



# CAPTIVE

Covid-19 Action Prisons Project: Tracking Innovation, Valuing Experience

How prisons are responding to Covid-19

Briefing #3

The prison service's response, precautions, routine health care, disabilities, well-being, mental health, self-harm, and what helped

### **About the Prison Reform Trust**

The Prison Reform Trust is an independent UK charity working to create a just, humane and effective prison system. For further information about the Prison Reform Trust, see [www.prisonreformtrust.org.uk/](http://www.prisonreformtrust.org.uk/)

### **About the Prisoner Policy Network**

The Prisoner Policy Network (PPN) is a network of prisoners, ex-prisoners and supporting organisations. It is hosted by the Prison Reform Trust and will make sure prisoners' experiences are part of prison policy development nationally. Contact [ppn@prisonreformtrust.org.uk](mailto:ppn@prisonreformtrust.org.uk) or call 020 7251 5070 for more information.

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## Introduction

CAPPTIVE, a collaborative project by the Prison Reform Trust and our Prisoner Policy Network, aims to describe life in prison under the pandemic.

CAPPTIVE depends on insights from prisoners about their experience. Right now, during the Covid-19 pandemic, when every aspect of prison life has been affected, it is vital that prisoners are heard. Through CAPPTIVE, prisoners' voices have brought to light conditions in prison in the time of Covid-19, including how they spend their time, the impact on relationships, and what has happened to key processes such as release on temporary licence (ROTL) and offending behaviour programmes.

PRT launched CAPPTIVE with an appeal in Inside Time and Converse – prison newspapers – and National Prison Radio. We asked people to tell us how their prisons were managing under Covid-19. In addition to serving prisoners, we gathered information from families, prison staff, the Independent Monitoring Boards (IMBs), voluntary sector agencies and social media. We also drew on the short scrutiny visits (SSVs) by HM Inspectorate of Prisons (HMIP). We have received feedback from early June to the present. The team responsible for CAPPTIVE determined that 180 responses from prisoners related to health, and these were drawn from 79 identified prisons and six unspecified prisons.

CAPPTIVE is producing a series of briefings to provide timely updates on the experience of living in prison under Covid-19 restrictions. The themes are:

- Families
- Communications
- Regimes
- Progression
- Health
- Innovation.

The first briefing covered families and communication.

The second briefing focused on regimes, reactions and progression.

Both briefings are available here

<http://www.prisonreformtrust.org.uk/PressPolicy/News/Coronavirus>



# Executive Summary

CAPPTIVE Briefing #3 on Health covers:

- Precautions (PPE, testing hygiene, physical distancing)
- Routine health care (GP appointments, medications, dentistry)
- Disabilities
- Well-being and quarantine (agency, relationships, personal growth)
- Mental health (anger, anxiety, depression)
- Self-harm (safeguarding, ACCTs, Listeners)
- What people find helpful.

There are two main findings:

The UN defines solitary confinement as being held in a cell for 22 hours or more per day. It states that prolonged solitary confinement is cruel, inhuman, or degrading. Prolonged is anything over 15 days. Many prisoners have now spent over nine months in conditions that match solitary confinement.

Prisoners writing to CAPPTIVE have stressed the importance of kindness and empathy to help them cope. The quality of staff engagement with prisoners is vital to prisoners' well-being – taking an interest in the needs of each person as an individual, giving people time to talk through the effects of the quarantine regime, and helping people fill their time meaningfully.

In March 2020, HMPPS introduced measures to protect prisoners and staff in light of Covid-19. This included ceasing all inter prison transfers, separating new arrivals, isolating symptomatic prisoners, and shielding vulnerable prisoners.

The prison service's response to Covid-19 had three objectives:

- Preserve life
- Maintain security, stability, and safety in the broadest sense
- Provide sufficient capacity.

The government introduced an early release scheme, which saw only 316 prisoners released (which included 54 on compassionate release) by 30 September across England and Wales, less than 0.5% of the prison population.

## Precautions

CAPPTIVE evidence suggests that people in prison were very aware that the primary risk of transmission of Covid-19 is from staff. On settled wings in particular, the chances of a prisoner becoming infected by any other route than contact with staff are minimal. This has implications for the precautions taken by officers working on wings.

In the summer, respondents reported uneven practice, with some staff not wearing PPE in interactions with prisoners, and some prisons not providing prisoners with masks. Staff not wearing masks endangered both prisoners and their colleagues. In October, the prison service circulated guidance on PPE, which should lead to more consistent use by staff and better provision for prisoners.

CAPPTIVE received far more comments about (a lack of) physical distancing than any other precaution. Public health policy advised people to keep two metres apart, especially indoors. Prison wings were never designed to facilitate physical spacing.

The risk of transmission by staff meant that their behaviour was scrutinised by prisoners. CAPPTIVE respondents criticised the neglect of distancing by officers, arguing that their behaviour made the severe restrictions imposed on prisoners hard to justify.

To facilitate more activities and association while preventing the transmission of Covid-19, testing may prove a vital tool.

## Routine health care

The range of feedback on GP appointments presented a continuum from no GP appointments available, through limited provision, to 'amazing'. The major innovation reported was GP appointments via telephone. Telemedicine brought mixed reviews; some felt the system worked well, while others expressed concern about the lack of confidentiality of phone calls.

Routine dental services were initially curtailed at the start of the pandemic, as in the community. Several people reported that they were unable to see a dentist.

## Disabilities

People with learning disabilities and learning difficulties might be profoundly disadvantaged by the quarantine regime. Information about the response to the pandemic might be inaccessible to someone with a learning disability and lead to misunderstandings about the changes in their daily life. While reading can pass the time for their peers, they might be more dependent on radio and television. Some of the materials included in the distraction packs might be unsuitable. As one CAPPTIVE respondent wrote, "As always, it is those with fewest communication skills who suffer the most."

## Well-being

Experience and well-being under quarantine comprises three themes

- Agency/dependency (autonomy and meeting needs)

- Relationships

- Self-acceptance (self-esteem, a sense of purpose, and personal growth)



The vast majority of CAPPTIVE respondents who wrote about the quarantine regime described negative effects for their well-being. Out of 180 prisoner responses on the theme of health, only three (less than 2%) mentioned any personal benefit from the regime of 23 hours isolated in their cell.

The restricted regime led many respondents to feel fatalistic. People experienced sensory deprivation due to 23-hour confinement in a cell. Before the pandemic, prison jobs, voluntary roles such as prison councils, education, vocational workshops, and association had given prisoners choices about how to spend their days. In contrast, the quarantine regime is dehumanising, taking away what little control prisoners had over their lives. This is likely to have long-term effects.

The primary relationships people wrote about were with families, officers, and fellow prisoners. CAPPTIVE evidence showed that the regime undermined a person's sense of identity; took away self-worth; and led to anxieties about the effects of separation on children.

Feedback on relationships with staff suggested that some saw evidence of staff burn-out, with officers becoming less supportive than they were when the restrictions were first imposed.

A rehabilitative culture promotes positive change through education, skills training, offending behaviour programmes, and, more broadly, faith activities and volunteering roles. Activities help to motivate people to get through their sentence and give that time a purpose. The quarantine regime curtailed most of these opportunities and led many to question whether their lives had a purpose.

## Mental health

Even at their best, prisons are damaging environments for people with mental health needs. Under the quarantine regime, the negative impact on mental health problems has been amplified. Quarantine can result in increased irritability, anger, and frustration. Prisoners said that they witnessed people whose mental health was affected being sent to segregation.

The quarantine regime also affected levels of anxiety. People faced long periods of empty time and this led to over-thinking. Further, the regime prevented people from taking action to resolve problems for themselves (loss of autonomy).

The lack of activities and the loss of family contact undermined people's well-being and contributed to depression. A few responses to CAPPTIVE provided strong evidence that staff were sometimes unaware of the damage that the quarantine regime was doing to mental health.

## Self-harm

The prisons inspectorate has found that rates of self-harm have risen in some prisons and decreased in others. Injuries that require treatment continue to be recorded. Prisons have been encouraged to provide regular well-being checks to assess the person's mood.

However, the CAPPTIVE evidence suggests that, due to the dramatic reduction in face-to-face contact occasioned by the quarantine regime, staff were less aware of self-harm. Well-being checks were not always a reliable method of assessing risk. However, some respondents reported officers providing practical help to manage their thoughts of self-harm.

## Analysis

The CAPPTIVE feedback on health is overwhelming. It suggests that anyone in prison who believes that establishments are safer under a 23-hour lockdown is very likely to be outside the door, carrying keys. The limited time out of cell provides staff with very little insight into the person's state of mind, motivations, or changing level of risk.

If there is very little time to engage with prisoners, staff lose the information they need to make informed judgments about an individual's trustworthiness. Trust depends in part on chance encounters between officers and prisoners that reveal the person and build relationships. Thus, the loss of trust between officers and prisoners is collateral damage resulting from the exceptional regime.

CAPPTIVE evidence establishes that people have felt supported by empathy from staff, contact with family, activities (including exercise), and the care shown by health staff.

The quality of staff engagement with prisoners is vital to prisoners' well-being. The regime requires specific qualities of prison officers – taking an interest in the needs of each person as an individual, giving people time to talk through the effects of the quarantine regime, bringing imagination to the challenge of helping people fill their time meaningfully. In this sense, the officer who finds fulfilment in giving individual attention to the people behind the doors will play a vital role in getting them through the quarantine.

The prison service has set up a process to ask itself fundamental questions about what it has learned from living with Covid-19, and how to “build back better”. It understands that achieving a “healthy” prison means a huge amount more than freedom from disease. The messages contained in this report from people who live in prison about what has made a positive difference in these most challenging of times should be part of the blueprint for a healthier future.

# 1. COVID-19: THE PRISON SERVICE'S RESPONSE

## Background

People in prison are entirely dependent on the state for their health care. In 2019-2020, the prisons inspectorate found health provision in adult prisons to be 'reasonably good' overall. But problems they identified included cramped health services, which hampered 'effective infection prevention and control', and long waiting times (HM Chief Inspector of Prisons, 2020). Most prisons missed opportunities to promote health and well-being to prisoners, and access to mental health assessments and treatment was inadequate at approximately half of prisons. Mental health training for staff was inadequate in a third of prisons. In the women's estate, some prisoners faced long waits for GP and dentist appointments, and some mental health teams were under-staffed, resulting in long waits for assessments and reviews and a lack of group work.

The Prison and Probation Ombudsman has noted 'endemic' shortages of healthcare staff in some prisons (HM Prisons and Probation Ombudsman, 2020). In some establishments, hygiene levels are substandard, with prisoners unable to access hot water, and cleaning and personal hygiene products (INQUEST, 2020). Prisons faced problems prior to the Covid-19 pandemic that made its onset more difficult to manage. Self-harm was at record levels, and the majority of prisons were overcrowded (Justice Select Committee, 27 July 2020, Section 1, para. 17).

In March 2020, HMPPS introduced measures to protect prisoners and staff in light of Covid-19. This included ceasing all inter prison transfers, separating new arrivals, isolating symptomatic prisoners, and shielding vulnerable prisoners (Justice Select Committee, *Ibid.*, Section 2).

As of 12 May, 404 prisoners had tested positive for Covid-19, and 21 had died following a positive test. By the 26th June, 520 had tested positive and 23 had died; 83 prisons were reported to have had someone who tested positive. By the end of September, 630 had tested positive at a total of 89 prisons, but the number of deaths due to Covid-19 had not increased (Ministry of Justice, 2020). Over September and October, the number testing positive increased by over 800, bringing the total to over 1500, in 99 prisons (Justice Select Committee, 30 November 2020). By the end of November, 3,460 people in prison had tested positive for Covid-19 since the start of the pandemic; 37 prisoner deaths were confirmed due to Covid-19.

The prison service has based its response to Covid-19 on three objectives:

- Preserve life
- Maintain security, stability, and safety in the broadest sense
- Provide sufficient capacity.

The government introduced an early release scheme, which saw only 316 prisoners released (which included 54 on compassionate release) by 30 September across England and Wales, comprising less than 0.5% of the prison population (Ministry of Justice, 2020). In comparison, Spain released 7.4% of prisoners, Ireland 12%, and Turkey released over one third of prisoners (Penal Reform International, 14 July 2020). The prison population in England and Wales has,

however, reduced since the onset of the pandemic by 4,700 due largely to ordinary prison releases and the significantly fewer number of new receptions into prison due to the suspension of court processes (Ministry of Justice, 9 October 2020). The Ministry of Justice has also increased prison capacity through creating temporary accommodation.

In response to the Covid-19 pandemic, time out of cell was severely restricted, leaving the vast majority of the prison population in a state of prolonged solitary confinement. The Justice Select Committee has recommended that the Ministry of Justice provides clear expectations of the minimum time out of cell and activity to be provided at each phase of recovery from the Covid-19 pandemic (Justice Select Committee, 27 July 2020).

## International standards

International standards stipulate that prisoners ‘should enjoy the same standards of health care that are available in the community’ (the principle of ‘equivalence’ – United Nations, Nelson Mandela Rules (NMR) #24.1). Prison health care services are responsible for ‘evaluating, promoting, protecting and improving the physical and mental health of prisoners’ (NMR #25.1). Prisoners should be able to access specialised treatment and have prompt access to medical attention in urgent cases.

Good healthcare services and levels of cleanliness are especially important in prisons, where people are particularly vulnerable to illness, due to having poorer health than the general population and living in close proximity to each other (World Health Organization, 2020).

NMR #44 defines solitary confinement:

*Solitary confinement shall refer to the confinement of prisoners for 22 hours or more a day without meaningful human contact. Prolonged solitary confinement shall refer to solitary confinement for a time period in excess of 15 consecutive days.*

(United Nations, 2015)

Due to clear evidence of its damaging consequences for mental and physical health, the NMR stipulate that solitary confinement should only be imposed ‘in exceptional cases as a last resort, for as short a time as possible’. Solitary confinement lasting longer than 15 days, for whatever reason, is prohibited under NMR #43, constituting cruel, inhuman or degrading treatment.

According to the European Prison Rules, solitary confinement should never be imposed on children, pregnant people, or prisoners with disabilities whose conditions would be exacerbated by it (Council of Europe, 2006). People held under conditions of solitary confinement should be visited daily by a medical practitioner, who should report any serious concerns about its effects on their mental or physical health.

Any decision to isolate someone based on medical grounds must adhere to medical ethics, the NMR and other international standards, and specifically adhere to the principles of legality, necessity and proportionality. Any separation, isolation or quarantine should be (i) used only as

necessary based on medical grounds, (ii) imposed with conditions that are as close as possible to the regular regime, and (iii) clearly distinct from those found in solitary confinement. An infected person must be housed in an appropriate medical facility; confinement in an individual cell is not appropriate healthcare.

According to the European Prison Rules, all prisoners, including those who are separated, should be entitled to at least one hour of exercise every day, with the opportunity to associate with others.

The World Health Organization (WHO) has advised a range of measures in response to Covid-19. States should consider non-custodial measures at pre-trial, trial, sentencing and post-sentencing. New arrivals to prison should be screened for symptoms, and prisoners who have come into contact with a known case of Covid-19 should be quarantined for 14 days. Prisons should provide information about the disease, and ensure that hygiene products, such as hand gel or soap and water, are always available to prisoners. When in close contact with prisoners, staff should wear disposable gloves and medical masks (WHO, 2020).

WHO also explicitly state:

*The COVID-19 outbreak must not be used as a justification for undermining adherence to all fundamental safeguards incorporated in the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) including, but not limited to, the requirement that restrictions must never amount to torture or other cruel, inhuman or degrading treatment or punishment; the prohibition of prolonged solitary confinement (i.e. in excess of 15 consecutive days); the requirement that clinical decisions may only be taken by health-care professionals and must not be ignored or overruled by non-medical prison staff; and that while the means of family contact may be restricted in exceptional circumstances for a limited time period, it must never be prohibited altogether.*

(WHO, 2020)

This, the third CAPPTIVE briefing, will discuss:

- The precautions taken to prevent transmission in prisons
- Routine health care
- The impact on people with disabilities
- Well-being and quarantine
- The impact on mental health
- Self-harm, and
- What helped.



## 2. PRECAUTIONS

The central theme running through the CAPPTIVE project is how prisons have responded to the Covid-19 pandemic. This section will consider the measures intended to reduce the risk of transmission. We will explore the views of CAPPTIVE respondents about the likely impact on both their physical and mental health.

As was the case with other themes, the situation in prisons was changing while people were submitting their evidence. Most of the evidence in this briefing reflects the situation in prisons from June to the end of August, a period when infection in both prisons and community was at a relatively low level. We were still receiving some input in October.

Among the 258 comments on mental and physical health that we received, 76 (over a quarter) made some reference to these precautions. Clearly, the subject was important to the prisoners who responded. The main topics covered are:

- Personal protective equipment (masks, gloves)
- Testing
- Hygiene and cleaning materials
- Social distancing.

CAPPTIVE evidence suggests that people in prison were very aware that the primary risk of transmission of Covid-19 to staff and prisoners is from staff. On settled wings in particular, the chances of a prisoner becoming infected by any other route than contact with staff is minimal. This has implications for the precautions taken by officers working on wings.

### Personal protective equipment (PPE)

PPE includes face coverings, face masks, shields, gowns, and gloves. A face covering is material that covers the nose and mouth; a face mask is a higher standard, such as those certified for use by NHS staff (FFP3). Not everyone writing to CAPPTIVE recognised the distinction.

In mid-June, a short scrutiny visit (SSV) by the prisons inspectorate to category C prisons found that there was no shortage of personal protective equipment (PPE). But at the same time, a CAPPTIVE correspondent wrote from a different prison:

*Ostensibly, the only people I'm in danger of infection from is the staff. However, no barrier PPE is being worn. This is without exception, so must be a policy decision.*

(19 June, high security prison)<sup>1</sup>

Another respondent stated:

*No staff on this wing wear masks. They do wear them on the isolation wing.... Staff were the most likely way to bring the virus into prisons. If they wore masks, it would protect prisoners. Recent advice about wearing masks on public transport being mandatory needs to be applicable to all prison staff.*

(6 June, category B prison)

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<sup>1</sup> The quotations from serving prisoners cite the date and type of prison, where these are known.

Staff on isolation wings (holding people who showed symptoms of the virus) were wearing PPE. One respondent who spent time on an isolation wing described how masks were used by staff and prisoners:

*Anyone who felt ill especially with typical symptoms was immediately isolated in their cell for 14 days.... Meals were brought to my door and left on a stool for me to pick up.... When the door to the cell was opened, we had to move to the rear of the cell, put on a face mask, provided regularly for us, and at this stage staff wore face masks and gloves.... At all times, face masks were worn and two metre distancing observed.*

(17 June, category C prison)

An impression arising from these quotes is that in some prisons, officers were likely to wear masks when they were concerned about catching the virus from prisoners, but were less mindful of the risk that they might pass the virus onto the prisoners in their care. Some prisoners felt that their medical safety was being compromised when officers did not take this simple precaution in interacting with them. But the lack of attention to risk would also endanger their colleagues.

In line with public health policy, masks were issued to prisoners who were symptomatic or in contact with others who were symptomatic. One prisoner wrote:

*On the shielding wing, we make sure we carry out all procedures put into place by staff and as a result we have no confirmed cases... That is testament to the way staff are giving us the PPE required and also the relevant information on how to carry out our duties.*

(19 June, category C prison)

In other circumstances, respondents said that prisoners who wanted masks were denied them:

*BAME inmates in particular are concerned about the risks and some want masks and screens to limit the risk. No actions seem to be planned to address this.*

(21 June, category C prison)

PRT's Advice & Information line heard from some callers that they wanted to wear masks but the prison did not allow them. It was not clear whether the refusal from the prison was due to security concerns. Prisoners felt it was unfair as people in the community could wear masks to protect themselves. Others reported that prisoners were resorting to making masks out of bedsheets or towels.

Thus, the CAPPTIVE evidence from the summer indicated uneven practice, with some staff not wearing PPE in interactions with prisoners, and some prisons not providing prisoners with masks. In October, the prison service circulated guidance on PPE, which should lead to more consistent use of PPE by staff and better provision for prisoners. As in the community, face coverings would be required in locations that compromise social distancing (such as corridors).



## Testing

In May 2020, the Prisons Minister, Lucy Frazer responded to a parliamentary question about testing in prison, stating that prison staff were considered essential workers under the testing programme. She added:

*For prisoners, tests will be conducted on symptomatic prisoners on site. The testing capacity and availability can vary between establishments, depending on local circumstances at the time.*

(Lucy Frazer, Prisons Minister, 13 May 2020)

There was little input from CAPPTIVE respondents about testing, perhaps because very few had experienced it. One described the offer of testing on a shielding wing:

*Week 11, we were offered the option of testing which was carried out in cell by outside medical teams. Organised well, sensitively and results returned pretty quickly. All who were tested were negative.*

(17 June, category C prison)

Shielding units would be more effective if testing were available for all prisoners; otherwise, an asymptomatic patient could be introduced onto a shielding unit, putting others at risk. While only symptomatic prisoners are tested, there is a continuing risk of transmission among prisoners.

A prison cleaner wrote to CAPPTIVE, stating that the prison did not offer testing even when their roles exposed them to higher risks. He believed that the denial of testing to prisoners who went onto different wings had contributed to an outbreak of Covid-19 in that prison.

Testing may provide a vital tool to prevent the transmission of Covid-19 while providing a fuller regime, as one respondent suggested:

*Going forward, it is obvious the only way out of this for prisons will be antibody testing rather than “have you got it now” testing. Other than that, it will be containment, probably through use of differential regimes to prevent spread – e.g. one wing per day in workshops, visits, educations etc.*

(10 June, high security prison)

His response suggests that the restrictions could be eased if testing of prisoners was provided on a greater scale. This hope is echoed in the national framework:

*Testing is already available for symptomatic staff, but to support capacity and maintain effective public health measures a greater testing capability will be needed – for example, consideration is being given to testing and clinical oversight of new receptions and symptomatic prisoners, plus contact tracing where outbreaks occur.*

(HMPPS, 11 June 2020)

The inspectorate provided an example of testing enabling fewer restrictions, although the detail about practice there was limited:

*At Wandsworth, swift testing and provision of results was now ensuring that prisoners free of COVID-19 were quickly allowed to participate in the restricted regime.*

(HM Chief Inspector of Prisons, SSV, 28 April)

In May 2020, the Shadow Secretary of State for Justice, David Lammy, called for an 'exit strategy' for the quarantine regime, that would involve a return to education, training and prison jobs, adding:

*. . . the only way that works is by testing aggressively across the estate, and isolating and tracing where necessary. I'm clear that that is not going on currently in the prison estate, not nearly to the extent that we'd need to. In a way it's a sort of ticking time-bomb, because the situation in terms of lockdown is not sustainable over the long term.*

(Ben Leapman, 31 May 2020)

In the summer, the University of Southampton launched a pilot scheme of voluntary testing in 28 prisons. One aim of the study was to measure the extent of undiagnosed Covid-19. Other aims included better targeting of help for people who test positive and data to guide prisons in managing the risk of infection.

As David Lammy argues, however, testing (combined with tracing) can also provide the reassurance needed to open up regimes, so that prisoners have many more hours out of cell. A PPN consultation suggested that some prisoners were worried that a positive test would result in their being placed on an even more restricted regime. If prisoners saw that testing enabled the prison to offer more open regimes, they would have more incentive to volunteer. Prisons participating in the pilot should use the opportunity to assess the benefits of testing for providing a less harmful regime.

## Hygiene

Some CAPPTIVE respondents reported difficulties in obtaining cleaning materials.

*We haven't had a cell clean in ages so that's a bit poor as we are in a pandemic to do with destroying germs so that's a bit shocking.*

(10 June, young offender institution)

Another person said:

*We were given lots of notices telling us the importance of hygiene, but since the lockdown began, we have not received a single item of hygiene equipment. We get toilet rolls and tissues, we get no cloths, masks, gloves, soaps, disinfectant etc.*

(15 June, category C prison)

One person pointed out that the wing telephones were a particular risk, as they were used by so many people. Their response highlights a link between inadequate hygiene measures and people's anxiety levels:

*My concern is the high possibility of transmission by the use of landing phones, which are shared by the whole wing, e.g., my wing shares two phone booths with 40 residents with no alcohol antibacterial wipes.*

(10 June, category B prison)

In contrast, another CAPPTIVE respondent described a range of precautions that had been implemented:

*Gels and wipes provided. Sanitising stations at phone booths. One-way system in dining room.*

(18 June, category D prison)

Reports by the prison inspectorate suggest that hygiene precautions were uneven. This example is taken from the short scrutiny visits (SSV) to Brinsford, Onley and Maidstone, in June.

*Across the three prisons, cleaning schedules delivered more frequent cleaning and disinfecting of residential areas, including gates, door handles and railings. Communal areas appeared generally clean and tidy. Showers and outside exercise equipment at Brinsford were not always cleaned between uses... Prisoners at Onley and Maidstone could readily access cell cleaning materials and clean clothes and bedding, but those at Brinsford told us that cell cleaning equipment, clean towels and bedding were difficult to access at times.*

(HM Chief Inspector of Prisons, SSV, 16 June)

## Physical distance

CAPPTIVE received far more comments about (the lack of) physical distancing than any other precaution. Public health policy advised people to keep two metres apart, especially indoors. Prison wings were never designed to facilitate physical spacing. The evidence analysed by CAPPTIVE documents the intrinsic flaws of the prison environment.

The inspectorate's short scrutiny visits repeatedly referred to the fact that the physical layout of prisons hindered distancing:

*Narrow landings and cramped accommodation made social distancing extremely difficult in some parts of each prison.*

(HM Chief Inspector of Prisons, SSV, 28 April)

*At all three prisons, the need for social distancing was reinforced but it was sometimes difficult to realise in the confines of existing buildings and was not consistently practised by prisoners or staff.*

(HM Chief Inspector of Prisons, SSV, 16 June)

A correspondent explained:

*The 2m social distancing is near on impossible, although we try. We are penalised by governors who are choosing to use it as a threat and the reason no restrictions will be lifted. My door is 1m away from my opposite neighbour for example. Roll check is a risk!*

(3 June, women's prison)

The feeling that restrictions were being imposed because people could not maintain physical distance suggests that, for some, the quarantine regime felt like an undeserved punishment.

The most recent data show that 35% of the prison population are sharing cells (UK Parliament, 2 June 2020).

*We have single cells (in part) that are used as double cells. Being in a small cell with a cell mate (aka random stranger), almost 24 out of 24 hours for 12 plus weeks is a severe mental strain. Also, windows don't open, vents are small and almost totally ineffective, and doors are shut locked even when we are out for our three quarter hour of freedom. The result is insufficient oxygen for two people to be able to breathe properly.*

(12 June, category B prison)

Another inherent characteristic of prisons is the need for security checks, including searches of cells and rub-down searches of prisoners.

*Social distancing has not been observed, there have been times when four senior members of staff did room checks across the entire prison, all entered each room, no PPE, touching door handles, etc.*

(9 June, local prison)

*Social distancing: this is not observed or enforced. (My cell overlooks the exercise yard.) Just recently, we were rubbed down searched (bizarrely) when leaving our own cells to collect our meals, despite the fact that the prisons are locked down and movements are restricted and this action potentially put prison staff at risk as any prisoner may be asymptomatic.*

(15 June, high security prison)

Despite these limitations, there was some compliance with social distancing. The inspectorate reported in a short scrutiny visit:

*Social distancing was working reasonably effectively in certain contexts such as the well-supervised meal queues and during staff entry into prisons where access to gate areas was generally well controlled.*

(HM Chief Inspector of Prisons, SSV, 28 April)

Both the inspectorate and CAPPTIVE respondents argued that prisoners and staff needed to be more aware of the need to maintain their distance.

*The two metre rule notices are everywhere, so there is no excuse to break the rule, but I do see some people doing so, on the principle that we are like one big family in our own wing.*  
(8 June, category C prison)

*Adherence to distancing was inconsistent at all prisons and some staff and prisoners were clearly not following guidance. For example, we saw staff needlessly crowded together in some offices and administration areas, and prisoners too close to each other in workshops, or speaking to each other through gaps around cell doors.*  
(HM Chief Inspector of Prisons, SSV, 28 April)

The risk of transmission by staff meant that their behaviour was scrutinised by prisoners. CAPPTIVE respondents criticised the neglect of distancing by officers, arguing that their behaviour made the severe restrictions imposed on prisoners hard to justify.

*It has also not gone unnoticed by many prisoners here that staff very often ignore the social distancing requirements, standing around in groups of two, three, and four, talking. Staff here are the most likely source of infection, indeed probably the only source. It's frustrating and galling when prisoners are subjected to significant restrictions to restrict the potential spread of the virus, which in all likelihood would come from a member of the staff, to see staff ignoring social distancing restrictions quite so blatantly.*  
(9 June, category D prison)

A final factor in physical distancing is the movement of people between and within prisons. CAPPTIVE received a few accounts of practices that raised the risk of contamination from wing to wing or prison to prison.

In April, the partner of a woman in prison wrote:

*This week though they have moved all the prisoners around saying that the Government have told them to! I cannot believe this has been done, crass stupidity, prisoners without viral symptoms will presumably move into cells previously occupied by people who have!*  
(CAPPTIVE correspondent, 9 April, family member)

Also in April, a caller to PRT's advice line informed us that nurses were working at two neighbouring prisons, one of which had a number of Covid-19 cases.

Movements by both staff and prisoners introduced added risks of transmission:

*Residents are kept apart to stop anything spreading, but we mix in healthcare, wing meds collection, kitchen, servery, wing cleaners, field exercise ... etc. This with the staff mixing across wings, with each other and with prisoners, means infection control is just a gesture.*  
(9 July, category C prison)

It is possible that small improvements could be achieved to make physical distancing in prison more effective. But the evidence above clearly shows that an overcrowded prison system, with architecture that works against maintaining space between people, is inherently flawed. There is one change that could facilitate physical distancing and thereby reduce the risk of Covid transmission and that is to reduce the prison population. In this light, it is the government, and not the prison service, that has failed to ensure that prisons are as safe as possible during the pandemic.

### 3. ROUTINE HEALTH CARE

- Diagnosis, GP appointments, and urgent care
- Dentistry
- Medications

As in the community, people in prison continue to require healthcare while restrictions to prevent the transmission of Covid-19 are in place. The evidence provided to CAPPTIVE suggested that healthcare services were initially scaled back. Then some were re-started, with a few innovative changes to delivery, and an increasing backlog. Thus, healthcare provision showed differences over time, and differences between one prison and another.

On routine healthcare, we gathered evidence covering a period from the end of April to mid-August, with information from about 35 prisons.

We will report on diagnosis, GP appointments, urgent care, dentistry, and medications, building on both input from prisoners and reports by the prisons inspectorate.

#### Diagnosis, GP appointments, and urgent care

The range of feedback on GP appointments presented a continuum from no GP appointments available, through limited provision, to 'amazing'. The major innovation reported was GP appointments via telephone.

HM Inspectorate of Prisons' short scrutiny visit reports documented that prisons initially curtailed some routine services, reflecting the situation in the community. For example, at HMP YOI Parc, dentistry, mental health and substance misuse services were initially reduced (HM Chief Inspector of Prisons, SSV, 21 April). Some services were unavailable for several months.

Two CAPPTIVE respondents claimed that no GP services were available in their prisons (in early June) and two others reported that the service was very slow.

*There are no nurse, doctor, or dentist appointments.*

(12 June, high security prison)

*Getting appointments and new prescriptions is slow and tiresome.*

(12 June, category C prison)

One respondent suggested the lack of access to routine healthcare services was disproportionate to the risk:

*There have been no confirmed coronavirus outbreaks here but healthcare are running emergencies only. Routine health care needs are being missed. We are now 77 days into lockdown.*

(9 June, category C prison)

We received mixed evidence about how easy it was for prisoners to report health problems, and access medical attention if required. While some (cited above) said there were no services available, others described measures taken by healthcare services to provide continuity:

*Every day, a member of the healthcare team visits us to enquire about any medical needs.*  
(19 June, category C prison)

*The good thing that is happening – all GP requests are replied to by the GP, with many requests being actioned on the information given on the new triage form they have. Podiatry has continued to occur for diabetics etc.*  
(23 June, category C prison)

Many establishments introduced alternatives to face to face healthcare appointments. At HMP Manchester the GP was trialling video calls for routine appointments (HM Chief Inspector of Prisons, SSV, 26 May).

Telemedicine was a new development for some of those who responded. It brought mixed reviews; some felt the system worked well, while others expressed concern about the lack of confidentiality of phone calls.

*Healthcare have started using phone cell consultations to save us sitting in a waiting room for three hours. Generally I think this terrible situation has actually benefited the prison service as it has meant management has had to innovate to deliver technical system changes and ensure duty of care.*  
(9 June, local prison)

*I've had to disclose information to doctors and drug workers in front of my cellmate and obviously the line is not secure either and officers can listen.*  
(9 June, category C prison)

Prisons maintained access to medical professionals for urgent cases throughout the pandemic.

*Most health care clinics had been suspended but managers at all three sites had implemented a triage system to ensure that urgent cases were dealt with appropriately.... Where appropriate the nurse or GP would see patients on the wing in their cell or at the health care unit. Hospital consultations were still taking place following prioritisation by external specialists.*  
(HM Chief Inspector of Prisons, SSV, 2 June)

However, two CAPPTIVE respondents described personal circumstances in which they felt the urgency of their needs was not appreciated, one of whom reported:

*I fell down in my cell unconscious... It took 40 minutes for nurses to arrive... They told the member of staff present to make sure the nurses are notified immediately if I feel dizzy, pain etc as I had a concussion, so I went to press my cell bell and on each occasion it was unanswered between 30 minutes to 1 hour... I asked for over 6/7 hours, no nurse... The day after... I finally got out for medication at 5:15 pm for pain relief.*  
(19 August, category B prison)



As routine healthcare restarted, several months into the pandemic, there were concerns about backlogs:

*At all three sites, most other specialist primary care services such as dentistry, podiatry, optometry and physiotherapy had largely withdrawn or reduced contact. All sites had started to reintroduce dental services but waits for routine care had accumulated significantly.*

(HM Chief Inspector of Prisons, SSV, 16 June).

## Dentistry

Many CAPPTIVE participants wrote to us about a lack of access to dentists in particular. As noted above, routine dental services were initially curtailed at the start of the pandemic, as in the community.

Several people told us they were unable to access dentists:

*I have been waiting to see a dentist for over six months.*

(23 June, category C resettlement prison)

*There is a massive issue with dental problems and no news on when the dentist is coming back to the prison.*

(12 June, category C prison)

Some prisoners who could not access dental care were overdue for routine check-ups. However, others were in pain and needed to see a dentist more urgently:

*I have been left in extreme pain with my snapped teeth for about six months without seeing a dentist... I don't think I've had a decent night's sleep since I've been here.*

(9 June, category C prison)

## Medications

Some CAPPTIVE respondents reported that prisoners continued to receive medication during the pandemic without problems. One participant even suggested that the delivery of medication was 'more reliable than usual' (18 June, category C prison). However, others reported issues with waiting times, repeat prescriptions and being unlocked to collect medication:

*Some people are waiting longer for their meds than normal.*

(10 June, category C prison)

*Getting your medication late even after you have informed the healthcare you're about to run out, seven days in advance... You shouldn't have to do without your medication.*

(10 June, category B prison)

*Medication is a problem for all prisoners. They can't get meds if not on the list to be opened up.*  
(10 June category C prison)

While some CAPPTIVE respondents struggled to access new prescriptions, others suggested that medication was being used to temporarily deal with problems in an unsatisfactory way:

*With no doctors or proper counselling available, I was offered antidepressants by a nurse without consulting my medical history after approximately 30 seconds of chatting. These, she said, would be a temporary measure until the lockdown was over.*

(17 June, local prison)

*My tooth is still causing me pain and I'm being told the dentist is not treating anyone at the moment... They told me to buy some paracetamol off my canteen and deal with it.*

(29 June, category C prison)

The prisons inspectorate noted in several Short Scrutiny Visits that more prisoners were able to have in-possession medication, meaning fewer were reliant on being unlocked to collect their medication – an innovation they suggested could be carried forward post-Covid (HM Chief Inspector of Prisons, SSV, 2 June).

## 4. DISABILITIES

Only a few CAPPTIVE respondents discussed a disability. Evidence about how prisons were supporting people who have disabilities during the pandemic was very sparse. Other sources of evidence, including family members, our Advice & Information line, and inspection reports also provided little insight into the impact of prison life under Covid-19 on people with disabilities.

The annual report 2019-20, by the National Independent Monitoring Board, indicated the scale of disabilities, which prisons often under-estimate:

*At Dovegate, 293 prisoners self-identified as having special educational needs and at Littlehey this was a third of the population, with little evidence that the regime was adapted for them or staff sufficiently trained. At Guys Marsh, between 33% and 50% of prisoners declared they had a disability, often a mental health or learning disability or difficulty, whereas the data on NOMIS showed there were only 8% of such prisoners.*

(National Independent Monitoring Board, Annual Report 2019-20)

One CAPPTIVE respondent who had physical disabilities noted that they could not access the exercise yard. They did not go into detail about whether staff made any allowances to ensure that they benefited from time out of cell.

Another person reported that, since the lockdown, their special diet had been suspended. This may have been an exceptional situation, but it shows the need for governors to be alert to the impact that changes due to Covid-19 were having on delivery of the full regime.

People with learning disabilities and learning difficulties might be profoundly disadvantaged by the quarantine regime. The government published guidance for carers working with people with learning disabilities (HM Government, 20 October 2020). It states that some who are autistic or have learning disabilities find changes in routine stressful, and their anxiety is increased if the means of communication have not taken their needs into account.

Written communications about the response to the pandemic might be inaccessible to someone with a learning disability and lead to misunderstandings about the changes in their daily life. While reading can pass the time for their peers, they might be more dependent on radio and television. Materials included in the distraction packs might be unsuitable. As one CAPPTIVE respondent wrote, "As always, it is those with fewest communication skills who suffer the most."

A person contacted PRT's Advice & Information line in September. He explained that he finds it hard to communicate because of learning difficulties and has found the lack of effective communication really hard. He has had no chance to clarify what things mean; for example, he wanted to know whether he could still access support for his disability. He said, "I can count on my hand how many times someone has asked me if I was alright."

During the pandemic, some basic principles continue to apply. Prisons must produce equality analyses as they change the regime from one stage to another. Such analyses should take account

of the requirement on governors to be proactive and anticipate the ways that regime changes could disadvantage people with disabilities. The analyses should also describe what reasonable adjustments will be introduced to ensure that people with disabilities have equitable access to all aspects of the prison regime.

A few of the prison inspectorate's SSVs noted positive practice regarding disabilities. For example:

*At Onley, some promising work had started between the mental health, education and safer custody teams to support prisoners with attention deficit hyperactivity disorder (ADHD) and create a clearer pathway into education. Distraction packs had been created to address the fears and worries around Covid-19, which included activities, relaxation techniques and in-cell yoga.*

(HM Chief Inspector of Prisons, SSV, 16 June)

*At Feltham, the release pack included a face mask, gloves or hand sanitiser, clear guidelines on handwashing and Covid-19 information which the speech and language therapist had reviewed, along with other information making it easy to understand.*

(HM Chief Inspector of Prisons, SSV, 7 July)

## 5. WELL-BEING and QUARANTINE

*Mental health – the impacts on residents like myself can be profound, unexpected and confusing to all. This is a particular concern for me as the invisible harm is harder to address than the visible.*

(CAPPTIVE correspondent, 12 June, category B prison)

From outside a closed cell door, a prison officer can learn very little about how a person is responding to the lockdown. While many prisons have turned to new approaches to identify people who are struggling under the restrictions, the scale, nature, and duration of the harm remains unclear. CAPPTIVE respondents used the opportunity to describe openly their experiences under the quarantine regime. This means that CAPPTIVE is able, to some extent, to bring the invisible into the light of day.

In 2014-2015, the Prison Reform Trust, with Dr Sharon Shalev, published its report on segregation units. We described three common features of segregation: social isolation; a lack of activity; and a loss of autonomy (loss of control over one's daily life). We found that these were associated with: anxiety, depression, anger, difficulty in concentration, insomnia, and self-harm. Half of the prisoners interviewed in segregation units experienced three or more of these harms (Shalev and Edgar, 2016).

Research has identified some common effects of quarantine on people in a range of settings. An article in *The Lancet* described the harmful conditions of quarantine, which are boredom, isolation, separation from loved ones, fears of infection, frustration, and inadequate information. These can lead to depression, fear, anxiety, irritability, numbness, post-traumatic stress syndrome, and confusion (Brooks et al., 2020).

The CAPPTIVE project cannot prove that the restrictions imposed by the quarantine regime have caused the mental health problems we discuss in this briefing. However, we can bring to light the views of people in prison about how they have been affected by the lockdown.

A second implication of research on quarantine and segregation is that reversing the harmful elements is likely to bring mental health benefits. That would mean purposeful activity in place of boredom; increased family contact instead of solitude; providing choices – about opportunities, health care, exercise, and diet – and inviting input into how the prison is dealing with the pandemic.

A few prisons have responded to the pandemic by offering prisoners new opportunities to take responsibility and make a contribution (a huge contrast to the passive role imposed by 23 hours in cell). There is some research on resilience in prison which we shall draw upon to suggest ways of mitigating the inevitable harm to mental health as the quarantine regime continues.

## Well-being

Well-being is a broad concept. Some of its key dimensions are personal growth, a sense of meaning, self-acceptance, autonomy, positive relations with others, and the ability to fulfil personal needs through one's relationship with the world (Ryff, 1989).

The vast majority of CAPPTIVE respondents who wrote about the quarantine regime described negative effects for their well-being. Out of 180 prisoner responses on the theme of health, only three (less than 2%) mentioned any personal benefit from the regime of 23 hours isolated in their cell. One felt safer due to the nature of their offence; the other two were medically vulnerable.

In presenting the feedback to CAPPTIVE about the impact of the quarantine regime on well-being, we will focus on three aspects:

- Agency/dependency (ability to meet basic needs)
- Relationships
- Self-acceptance (personal growth, acceptance and recognition).

Each can be examined in the context of experiences that have a positive or negative impact. For example, agency is fostered through choices in contrast to enforced dependency; relationships develop through time spent together or wither through isolation and loneliness; personal growth is enhanced through learning opportunities or denied in stagnation.

Some contributions covered two or all three of these aspects. Of the total number of times these were mentioned, we determined that most were about agency or relationships, and a quarter were about personal growth.

### Agency/dependency

*Mental health is a massive issue here in prisons and... we are simply given a colouring pack. Depression, anxiety, discomfort, boredom and comfort eating, the ladies are piling the weight on. I feel I'm in the passenger seat of an out of control car and we are about to hit a brick wall.*

(15 June, women's prison)

Prison places people in a dependent role: to meet basic needs, they need to ask an officer. However, the quarantine regime aggravates their loss of autonomy, because their confinement denies them the usual opportunities to fulfil their needs. The regime provides for the bare minimum of a shower, a phone call, some time for exercise, and meals. But people have other, diverse, basic needs that they would have been able to address when they were on movements, association, in workshops, or education.

Some respondents understood that during the national lockdown, people in the community also felt very restricted. But they pointed out that their choice in prison was even more limited:

*Everyone outside of prison complained of suffering mental health issues because of their lockdown even though they could go shopping, use their garden, phone whoever they wanted et cetera, also text family and friends, speak to them via the internet – to mention a few. Prisoners are locked up 23 hours a day for weeks on end – no work only 10 minutes on the phone (hoping that your family are in at the time you phoned) – totally bored, upset, and more angry as each day passes.*

(26 June, category C prison)

The basic needs people mentioned most often were physical activity, fresh air, family contact, and interaction with other prisoners.

*The gym is closed, we can only access the exercise yard for half an hour a day. This really affects one's mental health... not being able to get out of the cell as much as we used to just to walk around and keep active.*

(6 June, local prison)

*Communication: getting in touch with family and friends outside and knowing they are all well and safe effects mental health a lot. As we do not have pin phones in cell, so they are accessible only one hour per day per landing. There are four pin phones on each wing and each landing have 24 people on it. One person can make a call for 15 minutes, so that means in one hour not every person can get access to the phone. That sometimes causes disputes between prisoners.*

(6 June, category C prison)

*This is an old prison and would benefit from an upgrade. We are still one of them prisons that have no in cell phones.... I know a lot of prisoners are struggling not having any visits from their families and for the life of me I don't know why the governor here has not pushed forward in trying to help prisoners keep in contact with family ties, such as video calls.... I'm sure this would help [prisoners] keep calm and reduce stress.*

(6 June, local prison)

*The prison service's response to the pandemic here has seemed at times to be chaotic, and often inconsistent. We are told that each of the units is considered a household. However, we are not permitted to associate with other members of our household within our building, but instead are required to stay within our rooms. However, the showers, WCs, telephones, and corridors are all in common use by all those who reside on the unit. I do not understand how the oppressive restrictions on movement within the unit can be justified, given these circumstances.*

(9 June, category D prison)

*Isolation/lack of variation of social interactions. Added to the challenges of in the cell time, when we do have exercise it is nearly always with the same 15 people. As things settle it would be good to have some change.*

(4 June, category C prison)

Having a sense of control over one's life requires the ability to have some influence on one's environment. One effect of 23-hour confinement in a cell is sensory deprivation.

*My view for the last 12 months has been a tarmac yard with a 20 foot fence around it! Rolls and rolls of razor wire on the top. A most thoroughly depressing sight and a very sad indictment on those who built it from concrete and steel.*

(June, category B prison)

*I'm sorry but no care is being taken with our mental health at all. Out of my cell window, through the four bars, through the newly installed cage, behind the netting through fence one, through fence two, over the top of fence three, I can see some treetops dancing in the wind. So that's something.*

(21 June, category C prison)

Prison jobs, voluntary roles such as prison councils, education, vocational workshops, and association offered prisoners choices about how to spend their days. The range of choice inside a cell was meagre:

*There is already an abundance of unforeseen consequences that may trigger a downturn in mental strength [and] destabilise residents who may have previously been used to a steady routine that included purposeful activity, education, or workshops, or physical exercise in the now redundant gyms. Residents now have to mentally assimilate a whole new routine, whereby the onus is on them to distract themselves...*

(15 June, local prison)

The quarantine regime is dehumanising, taking away what little control prisoners had over their lives. This is likely to have long-term effects, continuing beyond the pandemic. The inevitable loss of autonomy had a profoundly negative impact on people's well-being:

*One thing you are right about is the impact this is having on people's mental health. That's not just in prison but also on the outside as well, as we are not meant to be locked away for 23 hours a day.*

(1 July, category D prison)

## Relationships

The primary relationships people wrote about were with families, officers, and fellow prisoners.

The impact of the disruption of family ties caused by the quarantine regime was set in context by one CAPPTIVE respondent who spoke to others about how they were affected:

*Their main concern was how long it would be before they could see those families again. I suppose it is a natural reaction that in times of adversity you wish to strengthen family ties and not dilute them....*



*Unfortunately, at the very time a resident may need reassurance as to his self-worth, the emotional crutch of a visit from family has been kicked from under him....*

*Of the men I spoke to, the overwhelming fear was that their children may feel out of sight, out of mind. Others worried that their children may harbour thoughts of paternal abandonment. Others simply shared feelings of insecurity in their relationships as they continue to undergo the longest period whereby they have not seen their partners visually, and would welcome the psychological boost that a virtual visit may bring.*

(15 June, local prison)

This contribution shows that well-being is affected in different ways by social isolation. It can undermine a person's sense of identity; take away self-worth; and lead to anxieties about the effects of separation on children.

*Like surely many other prisoners, I have been finding it extremely hard to be kept apart from my family, and not even allowed to see and be seen by my one-year-old daughter.*

(15 June, category D prison)

The dangers posed by Covid-19 (both in prison and the community) meant that family contact was vital to relieve anxieties about relatives' health:

*It's hard on prisoners and their families not having visits as they are unable to give each other valuable support. Prisoners and families are concerned for each other because of the Covid-19 epidemic.*

(10 June, high security prison)

*My mom and sister both work in a care home, both with underlying health conditions. They are at risk and I don't know when the last day is that I'll speak to them. I don't know if the last time I've seen my nan before she catches this horrible disease is the last visit I had with her way back in 2019.*

(25 June, category C prison)

To compensate for stopping family visits, the government gave prisoners phone credit and provided video link phone calls in many prisons. While welcome, these adjustments did not help everyone to maintain a reasonable level of contact with their families. Often, the available phone time under the quarantine regime did not coincide with times that family members were available:

*There hasn't been enough done to help us maintain family contact. The majority of prisoners are struggling to keep together relationships with their partners. We don't have prison phones in our cells so we have to wait to phone our families on association and some of our families are key workers so they can't answer the phone until they finish work, which is usually 5:00 o'clock or later or on their breaks. But we are banged up at them times so we really struggle.*

(25 June, category C prison)

People in prison have good and bad experiences interacting with their peers. The ways that people support each other through tough times can be under-estimated when focus is solely on the risk of victimisation. The CAPPTIVE responses showed that most prisoners missed the informal contacts they had with others on the wings, in education, multi-faith rooms, and other areas. As one respondent wrote about people on the shielding wing:

*My concern is the impact of being socially deprived at this time. Although we are mainly concerned with the physical health of this group, their social and mental health must not be forgotten. Many relish the conversations through the window when others are on exercise. And they are now receiving limited contact through the keyworker scheme.*

(12 June, category B prison)

Some people made it clear that they missed association, revealing the importance of social interaction with peers:

*As the restrictions are eased in the community and before the accredited behaviour programmes, prison education, ROTL, visits, and OMU all start up again, where the risk of infection will be heightened, why not give us association on the spurs and advise us to socially distance from the staff (as they are the threat to us)? To lift our morale a bit.*

(14 June, category C prison)

Official sources also noted the need for greater informal contact:

*Despite the work of staff, the very restricted regime meant prisoners at risk of self-harm felt isolated from others and craved more human contact.*

(HM Chief Inspector of Prisons, SSV, 19 May)

In some cases, the inspectorate judged that measures to prevent prisoner-to-prisoner contact were disproportionate:

*At Thorn Cross the external doors to the house units were locked for much of the day to prevent prisoners from associating with other households. It also meant that prisoners from the same household were unable to sit outside their own unit.*

(HM Chief Inspector of Prisons, SSV, 9 June)

The quality of staff-prisoner relationships has been the subject of much research. Here, our focus is on the ways that staff can affect the well-being of prisoners. For that, we rely mostly on the responses to CAPPTIVE.

Staff-prisoner relationships were also covered in CAPPTIVE Briefing #2, which demonstrated that the majority of officers had been empathetic, helpful, and professional. However, we received some evidence, that, after months of lockdown, the motivation to maintain this level of care had slipped for some:

*Originally, the prison staff were very supportive and helpful, prisoners with mental health problems (like myself) and those subject to 'isolation' were approached by an officer who would ask how you were coping through the lockdown and offering distraction packs. This was happening at least once weekly. However, for the past six weeks I have not had any conversation with any officer regarding how I'm coping.*

(13 August, category C prison)

In similar terms, one inspection visit in June found:

*Overall, processes to monitor any deterioration in mood across the prisoner population were weak. Although we were reassured about the level of support at Brinsford, there were no systematic recorded welfare checks at Onley and Maidstone. At Maidstone, there was no recorded contact of any kind with some prisoners since March. This was a significant gap given that all prisoners had now experienced almost three months of a restricted regime.*

(HM Chief Inspector of Prisons, SSV, 16 June)

A caller to PRT's Advice & Information line drew our attention to a letter in Inside Time which described the impact a caring officer could have from the moment they open a cell door. Here is an excerpt from that letter:

*'Good morning' he says, 'Everything OK with you?' I hesitate for a moment before answering in the affirmative. 'Good' he replies, 'it's good to see you'. With that, he beamed me a warm smile and moved on to the next cell. I still, months later, remember those few seconds because in that moment I felt like a normal human being, like I mattered. There was no pretence, no acting. Someone in a uniform had just shown a sincere interest in how I was. That officer stayed on our wing for the whole day and I was privileged to witness how the attitude of one member of staff can affect an entire wing. Throughout the day he made time for every one of us. When he had a spare 20-minutes, instead of sitting in the office sipping tea, he was out on the wing chatting with anyone, about everything from the weather to car engines and pets. I don't remember hearing a single voice raised that day. At the end of his shift I remember thanking him for making a difference. He shook my hand, another first for me, but to him it was an ordinary day. To us it could not have been more extraordinary.*

(Stephen, *Inside Time*, 2 August 2020)

Although the letter speaks for itself, in the context of this CAPPTIVE briefing, it should be noted that the care demonstrated by this officer is even more vital during a very restricted lockdown. In this context, it is likely to be the best means by which prison staff can become aware of people who are struggling, and of how people with different needs are affected.

## Self-acceptance

Self-acceptance encompasses personal growth, a sense that one's life has meaning, and recognition as an individual person. On all of these measures, CAPPTIVE respondents described harms inflicted by the restrictions.

The quarantine regime led some to doubt their worth:

*It's a potent reminder of your sins, as part of society's supposedly criminal underclass, when you're not able to be integral to the collective effort. As everybody on the outside is seemingly re-evaluating their contribution to society, prisoners are made to feel a burden as key workers risk their health to look after us. Thoughts like this can have a profound effect on a man's desire to rehabilitate... But it can also made him feel low.*

(15 June, local prison)

*The lockdown period here is up to 29 hours between exercise times. The morale with prisoners is very low at the moment. Many are suffering with mental health issues and are not receiving any help for this.*

(23 June, category C prison)

A rehabilitative culture promotes positive change through education, skills training, offending behaviour programmes, and, more broadly, faith activities and volunteering roles. Activities help to motivate people to get through their sentence and give that time a purpose. Personal growth is often tied to progression – demonstrating a reduction in risk that enables a move to a lower category prison. Having goals reassures people that they can help themselves, plan for their future and work towards their release.

The second CAPPTIVE briefing described how the exceptional regime had put sentence progression on pause. For some, a sense that they had been making progress had turned to stagnation.

*The thing that is really beginning to show more is prisoners are struggling with mental health as they are locked up for mass amounts of time. Myself personally, I have worked hard on my mental health but due to all the lockdown it now feels like all the hard work is beginning to come undone.*

(25 June, category C prison)

*Anxiety over progression and recategorization is taking its toll for most...*

(5 June, high security prison)

The emptiness of the regime led many people to question whether their lives had purpose:

*How are we meant to cope under these conditions? I honestly feel and believe that the majority of us would rather take our chances with this virus and have purpose in our lives than just being left here to rot away, isolated from our loved ones, our lives just passing us by without even the chance of trying to make a change. Instead we are like sitting ducks.*

(7 August, local prison)

Another respondent questioned the balance between preventing transmission of Covid-19 and harming mental health through the exceptional regime:

*The MOJ are trying to protect us but they are also playing with self-harming, suicide, mental health and prisoners' emotions. If you take away a prisoner's hope they are left with nothing to carry on with, and I know it's not been published but in a minute prisoners are going to start taking their own lives if they keep us caged up much longer. Something has to give.*

(25 June, category C prison)

Prisoners' feelings of powerlessness were also evident in their concerns about how long it would be before prisons provided a regime that allowed some sense of purpose:

*It's even worse for us in the cells, and then when someone does catch it we are all going to be locked down again for however long without any respite, which will push a lot of us over the edge.*

(14 June, category C prison)

Some prisoners felt that the neglect they experienced under the quarantine regime meant a loss of respect as a fellow human being:

*To be honest, we've been forgotten about and what chances do we have of work, housing, what not in the future? ... We are human and still part of society so why are we treated so badly? Sorry, free postage and telephone calls along with the odd bag of goodies to buy our silence doesn't cut the mustard really does it?*

(10 June, category C prison)

*It's almost as if we have been forgotten about, as if we are not as important as the outside world, as if our life doesn't mean as much to the powers that be compared to the lives of the people on the outside. Our mental health is being left to develop problems with no second thought or concern.*

(25 June, category C prison)



## 6. MENTAL HEALTH

Even at their best, prisons are damaging environments for people with mental health needs. Under the quarantine regime, the negative impact on mental health problems has been amplified. In some prisons, mental health in-reach teams, which would normally provide support to people with diagnosed needs, were unable to maintain the level of care during the lockdown. For example, the prisons inspectorate found that at HMP Littlehey in June the mental health team had only half the usual number of staff due to vacancies and shielding (HM Chief Inspector of Prisons, SSV, 2 June).

The hours spent isolated in a cell led to heightened awareness of one's own mental health.

*As the weeks go by, we all feel as if we are just being left to rot. The word rot sounds extreme but it's exactly how we feel 23 hours in our cell... Since the lockdown we have had time to reflect and observe. I'm not the only person who feels the way I do. Worst of all, people are only noticing their problems now because they are spending so much time isolated and secluded.*

(25 June, category C prison)

Following the lead from the study reported in The Lancet, we can describe effects of the lockdown on prisoners' mental health under the following themes:

- Aggravation of diagnosed mental health conditions
- Anger, frustration, irritability
- Anxiety, fear, uncertainty, confusion
- Depression, low self-worth, suicidal thinking.

### Diagnosed mental health conditions

*As would be expected, my bipolar PD suffered as a consequence... starting with huge anxiety then mood shifts downwards. Having a clear backup plan that has been managed well for years meant nothing as it became clear no real mental health support, meds review, psychiatrist, was on offer for many weeks. Eventually I fought to get what I needed but eight weeks later than was safe or ideal.*

(18 June, category C prison)

One respondent wrote that prisoners who were vulnerable because of their mental health needs found the restrictive regime difficult to bear:

*Individuals suffering from mental health conditions such as claustrophobia, PTSD, anxiety and depression... would be up all night doing overtime thinking or panicking or stressing and then be faced with that hectic 'first thing in the morning' regime. I observed a few not clean their cells or have showers for weeks due to this.*

(14 June, category C prison)

## Anger

The finding reported in The Lancet that quarantine can result in increased irritability, anger, and frustration (Brooks et al., 2020) has particular ramifications in prisons. Depending on the circumstances, people in prison who express anger may face immediate consequences – being restrained by staff – or longer-term costs, if their risk level is raised as a result of an entry in their record. Prison is not a setting in which one can express anger freely.

The research evidence suggests that extended periods of quarantine or segregation increase irritability and frustration. CAPPTIVE respondents described similar changes they observed in themselves and their peers.

*I had seen myself as quite healthy, but this lockdown has proved me wrong. I thought I was doing okay until I caught myself eating a huge amount of snacks from canteen and punching the walls, as well as getting inexplicably tearful. I sit in my cell trying to focus on reading and writing. When I hear loud music from another cell it drives me to tears with frustration.*

(9 June, category B prison)

*We are seeing anger, frustrations and increases in mental issues and depression as well as fears like never before or at least not in my lifetime. All these issues and emotions are heightened even more within a prison's walls... I have a high level of patience and self-discipline but even I am struggling to hold in my anger and frustrations. If you know me, then you would know that this is a big thing.*

(14 June, category C prison)

*An example of how this 23 1/2 hour lockdown slowly eats away at mental health: I have a paper every Saturday which lasts all day getting through it. This weekend it just didn't arrive for some reason. Something as little as not having my paper had a terrible effect on my mental health. For most of the day I wanted to cry – over a newspaper! That's where we are now.*

(17 June, local prison)

As stated, displaying anger inside a prison runs the risk of inviting a coercive response from staff. Two prisoners said that they witnessed prisoners whose mental health was affected being sent to segregation:

On 3 June, a woman wrote:

*Mental health is deteriorating for me and [those] around me. Most were coping but over the past 2 to 3 weeks there is a lot of unrest. The worst cases are getting put in seg and we hear the screaming which is awful.*

Another respondent wrote:

*During this pandemic with everyone being locked up, kept away from their family members and loved ones, trying to cope and deal with their own demons of mental health as well as serve their sentence, the last thing that he needs is an officer who lacks empathy, people and communication skills, in their faces and smothering them and getting into their personal space*



*and shouting at or raising their voice in an abrupt and borderline aggressive manner. Because, what happened next was when that prisoner reacted, the officer jumped on him, hit his panic button and next thing the guy is being restrained and piled on by lots of different officers responding, dragged down the segregation unit, and put in an even worse situation and conditions than they have just been removed from and in an even worse headspace for that individual's mental health.*

(14 June, category C prison)

## Anxiety

By definition, anxiety (or dread) has a future focus: it's about what might happen. Anxiety was part of the context. People were worried about falling ill (or family members). In addition, there is no certainty about when the threat posed by Covid-19 will decrease to a point where normal regimes can return.

The quarantine regime had two further effects: first, it imposes long periods of empty time to be filled and this leads to over-thinking. Second, it prevents people from taking action to resolve problems for themselves (loss of autonomy).

*My already chronic anxiety is now through the roof, I'm stressed out and all I do is sleep all day and stay up all night with my mind racing.*

(14 June, category C prison)

CAPPTIVE #2 showed how stopping progression had undermined their mental health.

*Talking to other women and from my own experience to date, involvement in prisoners' progression is next to zero. But together with the lockdown and OMUs' current hands-off status it has significantly increased suffering and pushed me into despair.*

(22 June, women's prison)

*My case has gone from being looked at in February, to having a COVID-19 paper assessment adjourned in May. I now have to wait until July until I know when my hearing may take place. I'm unable to meet face to face with my legal team in order to submit my representations. It really is taking its toll on my mental health as I should have been out, back in the community by now, forging my new life.*

(6 June, local prison)

A few correspondents observed that deteriorating mental health was expressed in changes in behaviour (which could result in segregation, as previously discussed).

*For myself with the anxiety of catching the virus, I find it difficult not to be able to receive social visits. Anxiety of catching the disease, losing loved ones, and the extra time inmates are behind their doors is taking its toll on most of us. This is apparent in the change of their behaviour (at times).*

(16 June, high security prison)

## Depression

*My mental health deteriorated a little because I would burst into tears for no apparent reason.*  
(23 June, category C prison)

The lack of activities and the loss of family contact undermined people's well-being and contributed to depression.

*Some of the guys are suffering with depression on a larger scale than normal due to not being able to go to work, not being able to access any programmes needed/demanded so as to progress through the prison system.*  
(2 June, category C prison)

*Being on lockdown for myself has been a challenge, not having a visit from friends/family has put a huge downer. I'm a life serving prisoner. I get my hope and joy by seeing my family. If it wasn't for an in cell phone, I'd have turned insane by now or done something terrible to myself.<sup>2</sup>*  
(6 June, high security prison)

A few prisoners disclosed problems with both depression and anxiety. There is no direct link by which some prisoners suffered anxiety at the risk of catching a potentially lethal disease, while others were depressed by hours of solitude. In fact, many prisoners seemed to experience both for much of the time – in a sense, experiencing one increases the pain of the other.

*I have been left in extreme pain with my snapped teeth for about six months without seeing a dentist. So yeah, that's how bad I've got it in here. I bet you can guess how my mental and physical health is. My depression and anxiety has gone through the roof and I don't think I've had a decent night's sleep since I've been here.*  
(9 June, category C prison)

*We asked for help via staff/governors but to no avail. I saw mental health twice but they've not come back. I've explained I'm like a bag of nerves now and quite happy for the worst to come. Some days I wish myself ill health just to get away from this now.*  
(10 June, category C prison)

A few responses to CAPPTIVE provided strong evidence that staff were sometimes unaware of the damage the quarantine regime was doing to mental health.

*Despite numerous efforts to get support for my struggling mental health, the prison have ignored these pleas. No medication and no one to talk to you about it! Had it not been support from friends I dread to think what I would do.*  
(16 June, high security prison)

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<sup>2</sup> The Prisoner Policy Network, who provided an important link by which prisoners could communicate with CAPPTIVE, followed up all letters that raised concerns by contacting that prison's safer custody team to ensure that the person was safeguarded.

The CAPPTIVE feedback on mental health and well-being from prisoners is overwhelming. It suggests that anyone in prison who believes that establishments are safer under a 23-hour lockdown is very likely to be outside the door, carrying keys.

The damage to a rehabilitative culture is incalculable. Viewed from the outside, every door looks the same. The information available to officers – the occupant’s prison number and religious affiliation – provides no insight into the person’s state of mind, motivations, or changing level of risk. From inside, the lack of a door handle symbolises the coercive power of the state, the total dependency of the person inside, and the closing off of human interaction and relationships.

The quarantine regime drastically reduces the chance encounters between officers and prisoners that reveal the person and build relationships. Security depends on prisoners’ willingness to share information, and that depends on discreet, private conversations with officers they personally trust.

The loss of trust between officers and prisoners is part of the collateral damage of the exceptional regime. Alison Liebling’s work to develop the concept of intelligent trust shows how fragile trust is and how essential it is to the functioning of the prison.

*Generalised forms of trust included staff doing what they said they would do, being straight and consistent with prisoners, and providing certain ‘freedoms of choice’ to prisoners. The best forms of trust were used as a way to connect with an individual or facilitate growth. They included getting to know prisoners, finding their talents and strengths, encouraging them to explore new avenues, and giving them (often creatively found) opportunities to demonstrate trustworthiness.*

(Liebling et al., 2015)

This analysis echoes the description of the caring officer in the Inside Time letter, quoted from in the above section on wellbeing. Conversely, if there is very little time to engage with prisoners, staff lose the information they need to make informed judgments about an individual’s trustworthiness

Intelligent trust enhances the cooperation between officers and prisoners that enables prisons to run smoothly. CAPPTIVE evidence shows that the quality of staff engagement with prisoners is absolutely vital to prisoners’ well-being. The regime requires specific qualities of prison officers – taking an interest in the needs of each person as an individual, giving people time to talk through the effects of the quarantine regime, bringing imagination to the challenge of helping people fill their time meaningfully. In this sense, the officer who finds fulfilment in giving particular attention to the people behind the doors will play a vital role in getting them through the quarantine.



## 7. SELF-HARM

- Evidence on the extent of self-harm
- Safeguarding (ACCT)
- Listeners
- CAPPTIVE experiences

### Evidence on the extent of self-harm

The prisons inspectorate has found that rates of self-harm have risen in some prisons, and apparently decreased in others. An SSV to women's prisons in May found increases from the already high levels in women's prisons. But, also in May, a visit to long-term prisons concluded that rates of reported self-harm had decreased.

Official data on levels of self-harm depend on how incidents are reported. A key part of the process is an ACCT document (Assessment, Care in Custody, and Teamwork). We discuss the ACCT process below, but it is important to note that anyone in prison can use this document to record suspected self-harm by an individual. On 3 June, the National Independent Monitoring Board wrote:

*There is a concern that risks may be being missed: one London prison noted that normally 40% of ACCTs are opened by non-prison staff: agencies delivering services into the prison, who are not now attending.*

(Owers, 3 June 2020)

Thus, an apparent decrease in the official rate of self-harm could be partly explained by the fact that, under the quarantine regime, people in prison have fewer face-to-face interactions with officers and virtually none with voluntary sector staff.

Injuries that require treatment continue to be recorded. Prisons have been encouraged to provide regular wellbeing checks, whereby staff can assess the person's mood. Prisons have maintained recording systems, including data on self-harm.

However, the CAPPTIVE evidence suggests that, due to the dramatic reduction in face-to-face contact occasioned by the quarantine regime, staff were less aware of self-harm. Well-being checks were not always a reliable method of assessing risk.

*The week leading up to Easter I had a period of depression and had seriously considered harming myself. Staff here were completely unaware and it wasn't until my concerned mother phoned the prison any action was taken.... My mental health is again taking a dive, despite the furious running I am doing. I approached an officer about it and got told to fill out an application for the mental health team and was told about the Samaritans Listeners... Anyway, I put that app in two days ago. I guess it's lucky it's not an emergency...*

(17 June, local prison)

A woman wrote (on 12 June) that at her prison there were:

*Not really any welfare checks. They mostly stick to what they say but sometimes it's said to shut you up. But everyone's mental health has badly been affected.*

Another wrote:

*The welfare check is an officer asking if you are ok once a week whilst going for your lunch.*

## Safeguarding (ACCT)

ACCT is the process by which prisons identify, monitor and support people considered to be at risk of harming themselves.

The prisons inspectorate's short scrutiny visit reports suggested that the processes linked to the ACCT system were continuing through the quarantine regime but with far less face-to-face contact.

The inspectorate also cited examples of sensitive responses to people affected by the added distress caused by the regime. One prison brought in counsellors:

*The safer custody team at Manchester had been enhanced by the addition of trained counsellors to undertake case management work with those at risk of self-harm or in crisis. The counsellors could be directly involved in the management of each case and provide additional support, such as promoting coping skills, to those in crisis.*

(HM Chief Inspector of Prisons, SSV, 26 May)

## Listeners

Listeners are prisoners trained by the charity, Samaritans, to provide one-to-one support for people during a personal crisis. In most prisons, Listeners serve on a rota, available to any prisoner on request. The team of Listeners would normally meet regularly with a Samaritan team to debrief their experiences of providing support.

Typically, prisoners would tell a member of staff that they wanted to speak to a Listener. The Listener on duty would go to that cell, or in some prisons, a Listener suite, to provide support. Thus, the risk of transmission could affect the way the scheme operated under the pandemic. One prisoner wrote to tell PRT that Listeners in that prison were not being issued face coverings.

The inspectorate named at least one prison where it was decided to suspend the Listener service, while others continued to facilitate it. Training by Samaritans was similarly affected, as people from outside were prevented from entering prisons. Another CAPPTIVE respondent said that in that prison Listeners were not allowed to go onto other wings, but were encouraged to provide 'ad hoc' support, for example, if approached while on the exercise yard.

## CAPPTIVE experiences

A few CAPPTIVE respondents wrote describing an experience of self-harm (or thoughts of self-harm) brought on by the restricted regime. In early June, a prisoner reported a problem-solving response by officers, responding to his onset of self-harm.

*When we went into lockdown, I was placed on an ACCT because of worsening depression and anxiety. I've been rather fortunate as staff have found me work in the kitchens and I've since been asked to take the role of wing safety rep.*

(9 June, local prison)

Other respondents received less support:

*In my experience, this crisis has left prisoners in a desperate situation, where we have had no outside help and the prison service has been doing what they want and not abiding to the rules. I and other prisoners have had money sent in by our family and friends and it's been put into my savings account [rather than spending account]. I told them it's causing me a lot of depression and also put it on complaints, and neither were answered. I also told them I had tried to kill myself and no one cared one tiny bit. In the end they found me hanging from my cell bars and I am now on an ACCT.*

(23 June, category C prison)





## 8. WHAT HELPED

### Surviving quarantine

The quarantine regime is unprecedented. It is impossible to assess fully the damage it causes to well-being and mental health while it continues. However, as the quarantine regime looks set to continue, there is an urgent need to learn how it can be made less harmful.

The experience that comes closest is solitary confinement. There is a wealth of research on the effects of solitary confinement. Looking at how some people have been able to cope with that may provide clues for surviving quarantine in prison. Writing in 2016, Ian O'Donnell summarised his analysis of coping methods he found in studying two centuries of solitary confinement (O'Donnell, 2016). We draw on his list to organise the techniques reported by CAPPTIVE respondents.

To be clear, the following discussion draws on CAPPTIVE evidence to show what some prisoners have done to survive. We are not implying that the regime can be harm-free if prisons apply these lessons. The evidence in this briefing that the quarantine regime causes profound harm is too overwhelming to interpret the following survival mechanisms as an excuse to maintain the quarantine regime.

Five of these methods people used to manage time spent in solitary confinement echoed the CAPPTIVE evidence from prisoners:

- Reschedule – break up the time
- Removal – distractions
- Reduction – sleep through it
- Raptness – absorption in personal fulfilment
- Reinterpretation.

One method of coping with long periods of isolation sketched by O'Donnell, rescheduling, is to break the time into manageable chunks. This is no help for the long-term, as the prison service cannot promise when the full regime will be restored. However, people can keep to a daily schedule.

*Mental wise, I can't talk for everybody but me. I'm okay, got into some sort of a routine.*  
(9 June, category B prison)

Second, removal, is to use up the day through distractions. Some of these have an added benefit, in that they mentally transport the person out of the cell. (Watching television, talking on the in-cell phone, computer games, and reading can have this effect.)

Exercise was the most frequently mentioned distraction:

*I train in my cell as well most days to keep myself feeling positive.*  
(16 June, category C prison)

Another respondent wrote:

*I'm lucky. I do yoga and meditation in my cell and the Phoenix Trust send free useful CDs and the wing's occupational therapist give me a mat. This is a godsend for my physical and mental health.*

(10 June, women's prison)

A means of removal suggested by one respondent was newspapers, which would help people focus on the world outside:

*It would have been nice to possibly offer newspapers and magazines for prisoners daily, weekly or monthly.*

(6 June, high security prison)

But the most important removal activity was maintaining contact with one's family. Respondents praised efforts to mitigate the harm of the quarantine regime by increasing chances to phone home, and suggested prisons could do more.

*[Make it] mandatory for all jails to have prison phones in their cell. Help us have more contact with our families.*

(25 June, young offender institution)

*The best move and most productive move I've ever seen made by the prison service was the instillation of in cell telephones and reduction of call charges. Which has connected me to my family in a way I could only dream of. I used to pay £1 for a 5-minute phone call to my mother and now pay 67p for a 15-minute call after 7pm. We regularly have 45-minute calls now and we're closer than ever!*

(9 June, category B prison)

By reduction, O'Donnell refers to ways of reducing the time spent alert in a cell. It refers to steps that make the time pass faster. Some people reported sleeping more or taking more drugs to dull their experience. In June, the national IMB reported hearing of more use of hooch, and rising demand for sleeping tablets.

*This lockdown of prison estate with no end or release in sight has caused myself and the prisoners around me such devastating effects to our mental health. It has driven many of us to substance abuse.*

(7 August, local prison)

Raptness refers to activities that people find genuinely absorbing – not mere distractions. These enable the person to feel they have had a meaningful, productive day. The remarkable attribute of these activities is that they are very individual, expressing one's personality.

*I sit in my cell trying to focus on reading and writing.*

(9 June, category B prison)

*The only escape I had was studying and having just embarked on... an honours degree course.*

(14 June, category C prison)

*The one thing that I am doing religiously is playing guitar.... It's been a life saver.*

(16 June, local prison)

*Thanks to the chaplaincy I'm managing to keep my sanity intact. They are simply amazing: weekly services on CD, DVDs, every spiritual emotional nourishment and practical help.*

(22 June, women's prison)

Some respondents, such as this one, added recommendations for governors, including:

*Create a scheme or workshop or wing-based activity on a regular basis separate from association to help occupy us and give us a reason to wake up every morning.*

(25 June, young offender institution)

O'Donnell found that reinterpretation of solitary confinement was rare, but the most profound method of dealing with it. The isolated prisoner re-defined the experience, denying the official purpose of segregation – as a punishment – and giving it their own value. In similar ways, some CAPPTIVE respondents interpreted the 23-hour quarantine regime as a way they could make a positive contribution to a crisis facing the whole country.

*All the prisoners I've spoken to have all said we all understand why the lockdown has come into place around the country.*

(10 June, category B prison)

*I was surprised to find that the majority of the men accepted the lockdown as a necessary precaution and shared the "all pulling together" mentality as their families on the out.*

(15 June, local prison)

The survival methods crystallised by O'Donnell's analysis were specifically about dealing with solitary confinement. The quarantine regime differs from solitary confinement in that it is not designed as a punishment. But the main potential difference is hinted at by the UN definition, as 22 hours or more without meaningful human contact.

Officers can provide meaningful human contact. Their approach needs to be guided by the knowledge that prisoners are spending 23 hours in a cell, as if they had been sent to segregation, through no fault of their own. Officers need to be empathetic and imaginative to make their brief encounters as meaningful to that person as possible. They also need to be aware that, due to Covid-19, they present a potential health risk to prisoners.

## Positive practices

The CAPPTIVE correspondents and the prisons inspectorate noted practices that helped to ameliorate the worst effects of the quarantine regime. These included:

- Staff roles
- Exercise and other activities
- Mental health support
- Communications
- Precautions

## Staff roles

*I'm thankful for all the members of staff that come to work and to make sure we are all okay.*  
(6 June, high security prison)

*The wing staff have been nothing short of amazing under the current situation. As well as their usual day-to-day roles, they seem to take their duty of care above your usual good standard... Staff also make enquiries as to how you're feeling, both physically and emotionally.*  
(7 June, category C prison)

*We are delighted that by the diligent efforts of the staff and the cooperation from residents, COVID-19 has not been reported here.*  
(9 June, category C prison)

*Since the lockdown it has been an abundance of solitary confinement, but a lot of the staff members have managed to show empathy towards myself and other inmates' situations and concerns to the best of their ability. Taking the time to talk to inmates after stressful phone calls, encouraging distraction techniques, as well as encouraging keeping a high hygiene standard.*  
(12 June, high security prison)

*All wing officers are so good and friendly.*  
(23 June, category B prison)

## Exercise and other activities

*Physical health – exercise yard was open daily and we were lucky to have exercise machines in our exercise yard which people are using.*  
(6 June, high security prison)

*We would like... Consistent weekly prison updates on what areas the prison are focusing on to appease the concerns of those within its premises in relation to Covid-19 and the general aims that people here have, re: reviews/categorisations, sun cream, healthy canteen options, and vitamins. I did raise the importance of healthy food options on canteen stop but I'm still eager*

*to see change regarding Weetabix, cod liver oils, vitamins, and nourishment... Jigsaws, 100 puzzle games, books, board games, playing cards to be sold on canteen. To promote stimulation would reduce stress; it seems many would like this as bored in cell.*

(8 June, local prison)

*The gym staff are amazing: we have running and exercise classes running all through the week and weekends. I feel keeping fit and healthy has helped me get through lockdown.*

(15 June, women's prison)

*The gym staff are great with us and are working hard to get everyone out in groups of 8 at a time. They do 5 separate sessions a day and although of their tiredness, still keep up the enthusiasm.*

(19 June, women's prison)

*Create a better regime for us while we are in lockdown... Give people more options to help distract them whilst they are mentally and physically isolated.*

(25 June, category B prison)

*They put gym classes outside early on into lockdown which has really helped everyone's physical and mental health, even mine as I always use the gym, so out in the air to be exercising has been a really good thing.*

(21 July, women's prison)

*Woodhill could access a large DVD library, and many commented on how much they appreciated this provision. Many films were donated by staff.*

(HM Chief Inspector of Prisons, SSV, 15 June)

## Mental health support

*I was aware that mental health [staff] were continuing to visit prisoners which showed care and affection.*

(6 June, high security prison)

*Healthcare staff often come to the cell when they can as well as calling on in cell phones to check on you if they are busy. Thursday evening the staff get the prisons version of the thank you applause every week.*

(7 June, category C prison)

*Thorn Cross and Sudbury had started to identify prisoners who had been on an assessment, care in custody and teamwork review (ACCT) in the last 18 months so that they could be offered additional support.*

(HM Chief Inspector of Prisons, SSV, 9 June)

*A safer custody phone line, staffed by peer support workers, provided support for more vulnerable prisoners at Eastwood Park.*

(HM Chief Inspector of Prisons, SSV, 5 June)

There are areas the management have excelled at, which have met the needs of residents for instance mental health, care, food, finance.

*Solar, which is a support network for guys with PD, is excellent. We are visited twice or three times a week. We have access if needed to the solar officers if we are in crisis. The mental health workers are out and about in all areas. We are being given things or ways of coping.*  
(10 June, category D prison)

*Welfare call using in cell phones is also welcome. Healthcare continues to operate and is providing an excellent service in times that could have excused failings.*  
(12 June, category B prison)

*Healthcare are doing an amazing job and doctors, dentists are running normally. We are following the two metres distance from each other and staff in all activities. Education and mental health and forward substance misuse are giving us courses and in cell distraction packs to complete. Safer custody are running great.*  
(15 June, women's prison)

*Delivery of medications has been excellent, well-managed and more reliable than usual.*  
(18 June, category C prison)

*On J-Wing staff has managed to get some girls out for cleaning jobs which is a life saver even to have a few sessions out from behind the door helps immensely with mental health issues.*  
(19 June, women's prison)

*I wrote a report to the governor on mental health and within days we had an hour 25 minutes out into sessions a.m. and p.m. and all doors unlocked all day. The feeling is inevitably different and less oppressive. The 'for your own good' no longer feels like a punishment in solitary as it did!*  
(23 June, category C prison)

*Our healthcare, mental health team... We get a phone call daily on our in cell phones from the safety team to check on us.*  
(23 June, category B prison)

*Most importantly, although almost all hospital visits are on hold, the healthcare department continues to provide good and timely service.*  
(25 June, category C prison)

*[We would like] regular visits from support workers mental health team, rather than once a month... A team of prisoners separate from Listeners, mentors and Samaritans to come and talk to us. Those prisoners should be prisoners who have experienced and had an understanding of all backgrounds of hardship, even if it's just one experience.*  
(25 June, young offender institution)

*A new scheme/team of pharmacy technicians have started although this has been a pre covid-19 plan. From mental health, they are much more visible than previous as they are now in nurses' uniforms, therefore more visible to residents on wing. Referrals from wing staff. Listeners, medical apps are happening and reviews quickly. Medication reviews are being done by the pharmacy team, and recently the GP has done a 100% review of medications which are on repeat, as part of an audit and ready for a computer upgrade!*

(19 August, category C prison)

## Communications

*The number one [governor] is keeping us all updated on the Corona each day.*

(23 June, category B prison)

*Most important of all, the prisons director regularly gives each prisoner a written statement on the situation here.*

(25 June, category C prison)

*Prisoner council meetings at Littlehey and Stafford enabled prisoners to put forward concerns and suggestions to managers during lockdown.*

(HM Chief Inspector of Prisons, SSV, 22 June)

## Precautions

*Gels and wipes provided. Sanitising stations at phone booths. One-way system in dining room.*

(18 June, category D prison)

*Crucially, they've helped keep the virus out. Overall, the prison has done ideally well in that, and we've been treated humanely and with respect, and a genuine desire to get us out of cells as much as the central rules allow.*

(24 August, category B prison)

## 9. CONCLUSION

The prison service has set up a process to ask itself fundamental questions about what it has learned from living with Covid-19, and how to “build back better”. It understands that achieving a “healthy” prison means a huge amount more than freedom from disease. The messages contained in this report from people who live in prison about what has made a positive difference in these most challenging of times should be part of the blueprint for a healthier future.

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In March 2020, HMPPS introduced measures to protect prisoners and staff in light of Covid-19. This included ceasing all inter prison transfers, separating new arrivals, isolating symptomatic prisoners, and shielding vulnerable prisoners.

Drawn from responses from 85 prisons this, the third CAPPTIVE briefing, will discuss:

- The precautions taken to prevent transmission in prisons
- Routine health care
- The impact on people with disabilities
- Well-being and quarantine
- The impact on mental health
- Self-harm, and
- What helped.

The messages contained in this report from people who live in prison about what has made a positive difference in these most challenging of times should be part of the blueprint for a healthier future.