a system issue rather than an individual issue, which is why it is important to draw a distinction between wilful misconduct. Medway five years ago or so, sadly, was an example of wilful misconduct. This is different. In many ways, it is even more concerning because there seems to have been a systems issue, which we absolutely need to get to the bottom of and will do with my close scrutiny.

Q90 Miss Dines: Secretary of State, do you feel that it really was a system or systemic problem? Surely, as individuals faced with that, we all would have known it was wrong to lock them up for that period of time. Do you seriously say that it is just systemic and that there is not individual responsibility for people working with these children to call it out and say, "This cannot be the right way of interpreting what we have been told to do"?

Robert Buckland: The officials may be able to help me. My analysis of it is this. Clearly, the alarm bells have been ringing. A letter came to me in November. I wrote back having sought some assurance from YCS and then directly from MTC.

The outbreak started just before my letter, and clearly that outbreak has in some ways probably shifted perceptions. People quite naturally were



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thinking about the health and safety of the children, but not necessarily appropriately balancing the need to keep the children safe with the need to make sure that the regime was a humane and proper regime consistent with the high duty of care that we have.

That really does boil down to a question of priorities and how to manage them. I am certainly not in a position to single out individuals. I do not know whether officials have anything more to add. I do think that in some ways acknowledging that something went wrong with the system is probably more significant than trying to pin the blame on individuals on the ground.

Jo Farrar: We are learning a lot through Covid. One of the things that we are really learning is the importance of wellbeing, and it is not only the balance of keeping people safe and the reverse cohorting unit but also what is best for the individual. Clearly, this was not best for those individuals.

Ms Swidenbank might want to add something. I was going to come back on your question of sanctions.

There have been sanctions in place for MTC. There have been two improvement notices, which are our way of holding MTC to account. There have also been financial sanctions, one set to do with performance since May 2019 but also financial sanctions through the Covid period. I should say that some of that is offset because there is also some Covid relief for institutions. There was a sanction which meant that overall there was a deduction.

Q91 **Chair:** How much were the sanctions?

Jo Farrar: The sanctions were £270,000 between May 2019 and April 2020; with the Covid relief, now they are £76,000.

Q92 **Chair:** That is the total sanction?

Jo Farrar: Yes.

Chair: I see. Thank you very much.

Q93 **Janet Daby:** What we clearly know is that concerns at Rainsbrook have been going on for over four years, and the last four inspections clearly identified serious issues of concern. You had the urgent meeting convened by the inspectors, the MOJ and the YCS in November. The inspectors found following this meeting a lack of action by senior managers. Will you say why you think this is, Secretary of State? Why do you think these concerns were there?

Robert Buckland: It is right to say that I have been involved in correspondence and talking to senior officials. The meeting itself was held between officials. It may well be that they can help to answer that direct question. I would be happy to come in with any observations after that.



Q94 **Chair:** Can Ms Swidenbank or Ms Farrar help about the meetings?

Jo Farrar: I am very happy to come in. We met MTC straight after the meeting with the inspectorates and talked about concerns in relation to reverse cohorting. We agreed that from 4 November they would be moving to the bubble model, which is where there would be a number of children out together and able to access more of the programme on the site than being spent in considerable time behind their doors.

That was agreed on 4 November. We also agreed an action plan in response to the October inspection on 10 November. We were very much engaged with the leadership team at Rainsbrook to work through the findings of the report and to encourage them to commit to what they needed to do.

Q95 **Janet Daby:** Could I just interrupt? Why do you think there was a lack of action by senior managers? What do you put that down to?

Jo Farrar: Ian Mulholland in his earlier evidence talked a bit about needing to reinvigorate the leadership culture and the culture at Rainsbrook, and that is certainly what we have reflected on. We were having very senior high-level conversations with MTC in relation to the director, who had at that point handed in his notice but was working through his notice period. We were concerned that there was not the energy that we were looking for in relation to the leadership at Rainsbrook and agreed that a member of staff would go on gardening leave and Stu, the current interim director, would come in. We had identified a lack of energy and impetus there and were keen to see a new leader at Rainsbrook who would bring that to the problems that we knew we all had.

Q96 **Janet Daby:** Young people are the ones who have gone through the experience of being locked in their rooms for 23 and a half hours and only having a half-an-hour break. That is a restriction of their liberty and it can affect their mental health. What we have here is neglect, which young people were experiencing. It is very clear to make it known that that is very harmful to children. Have you considered what supports are there for the children and how the children will be compensated for the experiences they have had to endure?

Jo Farrar: As the YCS, my team have worked very closely with Rainsbrook since October, enhancing some of the support that we have been offering them since the UN. That support includes access to our YCS psychology teams. It includes access to our safeguarding teams. We have also been working with Barnardo's, who are our partners delivering our advocacy services, to increase the number of hours that they provide on-site to be able to offer support to the children.

Q97 **Rob Butler:** Ms Swidenbank, you mentioned that you had heard all the earlier evidence. My colleague Ms Eagle asked the inspectors whether they felt they had been misled by the management at Rainsbrook giving assurances that they had addressed the matters that were raised with



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them in October last year, and then December came along and it turned out that they had not. Do you feel that you as YCS and HMPPS were misled?

Helga Swidenbank: MTC were very assertive in the position they took in relation to what they believed was happening on the site. I had a conversation with the then MD, who was very reassuring to me that they had indeed followed up on the actions that the inspectors had recommended.

We were disappointed that the inspectors found what they found. As I said earlier, we also know that we have some learning to do in relation to the nature of our monitoring to make sure that we double-check or triple-check for ourselves that things are happening that we were being told are happening.

Q98 **Rob Butler:** But you do not demur from the fact that you were told something by the then managing director of MTC that turned out not to be the case.

Helga Swidenbank: I do not believe I was being intentionally misled because I also think that they believed that they were being told what was happening was correct.

Q99 **Rob Butler:** That is very clear.

In terms of monitoring, the question was raised about whether there was enough independent oversight. I know that this question has been around for a long time. Do you think that as an organisation—as the YCS, or even this might be one for Dr Farrar for HMPPS more generally—you need to look at how you do your own internal monitoring? In fact, perhaps you almost need flying monitors going to various locations rather than some being embedded in one place where there is a danger, if you forgive the expression, that they go native.

Helga Swidenbank: Jo, do you want me to come in?

Jo Farrar: Shall I come in first? That is a really good question. It is something that we are considering, and we are always trying to strengthen our monitoring. In the YCS monitoring, this was embedded in the organisation, in the actual institution. That is good and right to have that. We have also learned that that does not work on its own. We need more external monitoring, and that is why we have asked the wider team from HMPPS and why we had an independent review to look at exactly what had happened. We are learning lessons about the monitoring. We expect to strengthen that in future so that we have at least some independence from the actual bit of the service itself and so that we can have the assurances in place that we need.

Q100 **Rob Butler:** Dr Farrar, do you and your board feel that MTC are fit for purpose to be running this establishment?



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Jo Farrar: We feel that they are addressing, now, the UN. We still feel there is the issue of the “requires improvement” and the recommendations that were talked about earlier from the previous inspection in 2020. They have had a Covid situation since then and several outbreaks. Nevertheless, that is what we need to focus on now to make sure that there are significant and ongoing improvements.

Q101 **Rob Butler:** You mentioned the commercial levers that you have been able to deploy in withdrawing certain amounts of money at certain times. Do you feel that MTC are now delivering what they promised when they bid for and won this contract?

Jo Farrar: As I said, I feel that there is still some improvement needed. I feel that they really need to address recommendations in the February 2020 review. However, we are seeing improvements. We have seen improvements in January, and we are working very closely with them to make sure we see the full range of improvements.

Helga might want to come in and say a bit more because we are also looking to strengthen the contractual arrangements we have with our providers.

Q102 **Rob Butler:** Ms Swidenbank, for the sake of fairness, we have heard that certain things are being done well at Rainsbrook. Are you seeing improvements in other areas apart from these very worrying failures?

Helga Swidenbank: We remain concerned about the strength of the leadership team, the staff culture and the resilience of the staff culture. I, like you, am very reassured by the appointment of the new director, who will bring a level of experience and insight and wisdom to this part of the world and knows how to work with this population well.

We are also concerned about the quality and delivery of education. We feel reassured to an extent about the appointment of Nacro to deliver the education contract. We want to see that delivered and we will be testing its quality over the coming months.

You also asked a question around options for the monitoring team. I am actively considering how we might work, how we might think of monitoring in the future—probably a mixture of embedded staff and some people who work across contracts and are able to bring a slightly detached world view. We are also thinking about skills mix and about remit. We are doing some good-quality work thinking about how monitored teams work and how they can have the impact we need them to have.

Q103 **Rob Butler:** Lord Chancellor, you probably heard me ask Mr Mulholland whether he would ensure that the new director had all the resource and support he needed. He has promised from MTC’s perspective that he will. Are you in a position to make the same promise from the point of view of the MOJ and HMPPS?



Robert Buckland: Yes, I am. It is absolutely essential that we underpin the work that MTC are doing with that sort of commitment. You are right to emphasise the welcome news about the new director. The work of the director and the deputy director is being reported to me as excellent. They are engaging with the children and they are known to the children, but it has to go wider and deeper. Getting the right team in to enforce the right regime across the board seems to me to be absolutely a priority.

As Ms Swidenbank said, a new education provider, Nacro, coming in from May will allow us a new opportunity to enhance and improve the education offer that is made to children. Thus far, Ofsted have noted early signs of improvement, but we have to be frank. There is still a long way to go for me to be satisfied that Rainsbrook is in the right place.

Q104 **Rob Butler:** We know, Lord Chancellor, that the history of STCs widely has not been as good as one hoped when they were introduced. Indeed, the previous operators at Rainsbrook were not renowned for great success and we saw difficulties. Does all this mean that you might be minded to speed up progress towards a secure school model and to phase out STCs sooner than had previously been anticipated?

Robert Buckland: Mr Butler, my ambition is indeed to develop the secure school model. Medway secure school, which I hope will be online from next year and which the underpinning legislation in today's Bill will enable, will be an important milestone in the change of emphasis with regard to the way in which we care for and support children in a custodial setting.

I would very much like to see that model rolled out. It would be right that in the interim, ahead of any change of that nature, we sought to use existing provision, and STCs are very much part of that, in a way that could be consistent with those goals and put heavy emphasis on education. The way in which I have chosen to describe secure schools as schools with security will be the right sort of emphasis as we move ahead. There is no reason why we cannot start that work now. I will be looking very closely to see how MTC respond to that challenge.

Q105 **Rob Butler:** In order to achieve the improvements that you have outlined for the youth secure estate, do you need more money from the Treasury?

Robert Buckland: I am always happy to receive more from the Treasury. As you know, in the last two years the Ministry has managed to secure real-terms increases in the revenue budget of about 5%. There are still pressures on all of us and pressures on Government exacerbated by the current Covid crisis.

It would be unduly Panglossian of me to say that I was going to be able to have access to unlimited funds. The case will continue to be made to



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the Treasury. Thus far, we have had some success, but I accept that we are in a continuing process.

The way in which we invest the resources that we now have is as important in my mind as the overall amount, which is why it is important for us to look to Rainsbrook and other institutions to start to represent what could be really positive about the secure estate rather than the same negativity that we have frankly had enough of.

Q106 Rob Butler: I am sure, Lord Chancellor, that the whole Committee will have been very reassured by the fact that, as you have said, you have taken personal ownership of this situation at Rainsbrook.

Our understanding is that, following the departure of Lucy Frazer as Minister responsible, responsibilities are being shared among the remaining number of Ministers—as we understand it, you will not get an additional Minister in your Department. Are you confident that there will be enough ministerial oversight of what we see as a very important area of youth custody, because turning around young people's lives is crucial to the much broader aims of reducing reoffending and therefore creating far fewer victims, exactly as outlined in the Bill that you introduced today?

Robert Buckland: Mr Butler, I am delighted to tell the Committee that it has already been published that Alex Chalk will be the Minister responsible for prisons, probation and youth as well as the women's estate. He will bring with him a great knowledge of the criminal justice system. He has been a Minister in this Department for just over a year in any event. I have huge confidence in Alex's understanding and ability to get to grips with the situation. He will be working closely with me and we are very well served by the ministerial team in this Department. I feel sure that in her role as Solicitor General, the former prisons Minister will retain a strong interest in these issues.

While the Law Officers have a different role in the Government, none the less the oversight that she will jointly have for the CPS means that she is still very much involved in the overall family of Ministers who have responsibilities for the criminal justice process. In the spirit of the way in which we are working in this Government to bring together Departments and agencies in a way that we have not seen before, I look forward to working with her and indeed other Departments—education is very important in this context, and DWP and other Departments—to make sure that we have a cross-governmental approach and that we do the work on prevention and diversion that we know is the real answer to a lot of problems that the Ministry of Justice has to deal with when we sadly have to incarcerate young people for the most serious of offences.

Q107 James Daly: Inspectors found that some children were being kept in their cells for 23 and a half hours a day. What are the MOJ, HMPPS and YCS doing to address this practice at Rainsbrook and more generally in the youth estate?



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Helga Swidenbank: We have talked about the RCU practice and we have an action plan that we have agreed with the provider to address that practice, and we now have bubbling going on in Rainsbrook. That practice is very common across the youth custody estate; the average time out of room in the youth custody estate is around four hours a day. Some establishments are providing higher levels of time out of room and some slightly lower, but what we are not seeing is the practice of children in their rooms for that lengthy period, which none of us is comfortable with.

There is a lot of work going on by my governors and local leaders to open up regimes as much as possible during the restrictions that we are all part of.

Q108 **James Daly:** Ms Swidenbank, that is a very detailed answer, but you did not seem overly confident that today children may not be locked up for 23 hours on the youth estate. It would certainly concern me and, I am sure, members of the Committee if there was a real likelihood of that happening.

Helga Swidenbank: In our RCU, our practice now is for children to be bubbled, so they are out of their rooms for a number of hours.

Other children—this is a non-Covid point, and we have talked about it before at Select Committee around separation—are subject to separation for self-isolation or for reasons of other concerns. We have some very robust governance procedures in place to make sure that we monitor that well and keep a very close eye on the time that children have out of cell and what kinds of interventions they are subject to.

Q109 **James Daly:** Thank you for that. Because of the time, I will go to my next question.

In January 2021, inspectors found that violence and self-harm at Rainsbrook increased in the three months prior to the monitor visit. Why is that?

Helga Swidenbank: That is correct. We have not-yet-published figures. To reassure the Committee, January's figures show a downturn in assault rates and self-harm in Rainsbrook during January and moving into February. Those are not published figures, but they will be when that cycle comes around.

As a Committee, we have talked before about levels of self-harm and violence on the youth estate. There are a number of complicated reasons behind that. Some of that is around the nature of the very vulnerable and complex nature of the population that we have.

There are other factors that relate to levels of violence. Some of that is around the leadership culture of the establishments and predictability of programmes and regimes. We are working very closely with local leaders to look at how we can address some of those through things like



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workforce reform; through things like working with our NHS partners to deliver the SECURE STAIRS model; through conflict resolution and making sure we deploy a number of different interventions to support our local leaders to reduce levels of violence and self-harm within our environments.

Q110 **James Daly:** How would you describe levels of violence and self-harm within the whole of the estate at the moment?

Helga Swidenbank: The situation at the moment is that we have seen almost counterintuitive levels of violence and self-harm reduce during the Covid period. When our formal stats come out, that will be played out. We are interested to do some learning around that, as Jo Farrar mentioned earlier. Some interesting learning is emerging from Covid, which includes the impact of having smaller groups of children associating together; improved relationships with staff; and an improved sense of safety on the basis of those improved relationships.

We are really keen to do the good-quality learning that comes out of this so that, when we do start to open up our regimes, we are able to weave in that learning and hopefully ensure that we do not go back to the picture that we were seeing before Covid.

Q111 **Maria Eagle:** Did any of your on-site youth custody staff realise that the education that young people were doing in their cells was not being marked?

Helga Swidenbank: I am afraid I cannot answer that definitively. I can come back to you.

Q112 **Maria Eagle:** That would be a good idea. There is nothing more demotivating than being asked to do some work and you never get any feedback. It is difficult enough to be sat on your own doing it without anybody to ask for help. If then it just disappears into the void and you get no feedback, whatever that is, it is not education. What is being done to improve the regime and education provision on site?

Helga Swidenbank: We talked a moment ago about the new provider coming in May, which is very good news. However, in the meantime the current provider Novus has appointed a new head of education. He has done a comprehensive needs assessment and got a curriculum review for the children at Rainsbrook. They are starting to rebuild the education provision. Our view, which is shared by inspectors and our Ofsted assurance team from HMPPS, is that it is not yet where we want to see it. It is not yet in a position where we want it to be. There are early signs of improvement and we are looking forward to seeing that build and to what Nacro can bring when they arrive in May.

Q113 **Maria Eagle:** Is the work that is being done by children being marked now?



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Helga Swidenbank: My understanding is that it is and that children are going out and participating in classroom-based activities.

Q114 **Maria Eagle:** I wonder what assurance you can give that that is true, because you were told by MTC and your own staff previously—after the inspectorate had delivered a damning verdict last October—that the issue that had been identified of children being locked up for 23 and a half hours had been resolved. They were sitting in an office two minutes down the corridor and did not go and get any independent assurance. They passed information back to the Secretary of State that led to him being in the embarrassing situation of saying things that were not exactly true. What steps have you taken to make sure that the information you are now getting back about this is actually accurate?

Helga Swidenbank: I have talked about having an enhanced monitoring team. I have a senior operational manager now on site. I am not in a position to be able to give you detail about how it is specifically monitoring the education contract and details around how we monitor individual bits of work. However, what I do know is that that senior operational manager is working closely with the site and with the provider to ensure that we are driving up standards in Rainsbrook.

Q115 **Maria Eagle:** It seems to me that there has been an awful lot of monitoring of contracts and compliance and running around checking clauses in contracts and not so much using your common sense and going and asking the people who are actually at the other end of all these contracts. Perhaps that might be a lesson to learn.

Helga Swidenbank: What my team is doing is walking around the site more. The senior operations manager whom I referred to is meeting the education provider and MTC to ensure that they deliver on the education undertaking they have given us.

Q116 **Maria Eagle:** Secretary of State, I wonder whether you could just tell me whether you feel a bit surer that the information that is coming back to your Department might actively have some truth attached to it instead of being a load of baloney.

Robert Buckland: Ms Eagle, I am in a position to say that I am more satisfied, but I do not want to shy away from the fact that the situation back in October and November was not as it should have been. I was given assurances as to future conduct and immediate future improvement that then did not happen. I have looked again carefully at my letter, and I am giving Ofsted a lot of assurances about what is about to happen. I am particularly struck by a paragraph in the letter about the survey that children themselves complete online, which does seem to have a high response rate. You get a really good sense of what they are thinking.

Frankly, as you say, without really engaging with the children themselves and understanding what their fears and their concerns are and with what might be good about what is happening with the regime, then we won't



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get to the bottom of this. Therefore, going back to those issues, making sure that the feedback is clear, is comprehensive and is setting milestones for what will happen next is very much in my thinking.

As Jo Farrar said, there has already been an internal review of procedures to make sure that we get truly independent assurance of the action that is being carried out. I can assure you that I do not like being played for a fool. The message should be out there loud and clear that this will not happen again. Otherwise, the consequences will be extremely serious for those responsible.

Q117 **Dr Mullan:** I want to speak to Ms Swidenbank again to try better to understand the logistics of the team. You mentioned that during the period in question you had three members of staff there. Is that correct?

Helga Swidenbank: That is correct.

Q118 **Dr Mullan:** Were they full time?

Helga Swidenbank: Full time, yes.

Q119 **Dr Mullan:** What mix were they? Junior? Senior? How would you describe them in terms of seniority?

Helga Swidenbank: They are led by a band 9, who is a middle manager, and two other members of staff sit beneath her.

Q120 **Dr Mullan:** I have to say that the core issue of concern was not particularly sophisticated. The area for improvement that required monitoring was time spent in rooms. You have shared with us that on 4 November there was an agreement that a different model would be used, but that by December, we have learnt, that was not the case. Will you tell us when your monitoring team were aware that children were still in their rooms against the recommendation from the inspector?

Helga Swidenbank: We have talked about the reverse cohorting practice as opposed to policy. In retrospect, what happened was that my team and the site interpreted the guidance as reverse cohorting being on a unit. When they went to go and check on the unit of children who were reverse cohorting they were satisfied that they were being bubbled. When the inspectors came back in December, they found that that work was happening.

However, what was not happening were children being reverse cohorted in other parts of the site—for example, the girl we have spoken about—and that my team were not double-checking to make sure that that child was being given time out of her room and having access to other parts of the programme.

These are the lessons that we have to learn. I mentioned earlier that my team have to have that professional curiosity that goes beyond pure contractual management and asks some questions around quality and



being quite challenging around what they are seeing and the conversations they are having with the provider.

Dr Mullan: Thank you for clarifying that.

Q121 **Chair:** Finally, Secretary of State, is there perhaps a wider lesson? A series of inspection reports over a number of years said that more needed to be done to make Rainsbrook even up to the standard of being good. You had an inspection report in February 2020, and we now know that by the time of the urgent notification procedure only one of 19 recommendations had been put into place.

Is there something systemically unsatisfactory about the way in which the Prison Service responds to inspection reports? Over the years, our Committee has had a number of complaints, right across the board, from Her Majesty's Inspectorate that nothing happens with a large percentage of their recommendations.

Robert Buckland: Sir Bob, it is a really valid point. It is an opportune moment to look into that. I am glad to say that we have a new chief inspector of prisons now in Charlie Taylor, but his predecessor Peter Clarke had already started some work on the way in which recommendations were made because there was understandable frustration, and worse, with regard to the non-implementation of recommendations by the inspectorate.

However, the inspectorate acknowledged that sometimes the sheer number of recommendations was pretty daunting. For an institution to get six or more recommendations almost begs the question of where you start. While I do not think it would be right of us to encourage in any way the inspectorate somehow to gloss over the important issues, recasting and reframing the way in which recommendations are made could be really helpful to management and staff at a particular institution. It has been good to see a sense that, when the recommendations are made, the institution can think, "We can handle this."

We have 10 really important issues here that we need to get our teeth into. There might be some issues that at the moment form separate recommendations, but the way in which the message is delivered and the particular task that is set is very important, and that is why I welcome that initiative. I look forward to seeing how it develops. Covid has meant that what you regard as the usual intense inspections have not been able to take place. Probably in the next few months to a year when normality returns to the inspection regime, we will see how this works. I very much hope and believe that, if we can get that stage right, the necessity for UNs—urgent notifications—will reduce, because there is no doubt that the UN is prompted by previous omissions or previous failure.

We should all be in the business of minimising recourse to UNs—for the right reasons, not because we want to gloss over or ignore the reality but because there are things that we can do better, focusing of course always on the outcomes, in this case, for children now and on the adult estate



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for prisoners who are currently within it. It does indeed beg a wider and important question.

Chair: Secretary of State, Dr Farrar, Ms Swidenbank, thank you very much for your evidence. I am very grateful to all of you for your time and trouble.