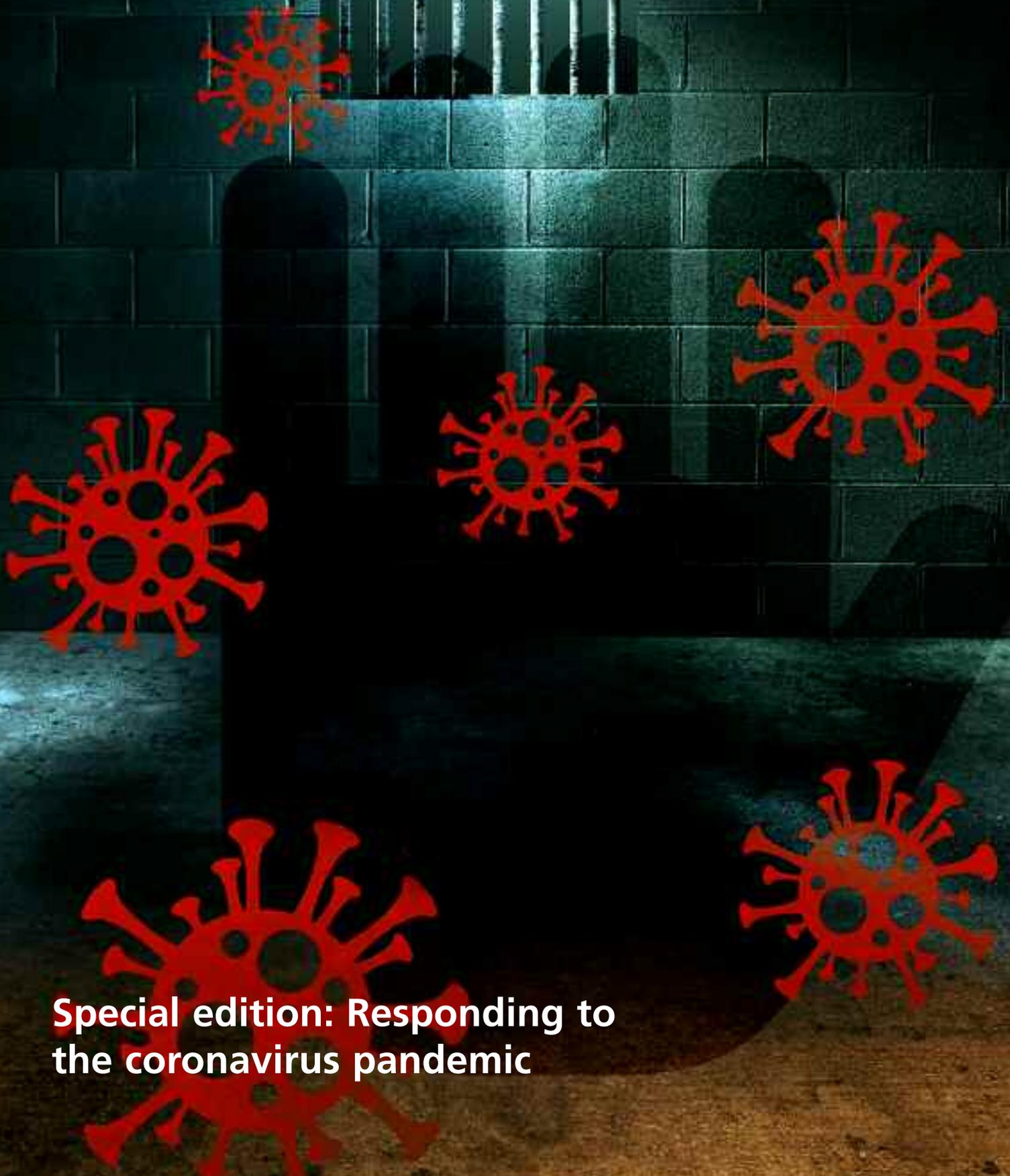


PRISON SERVICE JOURNAL

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**Special edition: Responding to
the coronavirus pandemic**

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Peter Clarke was HM Chief Inspector of Prisons 2016-20. He is interviewed by Dr. Jamie Bennett, Deputy Director in HM Prison and Probation Service

Dr. Kimmet Edgar is Head of Research, Paula Harriott is Head of Prisoner Engagement, Dr. Mia Harris is Research Officer, Dr. David Maguire is Project Director, Building Futures, Claudia Vince is Research Officer, Building Futures — all at the Prison Reform Trust.

Dr. Natalie Booth is a senior lecturer in criminology at Bath Spa University and Dr. Isla Masson is a lecturer in criminology at University of Leicester

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Editorial Comment

There is a risk in producing a special edition of *Prison Service Journal* focussing on the coronavirus pandemic when the events are still playing out and the story is not yet complete. What is recorded here is incomplete, tentative and contestable. It is a record of the thinking, actions and experiences of people living and working in prisons during the global pandemic. It is history in the process of being made.

The interviews and articles in this edition were written in late 2020. They largely focus on the first wave of the pandemic, which followed from the first recorded outbreak in the Chinese city of Wuhan in December 2019, with the city being locked down in January 2020. The same pattern then followed in cities and countries around the world, with outbreaks and major public health measures being taken that curtailed everyday life in ways rarely seen in peace time.

Prisons are often hidden in the midst of such large scale global crises, yet they face significant risks with vulnerable people held in close proximity often with inadequate buildings and facilities. The experience of prisoners, prison staff and the families of prisoners often takes place out of sight. This special edition attempts to bring those experiences into view.

The first half of the edition focusses on prisons in England and Wales. It includes interviews with Dr. Eamonn O'Moore, a senior consultant responsible for the public health response in prison, and Sarah Coccia, who led some of the most operationally challenging prisons in the country. An article by a team from the Prison Reform Trust draws upon their research capturing the experiences of people living in prisons. In addition, Natalie Booth and Isla Masson illuminate the experiences of families of people being held in prison. Peter Clarke, the Chief Inspector of Prisons until the end of October 2020, describes the importance of independent scrutiny during the pandemic and the findings of prison inspections. The first part of the edition closes with an interview with Ian Merrill, the Chief Executive of Shannon Trust, a charity that supports reading and literacy across the prison estate. This interview describes how an important charity has had to adapt to meet the challenges of the pandemic, ensuring that they survive and continue to provide a vital service to people in prison.

The second half of this special edition looks internationally at a range of countries, drawing upon the expertise of practitioners and independent non-

governmental organisations. Alessio Scandurra, from the Italian prison reform organisation, Antigone, describes the immense challenges faced in Italian prisons. Italy was the first European country to experience a widescale outbreak and to take drastic public health measures. In prisons, the suspension of family visits sparked widespread rioting. Scandurra discusses the experience of Italian prisons, but also draws upon other prison systems in Europe. Tiberiu Firinel Ungureanu, the Director General of prisons in Romania describes how that country managed to avoid any widespread impact in the first wave, although ominously, his interview concludes at a point when a second, and apparently more severe, wave is starting to be felt across the country. Three members of the team at Prison Watch – Sierra Leone describe their work to support people in prison. This West African country has recently had to deal with other outbreaks of infectious diseases, including Ebola. They are managing the threat from coronavirus in a very different economic, health and penal context from the UK. In the South American country, Chile, the National Director of prisons, Christian Alveal is candid about the painful experience of leading a prison system that has been gripped by the pandemic and in which people have died and his efforts to reform the prison system have been thwarted. Despite the effectiveness of his leadership, Alveal offers a very human account of his experiences. In Mexico City, Hazael Ruiz Ortega the Head of the Mexico City Prison System, and Pedro Aguilar Cueto, the Director of a pre-release prison, both offer an account of how they have responded to the challenges of coronavirus. Although to some extent activities in the prisons have been curtailed, they have maintained significant work and education opportunities. They are also insightful in their understanding of the experience of those who live and work in the prisons and well as family members.

This special edition of *Prison Service Journal* does not offer a detached, theoretical analysis of events and does not seek to make a judgement on the effectiveness of what has been done, but instead it attempts to offer an inside account of prisons during the coronavirus pandemic. It prioritises the experience of those who live and work in prisons, and the families of people in prison. It is a glimpse into the lives of the people who have experienced imprisonment in the midst of a global pandemic.

Public health in English prisons

Dr. Eamonn O'Moore is National Lead for Health and Justice at Public Health England. He is interviewed by Dr. Jamie Bennett, Deputy Director in HM Prison and Probation Service

Dr. Eamonn O'Moore is a consultant in public health. He has spent three decades as a physician specialising in infectious diseases and public health. He has a long-standing interest in prison health and health protection in prisons, advising policy makers and health agencies nationally and internationally. His current roles include National Lead for Health and Justice at Public Health England (PHE). PHE is an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy. PHE provides government, local government, the National Health Service (NHS), Parliament, industry and the public with evidence-based professional, scientific expertise and support. The aim of PHE is to protect and improve the nation's health and wellbeing, and reduce health inequalities. Dr. O'Moore is also the Director of the UK Collaborating Centre for the WHO Health in Prisons Programme (HIPP). HIPP was established in 1995 to support improvements in public health by addressing health and health care in prisons, and to facilitate the links between prison health and public health systems at both national and international levels.

Dr. O'Moore is the leading national advisor on public and prison health in England during the coronavirus pandemic. He played a central role in devising the strategic response and monitoring its impact.

This interview took place in October 2020.

JB: What drew you to work on infectious diseases in prisons? What has been your previous involvement in managing infectious diseases in prisons?

EOM: When I was in medical training at University College Dublin, I worked in one of the University hospitals which was across the road from the largest prison in Ireland at the time, Mountjoy. In the early part of my career I was working in HIV medicine and the population most affected in Ireland was those injecting drugs. As in many jurisdictions, this meant they were often imprisoned. When I was a Registrar in infectious diseases at the hospital, we would have people

brought over the road from the prison for treatment, usually shackled in handcuffs. At that time HIV was a deadly infection and difficult to treat. Many of the people brought in from the prison were in the advanced stages of illness. There was something pretty wretched about these people who were emaciated, very obviously with advanced HIV infection, chained to often quite burly prison officers. That struck me at the time. I became more interested in prison health and curious about what went on in that building across the road from the hospital.

When I became more involved in public health, one of the issues that stuck me was that prison health was neglected speciality. Historically, the first public health system was established in prison in 1775, as it was recognised that 'jail fever' was a risk to the community as infection acquired in prison was being transmitted into the community. In the subsequent 200 years, the relationship between prison and community infection has become clearer. We've seen in many countries prisons becoming reservoirs of infection or amplifiers of infection. For example, in Russia a quarter of the tuberculosis cases for the whole country have been acquired in prison. That also means that interventions in prisons can be a means to access so-called 'hard to reach' populations. In my work I see that those people are not 'hard to reach' — they are locked in a cell for most of the day — what they are, in fact, is under-served.

I am pleased to say that I have seen an improvement during the years I have been involved with prison health. Particularly in the UK, which is world-leading in this area. That is why our work with the World Health Organization is so important to promote understanding not only of prison health, but of the 'community dividend', in other words the benefit to the whole of society, of working with people in prison to address underlying health needs. While there has been that progress, this pandemic has shone a light on inequalities experienced by people in prison generally.

JB: What has been your role in this pandemic and in managing infectious diseases in prisons?

EOM: The Health and Justice team at PHE has a long standing role offering expert advice to the Prison

Service, the NHS, the Ministry of Justice and the Department of Health on preventing, responding to, and mitigating outbreaks of infectious diseases in prison settings.

When we started getting alerts about this novel coronavirus at the beginning of 2020, we were alert to the risk to the UK and specifically to people in prison. Our role was to work with partner organizations, the NHS and HM Prison and Probation Service (HMPPS) particularly, to understand what coronavirus outbreaks in prisons might mean for us. So very early on, I was involved in producing guidance and mitigations. Then as the situation evolved, we were clear about the escalating risk for prisons.

We were fortunate that there was a pre-existing partnership agreement between PHE, NHS and HMPPS, Ministry of Justice and Department of Health, which defined how we would work together. That well-established governance structure allowed us to quickly and effectively work together. That meant we could get our expert advice in to the people who needed to hear it, and I was very pleased with how responsive our colleagues in prisons and policy were to that advice.

JB: How prepared were prisons and public health authorities for the coronavirus outbreak? Did you have contingency plans in place?

EOM: In 2009, I was working with what was then called the Health Protection Agency, working with prisons to respond to outbreaks of swine flu in prisons. We had that experience to draw upon and had also participated in a national pandemic exercise in 2016. That was the first such exercise where prisons were specifically included as a place where outbreaks may occur. Pandemic has been on the government risk register, sitting at a significant threat level, for a very long time.

Although we had been working on pandemics for a long time, the pandemic we had been thinking about was influenza. Nevertheless, many of the concerns and plans for pandemic influenza read across to coronavirus. We already had on the shelf a guide for pandemic in prisons, which helped us, but we had to adapt this to the situation we were seeing.

Having the established way of working and having done that thinking in advance, it gave us a jump start

We were fortunate that there was a pre-existing partnership agreement between PHE, NHS and HMPPS, Ministry of Justice and Department of Health, which defined how we would work together.

on what we needed to do. Compared to other jurisdictions, we were more prepared, but we do have one of the largest prison systems in Europe, a very complex system, so we weren't in any way complacent. We realised we were facing the greatest challenge of our professional careers and it was going to be a bumpy ride. At the beginning, we weren't sure of what we would face. There were a lot of uncertainties.

JB: Were there any forecasts of potential impact in prisons? What was the situation you thought you would be facing?

EOM: The biggest risk we identified in prisons was what we call 'explosive outbreaks'. Prisons are closed settings that bring together people in close quarters, often with underlying medical vulnerabilities, and often with challenges around access to diagnostic and therapeutic services. You can then think then about the numbers potentially requiring hospitalization, the numbers requiring care and then mortality rates. In our reasonable worst case scenarios, we were looking at significant numbers of deaths. Ministry of Justice published the interim analysis, which showed without action being taken, estimates were that around 2,700 people may have died in prison. This was based on various assumptions about the rate of infection and fatality rate. Of course that level of infection

would also present a significant risk to those who worked in prisons and those that visited prisons.

JB: What are the particular vulnerabilities of the prison population that have an impact upon the risk?

EOM: For a variety of reasons, people in prison generally have complex physical and mental health needs. One particular study discussed 'prison age' as being physiologically ten years older than their chronological age. In other words if you are a man of fifty who has significant prison experience, you will have the same level of illness as someone who is sixty. That is a reflection of some of the social factors that lead people to be in prison as well as the lifestyle issues such as higher levels of smoking. People in prison have a higher prevalence of respiratory illness, immunosuppression (for example due to HIV infection) and other chronic illnesses such as cardiovascular

disease, diabetes or liver disease. Recent years have also seen a growth in the older prisoner population, which is defined as people over fifty years of age, and they are a group with greater vulnerabilities. In the context of coronavirus, people from minority ethnic groups have been more adversely affected, and in prisons, there is a disproportionately high number of Black, Asian and minority ethnic people.

JB: What action did PHE or you missing should be taken in order to manage the risk of infection spreading?

EOM: The first measure was to increase social distancing, reducing the interactions between people and so mitigate the risk of transmission. In prisons, the confined space means that they can be crowded and claustrophobic space with choke points and bottlenecks. People are often in close quarters when moving through the physical space. Interactions in work or education were also a risk. We worked closely with HMPPS to think pragmatically of ways that social distancing could be achieved. Interventions included sequential and limited unlocks so that there were only a certain number of people in the spaces at any time and distance could be maintained. That had significant implications for how people accessed food, showers and other necessities of life. We also had to work with staff to ensure that they understood and maintained social distancing themselves. There are many different people who come into prisons to provide services, so we had to limit that to what was necessary. Together this meant that there were significant restrictions on the regime and activities in prisons. This really impacted on every aspect of daily life for those who lived and worked in prisons. We were, however, very conscious of our duty of care so were clear that we should maintain access to outdoor space, showers and other facilities.

The second major strategy was known as 'compartmentalisation'. I would compare this to a submarine, where a system of bulkheads enable the separation into compartments. This is a means of control that can prevent infection quickly spreading through the whole institution. There were three compartments that prisons were required to create. The first was Protective Isolation Units (PIUs), to accommodate known or probable COVID-19 cases, ideally in single-cell accommodation. The second was Shielding Units (SUs), to protect the most vulnerable.

Third, was Reverse Cohorting Units (RCUs), to accommodate new receptions or transfers in for a period of 14 days to detect any infectious cases before entering general population.

Creating these units was very challenging in prisons and took time and significant effort to make it happen.

JB: Was reducing the prison population a necessary part of the strategy?

EOM: Our initial position was that we should aim for a system where there was single accommodation. That was the most effective way to reduce infection risk. That, however, would have required a significant reduction in the prison population. In parallel, one of the impacts of the pandemic was that court and police activity was affected. This meant that the flow of people into prisons was slowed and the population reduced. There was also an early release scheme implemented, but this only led to relatively small numbers of people being released. As time went on, we reviewed and refined our assessment of risk and were confident that the effectiveness of the other measures taken, including social distancing and compartmentalization meant that there was less need to reduce the prison population further in order to manage the risks.

Our initial position was that we should aim for a system where there was single accommodation. That was the most effective way to reduce infection risk.

JB: How would prisons and public health experts respond to outbreaks in individual prisons?

EOM: Coronavirus, as well as other communicable diseases, are notifiable illnesses that have to be reported to PHE. Where cases are reported in a prison, PHE will undertake a risk assessment and decide whether to convene an outbreak control team (OCT), a multi-agency group involving a public health consultant in communicable disease control, prison health providers, prison management, local authority public health teams and relevant experts from the NHS. The OCT would collect the data and co-ordinate a local plan to respond to the outbreak. This may include advice on restrictions, access to testing, advice to cease transfers of people in and out of the prison. The local team also report this to the national Health and Justice team, for surveillance purposes so as to build up a picture of the totality of the position across the country. The national team would also offer expert advice due to our experience in the prison context. The OCT may

meet every day or every few days depending upon the circumstances. Their role will be to continue to monitor the situation, understand how the outbreak is moving and take action to reduce the impact. The OCT will not only focus on the outbreak amongst prisoners but will also consider staff and visitors.

The OCT process is a well-established intervention and is a well-oiled machine. It is led by public health experts but also draws upon a wide range of expertise including those who run the prison.

JB: What was the impact of coronavirus within the prison system? How did it compare to the forecasts?

EOM: In wave one of the pandemic, it did appear to be successful. We didn't see those large outbreaks we had been concerned about, we didn't see high levels of morbidity and mortality that we had feared and the prison service, with modifications, continued to function and to serve the courts.

I would say that the response is still going on. We are now seeing rising levels of infection and what might be described as a second wave. This is happening at a time of year when we would normally see a rise in seasonal flu and other respiratory illnesses. This means that the winter may be a challenging time. We are now applying the lessons we have learned from the first wave and building on the strong partnership working that has been established. Given the success of the response to the first wave, we can go into this next phase with confidence in the knowledge that we have protected people in prisons and saved lives.

JB: What were the collateral costs of these measures on prisoners, prison staff and their families?

EOM: The success in containing the infection in wave one did come at a cost. In particular on the daily lives of those in prison, including their ability to see those they love and their ability to engage in education and work. At the beginning there was a national lockdown in the community, so everyone was experiencing some restrictions. This gave a synchronicity between prison and the community. As the pandemic wave evolved over the summer, there was then a growing dissonance between what was being experienced in prison and what was happening in the community. At that time, we had to start to re-normalize prison regimes while at the same time being alert to the risk of new infections.

The duration of the restrictions meant that they became increasingly hard to tolerate. We were also mindful that there were pre-existing problems in the prison system, including the prevalence of mental ill-health, self-harm, suicide and violence. That had to be balanced with the imperative to save life.

JB: Is there likely to be a need to maintain some of these mitigation strategies and restrictions on everyday life in prisons for a protracted period?

EOM: My early assessment in April 2020 was that some control and restriction were likely to be required until at least March 2021. At the time people felt that was a long period to be thinking about restrictions. As time has gone on, that prediction has been consolidated. We have an ongoing epidemic wave, the vaccine remains under development and we are entering the time of year when respiratory illnesses emerge. We are therefore likely to see social distancing and compartmentalization remaining a feature of prison management as the virus develops in the community. The more infection there is in the community, the greater the risk of importation into the closed prison environment and the potential for explosive outbreaks.

With flu, we often have in prisons what is called a long tail, so there are outbreaks in the latter part of the flu season. We had outbreaks of flu in prisons in 2019 right up to April. Dealing with this requires effective management at a local level, responding to specific circumstances. The risk profile of prisons requires both longer and more agile management than other environments.

JB: What are you most proud of in the response to the pandemic?

EOM: The courage, dedication and commitment of staff who work in prisons has been very evident and they have worked to try to make prisons as safe as they can be. Whether custodial or health staff, they have put themselves in harm's way on the frontline to deliver the job they have been tasked with. They have done this selflessly and professionally and are amongst the best public servants.

I am also very proud of the response of the people we look after. There has been a high degree of buy-in from prisoners' themselves. There is no doubt we need to do more to mitigate some of the impacts of long periods of isolation.

As a country we have long and well-established excellence in public health practice. We are one of the few jurisdictions in Europe that has a team within a national health protection agency that focusses specifically on the needs of people in the prison system. I am proud to lead that team. The team has played a critical role in the successful response. They have been able to build over many years a good understanding of the prison system and the needs of the people within it. At the beginning of the year when the World Health Organization started to think about these issues, they turned to us to inform their guidance on responding to coronavirus in prisons. That international leadership is something we should be rightly proud of.

Leading prisons through the coronavirus pandemic

Sarah Coccia is Executive Director for Public Sector Prisons (South) in HM Prison and Probation Service. She is interviewed by Dr. Jamie Bennett who is a Deputy Director in HM Prison and Probation Service

Sarah Coccia has worked in prisons for two decades. She governed three prisons including an open prison at HMP Standford Hill; HMP Elmley a category B local prison holding over 1000 men, and: HMP Swaleside a category B prison holding over 1000 long-sentenced men. She has held senior posts including in the Security, Order and Counter Terrorism Directorate, and as Prison Group Director in Kent, Surrey and Sussex, and in London. She was promoted to Executive Director for Public Sector Prisons (South) in November 2020.

This interview focusses on Sarah Coccia's role as Prison Group Director for prisons in London during the coronavirus pandemic. The prisons in London include Pentonville, Wormwood Scrubs, Wandsworth, Isis, Brixton and High Down. These are some of the most complex and challenging prisons in England. Their role encompasses all aspects of the prison system including holding people on remand and facilitating attendance at courts in London, providing longer term detention and preparing people for release.

This interview was conducted in November 2020.

JB: Have you previously had to manage outbreaks of infectious diseases? What has been the nature and scale of this?

SC: Only in a small way. For example I had to manage an outbreak of measles in a prison I was governing. I have also had to manage small outbreaks of influenza, working in partnership with Public Health England (PHE). Nothing I have done before compares to the coronavirus pandemic.

JB: How prepared were you for the coronavirus outbreak? Did you have contingency plans in place?

SC: Our contingency plans were useful for the first few days. Then we frankly had to start again. London went into this pandemic earlier than the rest of the country. Before the national lockdown, we were dealing with an outbreak of illness at High Down prison in February, which PHE were describing as flu. We weren't testing for coronavirus at that point, so I believe that was the first prison outbreak.

We had to learn quickly and had to flexibly apply the principles that had been set out in contingency plans and in advice from PHE. We had to apply this as best as we could to the situation we faced. We had the same people around the table, the same partners, as was set out in contingency plans, but the scale was much bigger. We were confident about our principles and approach, but the specific situation was different.

JB: When did you start to consider that this may be a significant issue for you? How did you feel at that time? How did you think this might play out for prisoners, staff and the prison system?

SC: In February, when we had the outbreak at High Down, we didn't have testing, we just knew that people were falling ill. We also, at that stage didn't have the 'compartmentalisation' strategy in place creating separation between infected and uninfected people, and we didn't have a 'reverse cohorting' unit holding people separately who had recently arrived into the prison. We were trying to separate people as best as we could at that point. We also did not realise how easily the virus could transmit, so we didn't know how significant an issue it might become.

At that stage, we also did not yet have a separate national command structure in place. We were working through normal line management arrangements to respond to the evolving situation. We had to think about issues such as mutual aid between prisons within my group to ensure we had sufficient staff where they were needed. Although I felt supported by the organisation, we didn't in the early stages have the bespoke structure that was later put in place.

When the national lockdown was declared in March 2020, I had three of the six prisons in the group with outbreaks. We knew the situation was getting worse and we were concerned about the availability of personal protective equipment (PPE) as nationally demand was outstripping supply at this time. The Governor and Deputy Governor of one of the most complex prisons in the group contracted coronavirus and I had to put a temporary Governor in place. Then during that same week, two members of staff at HMP Pentonville sadly died after contracting the illness. I

remember taking the call about those colleagues that died and thinking that this was potentially the start of a very dark period. I thought that it was going to get much worse and that the rest of the country would also be affected. That was in the first week of the national lockdown.

It was a very dark time. I remember speaking to the Governors in the group at the time and saying that this was the start; that we would be facing a very difficult time and; it was important that we supported one another.

In fact, although it was a very difficult time, during the first wave, we did not lose any more colleagues and no prisoners died from Covid related illness within the London prisons. That week in March was a terrible time, but actually the situation improved and it felt more in our control. Of course there have been challenges, for example, half of the senior management team at Brixton had to isolate at the same time, so we had to quickly cover those roles. The prisons have been difficult to run and it has been hard for everyone, structuring expectations for our prisoners has been key throughout. The Governors have really supported each other through the challenges and the prisons have responded effectively to the challenges.

JB: What action did you take in order to manage the risk of infection spreading? How did you introduce social distancing? What restrictions did you have to introduce and how did you go about doing this?

SC: We are all used to maintaining two metres social distancing now, but initially it was really odd. In a prison like Pentonville, we have tiny Victorian landings that you can only fit one person on width-wise. We had to think and act quickly about how people would move around, how we would hold meetings or briefings, but also how were we going to get staff safely through the gate area. Normally the majority of staff arrive in the fifteen minutes before the start of a shift time and move through a small gate lodge. Our health and safety colleagues worked with us to develop processes and make best use of our space.

In a prison you need the majority of staff to be present in order to do the work. There were some people who could work from home, but initially we didn't always have the equipment to make this happen.

We had to make the best of what we had and prioritise those roles that we needed.

We had to work through the challenges pragmatically, but there was also another side to it, which was dealing with the fear that people had that by coming to work they might fall ill. There was a lot of work on effective and regular communication, reassuring people, ensuring that they knew when and how to use PPE. Our Governors had to ensure that staff had trust in them.

Communication throughout was vital. We had to communicate with prisoners about what the regime would look and feel like. As well as speaking to prisoners and issuing written notices, we also made videos, and programmes were produced for prisons radio. We had to use all of the channels we had. This was a difficult circumstance for everyone but by communicating prisoners knew why we were doing this and they knew we were trying to keep everyone safe. We carried out a safety survey of 2000 London prisoners during the pandemic and they said they understood why we were doing what we were and they felt safe.

JB: One of the strategies used to manage the risk was 'compartmentalisation'. This is the idea that the prison population should be separated into distinct groups including those that have

recently arrived; those that are symptomatic and; those that are clinically vulnerable. How did you achieve that in prisons such as Wandsworth where there are very large wings, sometimes with hundreds of people? How did you organise the prisons to achieve that aim?

SC: By the time we started implementing compartmentalisation, we were already managing outbreaks. So, at Wandsworth, when we were implementing the reverse cohorting unit for newly arrived prisoners, we already had 70 ill people in the prison. We were trying to introduce this strategy at the same time as managing an active outbreak. This is all taking place in a context where London prisons are historically overcrowded and work to full capacity all year round. We didn't have the flexibility to simply empty an area or move people en masse. We didn't have the capacity.

The most significant process we introduced was a London-wide population management approach. We

We had to work through the challenges pragmatically, but there was also another side to it, which was dealing with the fear that people had that by coming to work they might fall ill.

put this in place in one week. This meant that half of the prisons would receive prisoners from the courts on one week, then the other half would receive them the next week. This enabled the prisons to operate a reverse cohorting process, which involved, at that stage, 14 days in a separate unit. Without this change, the prisons could not have operated safely or served the courts. It felt like a bold decision at the time, but it worked out and it was refreshing that we were able to work so flexibly with our justice partners and each other during a period of extreme pressure.

This ran successfully and was then rolled out into other areas, including the West Midlands where there were similar challenges of balancing the demands of the courts with the requirements of reverse cohorting.

JB: Where there any opportunities to reduce the prison population and the need for crowding?

SC: Not really. The dividend we hoped from the early release schemes didn't really pay off in London. There was sound thinking behind the scheme, particularly where possible releasing pregnant women, but the impact was limited. The population eased slightly because we had less people being sentenced by the courts, so there was less need for early release schemes to achieve that end. We closely monitored the population daily and kept good communication with the centre in order to best manage the spaces that we had available across London.

JB: Were health measures introduced including testing?

SC: That took some time to roll out. Some London prisons were part of the pilot for wider testing for staff and prisoners. Prisoner testing upon reception will be developed further in time and may enable a reduction in the time required for reverse cohorting or other changes that help with the operation of prisons. This will be of significant benefit once rolled out and it has been encouraging for the London prisons to be part of the pilot and work closely with our Health colleagues over the summer developing the prisoner testing arrangements.

Although wider staff testing is the right thing to do, it does bring its own challenges. For example,

recently we lost over 100 staff from Wormwood Scrubs due to positive tests and isolation of people who had been in close contact. Losing so many staff temporarily does make the operation of the prison very difficult.

JB: What was the reaction of prisoners to these measures? Did you face resistance, or increased distress?

SC: Initially violence reduced, simply because there was less opportunity because regimes were so restricted. Many reported that they did feel safe because of the steps we were taking to protect them from coronavirus.

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With social visits, we had some discussions about reintroducing these as the first wave eased. Some people were very nervous about this. They didn't want their families to feel pressure to visit and place themselves at risk. They were also concerned that opening up visits would create a risk of infection being brought into the prison. The reintroduction of visits wasn't met with the positive feelings I was expecting. The expanded access to video visits, using the new iPads was a preferred option for many of the prisoners because it felt safer.

JB: How did you try to mitigate the impact of the measures put in place? Did you develop any new processes or use new technology?

SC: We had access to video calls quickly and the centre supported us to introduce Purple Vsites (Visits by iPad) and increased video link for court processes. This has been used to enable prisoners to keep in contact with their loved ones. We also used video conferencing for courts, legal consultation and Parole hearings. This enabled critical business to continue. Without this our system would have ground to a halt. These have been the two most significant uses of technology during the first wave of the pandemic.

JB: How did you start to plan to move on from the initial response and start the process of recovery?

SC: The process started in June. The health situation had improved. We had to think about the practicalities and how to best use our resources. There was also an emotional element to manage and take

into consideration. We had been in lockdown for a long time, we had to plan a recovery in a way that staff and prisoners would be confident in and would remain safe. It had to be introduced slowly and carefully. We started introducing activities for prisoners but with limited numbers and in a controlled way. We had to recognise that many people had felt scared and also that returning to how things were before the pandemic was no longer feasible.

The practicalities varied from prison to prison. The size and complexity of the establishment had an impact. We were also limited by the number of staff we had available. Significant numbers of staff had been unable to attend work as they were shielding due to clinical vulnerability. This did not necessarily fall evenly on all departments. For example, we found that our offender management units were particularly affected. They have a critical public protection role in managing the progress of individuals through their sentence. That work doesn't stop, so we also had to ensure that was given the resources needed and we prioritised the work that had to be done.

JB: Have you had to maintain any restrictions or adaptations in order to manage the risk on an ongoing basis? How long do you judge that such restrictions will have to be in place?

SC: We are now using our resources in the best way in the current circumstances. Prison life is being lived in small groups. The challenge will be to move into a medium-term plan where we may have to manage these risks over a more protracted time. There has been much learning across the organisation throughout the pandemic so far and it is critical that we take this into consideration when planning our medium and longer term recovery and what prison life will look like in the future.

There is a lot we have found throughout the pandemic that is positive, we are learning that people feeling safer living, working and socialising in smaller groups. It is important that we learn from the good elements and consider applying them in the longer term.

We do at all times need to ensure that people are safe. This means understanding how violence is changing in these circumstances. For example, we are seeing more 'domestic' violence, in shared cells. This may be mirroring the domestic violence levels seen in the community. We also know that the mental health of people has suffered. The right support in the future

is vital to help people with these consequences of the pandemic.

JB: What have you learned from this pandemic? What would you do differently if there were further outbreaks?

SC: The value of good working relationships between organisations has been clearly demonstrated. For example I have had far more day to day involvement with health colleagues than in the past. This has built stronger relationships. We have strengthened the skills of collaboration.

We are also working more flexibly. As in other organisations, remote working has been embraced. We can continue to build our digital capability as individuals and as an organisation.

There has also been a shift in the willingness of people to talk about how they are feeling. Checking in and supporting each other has been needed and has helped us to be resilient. The openness about mental health can only be a good thing. None of us have been through this before and we are all learning as we go.

Communication has been developed. It has been vital to get messages across quickly and clearly and to people in different circumstances, including those who are absent from work. We have had to use different approaches for different groups.

The Governor of Pentonville has a whiteboard in his office and on it he has 'COVID — Things we want to keep' with a list of practices that have been developed. It's a really positive response to a testing time and I think signifies our learning journey through this unprecedented period.

JB: What are you most proud of in the response to the pandemic?

SC: I am proud of all of the staff for just carrying on. They had a sense of duty. No matter what rank or role, they were 'key workers'. They got up and kept going, even when they didn't always know what they were coming into. They had to have trust that we were managing this in the best possible way. They could have acted differently, but they turned up in droves and did their duty. That makes me so proud. Over the last few months, we've all missed a holiday or a birthday party and whatever else, but this has shown the values that people have. It shows why they do their job and what really matters. The commitment of staff is what has got us through the first wave.

Inspecting Prisons during a pandemic

Peter Clarke was HM Chief Inspector of Prisons 2016-20. He is interviewed by Dr. Jamie Bennett, Deputy Director in HM Prison and Probation Service

Peter Clarke was appointed HM Chief Inspector of Prisons in January 2016 and stepped down from the role at the end of October 2020.

He joined the Metropolitan Police in 1977 after graduating in Law from Bristol University. He served in a variety of uniformed and detective roles in London, including commanding the Brixton Division, and Staff Officer to the Commissioner of the Metropolitan Police. After serving as Deputy Director of HR for the 45,000 employees of the Metropolitan Police, in May 2002 he was appointed as Head of the Anti-Terrorist Branch at New Scotland Yard and National Co-ordinator of Terrorist Investigations, leading the investigation into all acts of terrorism in the UK and against British interests overseas. He retired from the police service from the position of Assistant Commissioner, Specialist Operations in 2008.

In 2009 he was appointed by the Prime Minister to be a member of the UK National Security Forum, created to advise Government on the implementation of the UK National Security Strategy. In addition to holding a number of advisory and consultative roles in the private sector, he was a non-executive Director of the UK Serious Organised Crime Agency from 2009-13. In 2014 he was appointed by the Secretary of State for Education to be the Education Commissioner for Birmingham with a specific remit to investigate alleged Islamist infiltration of schools. He became a member of the Board of the Charity Commission in 2013, and is a trustee of the Crimestoppers charity. He has been a Fellow of the Center for Law and Security at New York University and was awarded an Honorary Doctorate in Law by the University of Bristol in 2008.

Her Majesty's Inspectorate of Prisons for England and Wales is an independent inspectorate which reports on conditions for and treatment of those in prison, young offender institutions, secure training centres, immigration detention facilities, police and court custody suites, customs custody facilities and military detention. The role of HM Inspectorate of Prisons is to provide independent scrutiny of the conditions for and treatment of prisoners and other detainees, promoting the concept of 'healthy establishments' in which staff work effectively to

support prisoners and detainees to reduce reoffending and achieve positive outcomes for those detained and for the public. The Inspectorate works jointly with other inspecting bodies, in prisons this includes Ofsted focussing on education, the Care Quality Commission and the General Pharmaceutical Council focussing on healthcare, and HM Inspectorate of Probation focussing on offender management.

Inspections assess four areas: Safety (that prisoners, even the most vulnerable, are held safely); Respect (that prisoners are treated with respect for their human dignity); Purposeful Activity (that prisoners are able, and expected, to engage in activity that is likely to benefit them), and; Resettlement (that prisoners are prepared for release into the community, and helped to reduce the likelihood of reoffending). The regular process for inspection involves three stages. The first is the pre-inspection visit which includes the collection of preliminary information and the conduct of a confidential survey of a representative proportion of the prisoner population. The second stage is the inspection visit, where data is gathered and assessed against the published Expectations¹. Sources of evidence include prisoner focus groups, individual interviews carried out with staff and prisoners, the prisoner survey results, documentation and observation by inspectors. At the end of this the prison is awarded a numeric score for each of the four healthy prison tests, from one ('Outcomes for prisoners are good') up to four ('Outcomes for prisoners are poor'). The third stage is the post-inspection action, including the production of an action plan, based on the recommendations made in the report and subsequent progress reports.

The Inspectorate's work constitutes a part of the United Kingdom's obligations under the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. This Protocol requires signatory States to have in place regular independent inspection of places of detention.

HM Chief Inspector of Prisons is appointed by the Justice Secretary from outside the Prison Service. The Chief Inspector reports directly to the Justice Secretary and Ministers on the treatment of prisoners, conditions

1. Available at <http://www.justiceinspectores.gov.uk/hmiprison/our-expectations/>

in prisons, young offender institutions, court custody and other matters in England and Wales as directed by the Justice Secretary. The Chief Inspector also has a statutory responsibility to inspect and report to the Home Secretary on conditions for and treatment of detainees in all places of immigration detention in the United Kingdom.

This interview took place in October, 2020.

JB: What did you see as the role and significance of independent prison inspection during the coronavirus pandemic?

PC: When the lockdown was implemented in March 2020, it was obvious straight away that we wouldn't be able to continue with our normal programme of inspections, but we still had statutory responsibilities to the Secretary of State for Justice to report on treatment and conditions. The UK has international obligations under the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment. This requires there to be independent scrutiny of places of detention. What we needed to do straight away was to find a way in which we could meet those obligations, but in a way that would not do any harm, would not add to risk and would be safe.

JB: What steps did you take to adapt the inspection methodology to respond to the circumstances? Did you enhance the access to public health expertise?

PC: In April 2020, we introduced 'short scrutiny visits' (SSV), this was an adapted methodology designed to be safe. These involved two to three inspectors attending establishments, including a health inspector. Each visit took place over the course of a single day, and focused on a small number of issues which were essential to the care and basic rights of those detained in the circumstances. These critical areas included: care for the most vulnerable prisoners and the need for meaningful human contact; support for those at risk of self-harm and suicide; hygiene; legal rights; health care; access to fresh air; contact with families, friends and the outside world; and support and risk management for those being released. We conducted these thematically, so for example we would look at

three local prisons, then three young offenders' institutions, and so on. We included good practice in these reports so that we were promulgating this. From an early stage we wanted to ensure we were contributing positively. These were replaced in August 2020 by 'scrutiny visits' (SV). These are conducted in individual prisons and are not full inspections, but they do involve more inspectors visiting establishments for longer. They also involve prisoner and detainee surveys, which were not conducted in the SSV model.

These approaches were developed using health advice on what was safe, and took account of the exceptional circumstances. Our senior health inspectors liaised with the relevant health authorities. We actually went beyond what was advised. We were conscious that we did not want to be responsible for adding to risk.

JB: How prepared were you for this situation? Did you have contingency plans in place? Had the readiness of prisons for pandemics been part of your inspection process?

PC: Inspections would not specifically have examined pandemic planning, although there would have been an assessment of health services. We are aware that plans exist as prisons routinely deal with outbreaks of infection of one type or another. I don't think anyone can honestly say that they

were prepared for something on the scale of the coronavirus pandemic.

In terms of the inspectorate itself, we have our own business continuity plans so we could adapt quickly to the changed circumstances. The inspectorate only has a small amount of office space and most inspectors work from home when they are not inspecting. This meant that although the disruption to our working functions was significant, it was entirely manageable.

JB: Your teams inspected a range of different prisons and initially these were organised around prison type. What were your main findings regarding local prisons, holding people on remand or for short sentences?

PC: Across the board, it is right to recognise how well the prison service did in managing the risk of widespread infection. What we found in all prisons was

The UK has international obligations under the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

that the success was in no small part due to very good communication with prisoners from governors and their teams. Particularly in the early stages, prisoners understood the restrictions that were being placed upon them, there was a sense that 'we're all in this together', and they appreciated what was happening and the reasons for it. That was all very much to the credit of local management. What we did find though was that over time prisoners started to show greater signs of frustration at what they perceived to be the slowness of the relaxation of some of those restrictions, particularly around time out of cell and the suspension of social visits.

With local prisons, it was a very mixed picture. Generally, they were the places where it was most difficult to maintain social distancing. We do recognise the challenges presented by the environment. As so often, it very much depended upon the quality of local leadership. In particular whether leaders aimed to do the minimum required to comply with the restrictions or whether they were looking to be as positive as they could be and do as much as was possible safely. We've seen some prisons where we have been pleasantly surprised. For example, we recently visited Bristol, which had received an 'urgent notification' in 2019, a process where I wrote to the Secretary of State for Justice because I was particularly concerned about the very poor outcomes for prisoners. It was very encouraging to see the energy, drive and determination to improve things there. That is a prison now showing much better outcomes. Similarly, Swansea was another prison that had managed to make improvements through this time. Again, we judged that this was due to active, visible leadership.

JB: How did you judge training prisons and high security prisons' responses, where they were managing longer term populations?

PC: In these prisons, education, employment and offending behaviour programmes are really their raison d'être. These were virtually shut down due to the pandemic. What we have seen, however, is that by and large, given the constraints on time unlocked and the regimes, they have managed well.

JB: What were the particular challenges in resettlement and open prisons where they were

preparing people for release? How did they respond?

PC: There has been a significant impact. There was a blanket suspension of release on temporary licence across the open prisons, other than for essential workers. We did see some variation in the interpretation of what constituted 'essential work'. Many offending behaviour programmes and interventions have also been suspended, so it is incredibly difficult for prisoners to make progress through their sentences. There is a lot of concern that this will prejudice or compromise their prospects at parole board hearings.

JB: You visited women's prisons. What was your assessment of the ways in which the needs of women were considered?

PC: The pandemic has brought into even sharper relief issues that already affected women's prisons. Self-harm has always been a real concern; it is high and there is a worrying recent rise. The suspension of social visits was particularly troubling for women and it had an impact upon them. The introduction of video calls was slow, which was also a problem. We went to Eastwood Park in May and we saw women who hadn't been able to see their children either in person or virtually for over two months.

We've seen that elsewhere too. I understand the security issues around video calls, but could there not have been a way to find some flexibility for women, with some risk assessment, to be able to speak to their children virtually?

JB: Another group that have distinct needs are people in the youth custody estate. What was your view of how these institutions responded?

PC: It was disappointing to see a blanket cessation of face to face education at the beginning. There were local Directors and Governors who took advice and were sure that they could have delivered at least some face-to-face education safely. For example this happened at Cookham Wood, but then direction came from the centre that this had to stop. For four months there wasn't any face to face education across the children's estate, other than at Parc where they did manage to keep some going. We have had some

The pandemic has brought into even sharper relief issues that already affected women's prisons. Self-harm has always been a real concern; it is high and there is a worrying recent rise.

children who have been locked in their cells for 22 hours a day for over six months, clearly that is unacceptable.

JB: There were widely reported concerns in the community regarding the disproportionate impact of coronavirus on Black, Asian and minority ethnic communities. Did you observe any significant differences in relation to health or the prison responses?

PC: We haven't got any specific data on health impacts. As part of our visits, we would continue to consider equalities issues, both in terms of perceptions and actual outcomes. We are about to publish a thematic report on the minority ethnic prisoners' experiences of rehabilitation and release planning. This shows that in general, people from minority ethnic groups have poorer perceptions and experiences, but there is not enough being done to analyse and understand why this is the case. There is also a case for having more sophistication in understanding the data. Black, Asian and minority ethnic people are not a single homogenous group, so impact and experiences may vary. There needs to be a much more in-depth analysis of the data and a more nuanced understanding of experiences.

JB: One measure that was taken was to suspend visits by family members to prisons. What was your view of the necessity of this and any alternative means put in place to enable family contact?

PC: The decision was taken initially in a very difficult situation. Later, when restrictions were eased in the community, prisons appeared to be slower to respond. There also remained many restrictions on visits including limited time, physical contact was curtailed, children sometimes were not allowed, there was no crèche or toys. In some cases we have also seen some quite punitive responses when a child has touched their parent. On some of our inspections, some prisoners said that the experience of visits was so difficult that they had asked their families not to visit because it was so distressing. The take up has been low, for example when we inspected Erlestoke, only two of the twenty eight places on social visits had been taken up on the day we were there. It is more difficult in some places than others, but many prisons have outdoor spaces, so could use not have been made of that?

The lack of data makes it difficult. Last week I was told 121 prisons had made social visits available. That is fine at a high level, but what is actually happening? I am always asking for granular data, trying to understand the reality of what is happening, but that is simply not available. The same applies to the video calls. Last week the Prisons Minister wrote to a number of stakeholders, including myself, saying it was excellent that most prisons now had this and that 24,000 video calls had been made. This sounds very good, but in reality, that means that on average one prisoner in three has made one call over the last three-months.

JB: Some people have argued that the period of lockdown has improved safety and that some people in prison have experienced isolation positively. In contrast, others have expressed concerns about the mental health effects of isolation. What were your findings about the experience of people in prison?

On some of our inspections, some prisoners said that the experience of visits was so difficult that they had asked their families not to visit because it was so distressing.

PC: This narrative that people are better off when they are locked in their cells 23 hours a day, is frankly disgraceful. It is a counsel of despair to suggest that prisoners cannot be kept safe unless they are held in conditions that amount to a breach of Article 3 of the European Convention on Human Rights. If you have to keep people in prolonged solitary confinement to keep them safe, then that is a grotesque admission of despair. Of course, it will always be possible to find individuals who will say that they are happy to be locked up. There are plenty of people who self-isolate for a variety of reasons, including that they perceive or are actually under some level of threat. Prisons have always had to deal with that. To move from that to saying that all prisoners are safer by being locked up for that period of time, is just not right. In relation to violence there was a levelling off or even a decline in the early stages of the lockdown when there was this sense of common purpose, but that has long passed now.

Without a shadow of a doubt, what we are seeing now is a decline in mental health quite broadly. The most acute cases are being dealt with, but the broader picture is worrying. For example in our survey at Swansea, 79 per cent of the prisoners told us that they were struggling with their mental health. We sometimes see high figures, but nothing like that. We are seeing this everywhere. We visited Dartmoor last week, where the men have been locked in their cells 23

hours a day since March. Although staff and prisoner relationships there are good and the place is clean, it is not sustainable in the long term.

There needs to be more planning for the response in the longer term. We are now entering a second wave and I am hearing that in some places this will result in the restrictions from the first wave being re-imposed. I have been urging HMPPS to think more broadly. I'm not suggesting anyone does anything unsafe, but people should be encouraged to see if there are ways that things could be done differently but safely.

JB: What did you observe regarding the response of staff and the leadership in prisons?

PC: In general it has been remarkable. There has been a lot of concern about what could happen in prisons and indeed there have been outbreaks in other parts of the world. The fact that staff have kept coming in and have done what they could within the restrictions, is to their credit.

We have seen variable practice around social distancing, but overall it is 'well done' to the staff for what they have done in these difficult circumstances.

JB: When the peak of the pandemic started to pass and the restrictions in the community were gradually eased, how did you assess the response of prisons?

PC: What we have seen is quite a lot of frustration at a local level about the slowness at which the restrictions have been eased. There is a degree of nervousness of trying to do things differently. We have had some governors and teams say that they are afraid of being seen as 'maverick' or reckless when actually what they are trying to do is match their response to local circumstances. We have heard many times that people are frustrated at the centralised way in which this has been managed and many teams say that they could have done more and more quickly, perfectly safely.

There has got to be some thinking about balance of risk. Yes the risk of infection had to predominate at the beginning, but that risk has to be balanced against other risks, including wellbeing. Some people are saying that the second wave takes that off the table,

but I think that makes it even more relevant, because it is not sustainable to keep people locked in their cells for 23 hours a day indefinitely. There is going to have to be a change at some point. As well as the health expertise prisons draw upon, there should also be advice from behavioural scientists about the effects of extremely restrictive regimes. I'm not proposing anything unsafe, I am simply highlighting that the risks are more than simply viral infection and that those wider risks need to be understood and considered in the balance.

JB: Is there anything you have learned from the pandemic response that you believe will shape how you operate in the future as an inspectorate, or how prisons should operate?

PC: We will certainly consider the lessons about inspection practice. We have been pleasantly surprised, particularly from the scrutiny visits, with the level of detail we have been able to gain in a short space of time. There may be lessons to learn from that about how we can broaden and deepen our data collection when we return to full inspections.

For prisons, if there is a lesson it is how important purposeful detention is. When the sense of purpose falls away and people are not able to access work and education, or make progress through their sentence, the sentence of the court is fulfilled, but little more. That is certainly not working in the public interest because there is no way that people held in these conditions for a long period are going to re-emerge from the prison at the end of their sentence less likely to reoffend. We have to make sure that the negative narratives don't predominate and the focus must be on improving the opportunities for rehabilitation and purposeful activity.

JB: What are you most positive about in the response to the pandemic?

PC: It has got to be the people, the way they have responded as human beings in the most difficult circumstances. By and large, what we have seen is people who are good public servants who want to do the best for the people in their care².

2. Further detail of the Inspectorate's findings from prisons can be found in the thematic report thematic *What Happens to Prisoners in a Pandemic?* Which was published on 11 February. That can be found at <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/what-happens-to-prisoners-in-a-pandemic/>

A CAPPTIVE Snapshot of Life under Covid

Dr. Kimmett Edgar is Head of Research, Paula Harriott is Head of Prisoner Engagement, Dr. Mia Harris is Research Officer, Dr. David Maguire is Project Director, Building Futures, Claudia Vince is Research Officer, Building Futures — all at the Prison Reform Trust.

With regards to the hardship of the double lockdown, it seems to me human beings get used to anything. We did get used to being alone, isolated, and without projects, activities or responsibilities to give some meaning to our time in prison. However, I increasingly wonder what the sense of all this is. With perhaps the exception of dangerous prisoners the stated purpose of the prison system is the rehabilitation of offenders. Yet to keep people isolated from their families, locked up, without any meaningful activity to engage in and in an environment full of drugs is obviously the opposite of 'rehabilitation'. It is detrimental, not just to prisoners' mental and physical health, but to society as a whole.

(CAPPTIVE respondent, Open prison, 15th June)

CAPPTIVE

CAPPTIVE — the Covid Action Prison Project: Tracking Innovation, Valuing Experience — is a project by the Prison Reform Trust (PRT) and PRT's Prisoner Policy Network,¹ which aims to describe life in prison under the pandemic. The project was launched with an appeal in *Inside Time* and *Converse* asking people to write to PRT, describing how their prison was managing under Covid-19. We received input from over 200 prisoners, drawing on experiences in 85 prison establishments.

CAPPTIVE did not gather evidence systematically — it is not 'research' per se, but a method intended to provide a snapshot of prison life during the pandemic, primarily from the perspective of serving prisoners. The feedback covered the period between the end of March and the beginning of September — in other words, the time during which prisons were operating under the most restrictive regime.

Regimes and wellbeing

Epidemics require a difficult balance between restrictions on liberty that help to prevent transmission and minimising the harm that those restrictions cause. Measures that reduce the risks of contagion can undermine emotional wellbeing. The negative effects of quarantine (described in an article in *The Lancet*) include depression, fear, anxiety, irritability, numbness, post-traumatic stress syndrome, and confusion.² This could also lead to psychological harm, including boredom, isolation, separation from loved ones, fears of infection, frustration, and inadequate information. The World Health Organization has pointed out that people in prison are likely to be more affected by a quarantine, because restrictions come on top of the deprivations inherent in imprisonment.³

While external factors can exacerbate mental illness, finding direct causal links between restrictive conditions and mental illness is beyond the scope of the CAPPTIVE project. However, we can report on what prisoners wrote about how the combination of social isolation, inactivity, and the risk of Covid-19 affected their wellbeing. Analysing their experiences can help prison managers and staff to work with prisoners in understanding the impact of the quarantine regime and finding less harmful responses to the pandemic. As Brooks et al. argue: 'successful use of quarantine as a public health measure requires us to reduce, as far as possible, the negative effects associated with it.'

The 23 hour bang-up

The 'exceptional regime management plan', introduced in all prisons on 24 March, reduced the normal daily life in prisons to the bare minimum: meals, phone calls, showers (although not necessarily every day), a short time in the open air (variable, but rarely more than 30 minutes), medication, and medical care. We refer to this extremely empty daily experience as 'the quarantine regime'.

1. Launched in 2018, the Prisoner Policy Network, led by Paula Harriott, is a network of prisoners, ex-prisoners, relatives and supporting organisations, working to ensure that prisoners' experiences are reflected in the development of national prison policies.
2. Brooks, SK, Webster, RK, and Smith, LE et al. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395, pp 912-920.
3. World Health Organization. (15 March, 2020). Preparedness, prevention and control of COVID-19 in prisons and other places of detention: Interim guidance.

The restrictions placed on people living in prison were exceptional and prolonged. At the start, workshops and education classes were suspended; education providers withdrew from prisons. However, some prisons continued to provide education through in-cell work packs. While efforts to provide activities in cell were helpful, they did not compensate for the loss of normal regimes. The medium- and long-term consequences of those restrictions remain unknown.

The Chief Inspector of Prisons' Annual Report 2018-2019 (well before the pandemic) noted the impact of long hours behind the door: 'Prisoners spent far too long locked up ... leading to frustration, boredom, greater use of illicit substances and often deteriorating physical and mental health.'⁴ The quarantine regime has extended these effects to virtually the entire prison population and turned prisons into human warehouses.

Initial anxieties

In April and May, after the lockdown was imposed, many CAPPTIVE respondents were focused on the risks of contracting Covid-19. They wrote about anxieties that pre-existing health conditions might make them (or their family member) more susceptible.

Being in a vulnerable group evoked concern when:

- ❑ a prison failed to provide information to people who were vulnerable
- ❑ a prison did not do enough to protect them
- ❑ the shielded regime, for those who were clinically vulnerable, was inferior.

On 7th April, a prisoner asked PRT's advice line about his rights. The prisoner had been informed that his pre-existing medical condition put him at a higher risk of contracting the virus, and that he would not be allowed to attend work. The question was: did the prisoner have the right to make that decision for himself? On the 24th April, another call to the advice line asked for a list of entitlements for people whom the prison had isolated. Such concerns indicated a lack of clarity about prisoners' autonomy with regard to their medical treatment. Medical ethics establish the right of patients to be informed of treatment alternatives and to choose which options best meet their needs.

Effects of social isolation and inactivity

By June, there were signs that people's wellbeing was affected by the quarantine regime. The limited mental stimulation introduced, for some, numbness:

"Lockdown: a phrase known in prisons for when prisoners are banged up. [This is] what it feels like for the days to blur together and the weeks to feel the same, as days run into weeks; weeks run into months with no end in sight." (High secure prison, 5th June)

CAPPTIVE correspondents consistently described the harmful combination of isolation, inactivity, and fear of Covid-19:

"Regards mental health, life seems a bit hopeless to be honest given this unpredictable situation." (High secure prison, 7th June)

"I like to think that before the lockdown, I was in a good place with my mental health and physically. But since the lockdown, I struggle to get out of bed in the morning and I usually read a lot but I have not

been in the right frame of mind to even pick up a book. ... We need some sort of physical activity because all people are doing is eating and sleeping all day." (High secure prison, 23rd June)

Correspondents referred to social isolation from their peers (loss of association) and from their families (loss of visits):

"It's very hard in terms of socialising. For 23 hours a day we are alone with a couple of phone calls and a TV. No matter how much you fill your time, at one point you feel alone and lonely." (Cat B training prison, 9th June)

While efforts to provide activities in cell were helpful, they did not compensate for the loss of normal regimes. The medium- and long-term consequences of those restrictions remain unknown.

4. HM Chief Inspector of Prisons. (2019). Annual Report 2018-2019.

Respondents explained that people in prison felt the need for family contact more acutely during this period.

“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. . . . Absence makes the heart grow fonder, but isolation makes the mind go weaker. Men stress about losing a connexion with their kids, and can suffer a crisis of confidence in their relationships.” (Local prison, 15th June)

“Not seeing my family is taking a massive effect. Relationship issues are a big problem and aren’t getting better due to not being able to see each other. I just feel lost, stuck, isolated, caged up, angry, worried, stressed, depressed and also embarrassed.” (Cat C training prison, 16th June)

CAPTIVE respondents submitted vivid descriptions of the deterioration in mental health. On 3rd 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[regation] and we hear the screaming which is awful.”

Another person wrote:

“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.” (Cat C training Prison, 14th June)

In addition to the impact on others who had pre-existing mental health needs, people explained that the regime had harmed their own wellbeing:

“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.” (Local prison, 17th June)

“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.” (Cat C training prison, 25th June)

The lack of programmes also had a significant impact on anxiety levels among those prisoners whose progression had stalled:

“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.” (Cat C training prison, 2nd June)

“For myself it’s brought more uncertainty within uncertainty, because I am serving a short tariff IPP⁵ I had not long been on an offender behaviour course before lockdown, and I was due for parole sometime after September, I was told but I never had a date which was eating away at my mental health and now I’m sure that I probably won’t see a parole board this year without completing this objective.” (Adult male prison, 9th June)

“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’ [Offender Management Unit] current hands-off status it has significantly increased suffering and pushed me into despair.” (Women’s prison, 22nd June)

The lack of activity fed a sense of purposeless existence:

“To be honest the main problem for me over the last couple of months is having nothing of

5. Indeterminate sentence for public protection

any meaning or consequence to do; i.e., the usual feelings experienced in prison but taken to the extreme." (Cat C training prison, 6th June)

As one respondent described it:

"Because of the lockdown, most of the prisoners I share my accommodation with spend their days playing video games and doing drugs ... It seems reasonable that to let people get high is a good compensation for the restrictions imposed upon them and helps to keep them quiet. However, what is the point of this all?" (Open prison, 15th June)

It is not only prisoners who ask whether prisons can fulfil their basic purpose if all that they provide is 23-hour confinement to cells. While effective in preventing the transmission of Covid-19, the previous quote shows that the social isolation and lack of activity have largely halted constructive, rehabilitative processes in prisons.

Trust

Some of the basic elements of trust in prisons are:

- ❑ Motives — confidence that the authorities set policy in the person's best interests; confidence that staff want to support and protect.
- ❑ Communication — clear and consistent messages; willingness to take prisoners' views on board.
- ❑ Consistency — reliable, fair, and logical.

The CAPPTIVE responses suggested that the change to the quarantine regime was quickly accepted by most prisoners. Aspects that helped gain their cooperation included: the gravity of the risk from the virus; good communication (particularly from governors); empathetic support from officers; phone credits to maintain family contact; and expanded opportunities for activities that could be undertaken in cell.

"At the end of February, start of March we was locked down due to the Covid pandemic. At first we was all frustrated because a lot of people did not understand why we was

locked down, but once people was informed ... they was more than happy to comply and stopped complaining about the regime." (Cat C training prison, 10th June)

Many prisoners appreciated the challenges of dealing with a radically different situation:

"As an inmate who interacts with many people in prison, I can confirm we understand limits must be in place to protect everyone. This experience is new for everyone. So, we are not expecting the prison system to get everything right from the start." (High security prison, 23rd June)

Because of the lockdown, most of the prisoners I share my accommodation with spend their days playing video games and doing drugs

Respondents commended the governors and staff for the way they responded; they believed that the restrictions had saved lives. However, CAPPTIVE evidence suggests that in many prisons, over time, the basis of mutual trust slipped and confidence that the restrictive measures were in the prisoners' best interests eroded. This can be seen in contrasts between factors that had boosted trust and behaviour that undermined it.

The empathy shown by the vast majority of officers led most prisoners to feel that they were

being cared for, despite the 23-hour confinement:

"The officers are maintaining their professionalism but also showing compassion for our situation. We are, after all, in this together: welcome to a new world, a new prison system!" (Cat C training prison, 12th June)

Conversely, the legitimacy of the quarantine regime was undermined by prisons' neglect of public health advice for reducing the risk of transmission. CAPPTIVE correspondents raised concerns across a wide variety of prisons about a lack of precautions.

On the 5th June, a CAPPTIVE respondent wrote:

"If a staff member was asymptomatic, and was unaware that they had Covid, they would come into work and spread it, regardless if we are locked behind our doors or not, because they are always around, touching cell call buttons with no gloves, sitting on the wing,

unlocking and locking doors throughout the day..” (Cat C training prison)

Others reported:

“If a resident leaves the prison for any reason, they get put into two week quarantine upon return. But officers leave every day and return but don’t even have to wear face coverings as a minimal protection towards us. This makes me feel very uncomfortable and not worth protecting.” (Women’s prison, 10th June)

“We were given lots of notice is 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.” (Cat C training prison, 15th June)

“Social distancing between officers is non-existent. Infection control is just a gesture — with this in mind bin it and get back to normal.” (Cat C training prison, 9th July)

Many prisons provided clear and accurate information to prisoners and their families about Covid-19 and what the prison was doing to manage the risks it posed. The range of media they used included: TV, radio, newsletters, and cascading information through prisoner reps. Information about Covid-19 was provided in many prisons in different languages. Keeping prisoners informed helped to foster a sense of unity among staff, managers and prisoners.

Some prisons pro-actively sought the views of prisoners, for example, by circulating surveys to gather feedback about emerging needs, and using their input to shape recovery plans. In other prisons, governors held regular forums with prisoners to encourage direct dialogue. However, over time, in some prisons, the perception grew that prison managers were not open to the views of prisoners:

“I believe restrictions were put in place as a reaction to the potential for infection, which

was understandable, but that little further creative thought has taken place since, and there has been very little opportunity for prisoner consultation or input.” (Cat C training prison, 6th June)

Prisoners were well aware that the general public was subject to a lockdown in April. Many prisoners hoped that the regime would be relaxed in line with the easing of restrictions on the public; and the lack of change in prisons led to frustration. A second cause of discontent was maintaining restrictions in prisons that had no known cases of the virus:

“Biggest concern at the moment is the obsession of having ourselves locked up — this is despite the prison now having 57 days Covid-19 free!” (Cat C training prison, 6th June)

“The feeling among many now is that even though things are beginning to open up outside, inside, no change is in sight.” (Cat C training prison, 8th June)

Trust is not an on-off switch. Some elements have remained among many prisoners, as demonstrated by the continued compliance with the restrictions placed upon them. However, CAPPTIVE evidence suggests that this trust is fragile, as prisoners question whether the

deprivations they continue to endure are reasonable and proportionate:

“Why no association? Those not going to work (not through choice) should be allowed to socialise with others for the benefit of social welfare.” (Cat C training prison, 9th June)

“I feel that there was a national prison service knee-jerk reaction and no thought was given to alternatives. Some activities could have continued with smaller groups to maintain social distancing. As it is, we have empty classrooms, workshops and association rooms.” (Cat C training prison, 10th June)

If a resident leaves the prison for any reason, they get put into two week quarantine upon return. But officers leave every day and return but don’t even have to wear face coverings as a minimal protection towards us.

"We were all put on 23 hour lockdown, for staff convenience, some feel, not for pandemic 'social distancing' reasons." (Cat B training prison, 14th July)

The lack of trust was also manifested in feedback expressing frustration with delays in progression:

"There are some problems with progression in rehabilitation. Some prisoners in here including myself are serving EDS [Extended Determinate Sentences] sentences and have had our paroles refused due to non-completion of programmes . . . but it is not possible to complete them due to the lockdown, social distancing and no programmes being available." (Cat B training prison, 9th June)

"My parole is Oct 2020 and this will probably stop my release through no fault of mine . . . I do feel I have been robbed and that Cat D is now pointless." (Open Prison, 10th June)

"I have come here to do a course, but nothing is happening. I feel like there's a lot of double standards, picking and choosing what should and when things are to be implemented." (High secure prison, 29th June)

The uncertainty about the stages by which the regime would offer more time out of cell led many to worry about the future:

"The biggest concern at the moment is not knowing when lockdown is going to end. Rumour's going round it could be April next year!" (Cat C training prison, 9th June)

"The concern is that it has become the norm to keep inmates locked up for 23 hours a day." (Cat C training prison, 14th June)

Remedies

Working to meet prisoners' basic needs, including family contact, and maintaining communication as the situation develops, are important means of reducing the harm to wellbeing. Full explanations of the situation, restrictions being imposed and their likely duration, are crucial to reduce fears and the sense of powerlessness.

The World Health Organization recommended providing advice, regularly updated, on:

- ❑ The symptoms of Covid-19
- ❑ Preventive measures
- ❑ Warning signs of severity that requires medical attention
- ❑ Updated assessments of local risk levels (i.e., in each prison).⁶

The CAPPTIVE responses called for more imaginative efforts to increase opportunities for activities and social interaction. Every prison should encourage prisoners to play an active role in responding to the Covid-19 crisis, as a sense of agency is a powerful means of demonstrating respect and fostering altruistic responses.

Perhaps as a response to the emptiness of the quarantine regime, many prisoners expressed to CAPPTIVE a strong motivation to help others:

"The only positive thing is that we have a prisoner on the wing who compiles quizzes and provides prizes, which keeps us busy and our minds active." (Local prison, 6th June)

A correspondent questioned why textile workshops in prisons were closed. He proposed that the skilled machinists in these prisons could be producing high quality personal protective equipment (PPE) for NHS staff. In fact, this was happening at several prisons, including Lowdham Grange, Highpoint, New Hall and Channings Wood.

PRT's report *Time Well Spent*⁷ described a wide range of activities prisoners could do to make a constructive contribution to their prison community. Among the roles advocated are a few that can be performed in-cell. An example is Fine Cell Work, a

Working to meet prisoners' basic needs, including family contact, and maintaining communication as the situation develops, are important means of reducing the harm to wellbeing.

6. World Health Organization. *Ibid.*, page 15.

7. Edgar, K, Jacobson, J and Biggar, K. (2011). *Time Well Spent: A practical guide to active citizenship and volunteering in prison*. London: Prison Reform Trust.

charity that teaches people in prison needlework to produce cushions and quilts. Similarly, CAPPTIVE respondents described mutual help and support:

"Many of the prisoners have been asking each other what is best to do to help each other through this situation. They have all come up with, exercising, yoga, mindfulness, meaningless conversation out of the windows to each other. All including myself are all pulling together to push through." (Cat C training prison, 10th June)

"I also volunteer within our chaplaincy team so, as I am mental health first aid trained, I go around the prison making sure other inmates are ok and have someone to talk to." (Cat C training prison, 19th June)

Many governors responded positively to initiatives taken by prisoners to improve their situation:

"I wrote a report to the governor on mental health and within days we had an hour 25 minutes out in 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!" (Cat C training prison, 23rd June)

The last word goes to a CAPPTIVE respondent who provided a list of proposals. Some have been applied in

some prisons. And prisons retain the responsibility to see how these suggestions might work in their environment. Rather than analyse the recommendations from the perspective of a research team in a London office, it is probably best simply to quote from the prisoner:

What could be done to help us / support us mentally whilst going through this severe lockdown?

- Mandatory for all jails to have prison phones in their cell.
- Help us have more contact with our families.
- 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.
- Keep us more informed about what is being done with our time.
- Plan ahead for a situation like this.
- 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.
- 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.

(Young Offender Institution, 10th June)

Loved ones of remand prisoners: The hidden victims of COVID-19

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Introduction

In September 2020, in the midst of the COVID-19 pandemic, the Ministry of Justice (MoJ) released their 'criminal courts recovery plan'¹. This detailed their intentions to pass temporary legislation to extend the time that defendants could be legally held in custody awaiting trial in England and Wales by two months. The MoJ's request was couched as a response to the excess of cases created by the restrictions imposed on courts from the pandemic². However, evidence suggests that a bottleneck existed long before COVID hit, and that this pandemic has intensified rather than caused this backlog³. A joint letter sent to the Government from national organisations with expertise in justice have said these changes were 'not good for victims, witnesses, people remanded to prison or prisons'⁴.

Expanding this argument, we critically consider the possible implications of this extension to the remand period for the loved ones (family, friends and significant others⁵) of people in prison, who are often marginalised by their absence in prison literature, practices, and policy decisions. The pandemic has resulted in some

very difficult public health decisions and it is our intention to focus on some of the consequences of these decisions for the loved ones of remanded prisoners. It is important to remember that it is the act of imprisonment, of any length⁶, 'that constitutes the punishment'⁷ meaning that legislations that change the prison experience (in this instance, the duration of remand) bring with them significant, additional repercussions to the lives of prisoners and their loved ones. While in this article we often detail how these are punitive consequences, we appreciate that they were not implemented for punitive purposes.

Remand prisoners (sometimes called pre-trial prisoners) are those incarcerated accused of offence(s), but who have not yet been tried, convicted or definitely sentenced by a court⁸. Remanding a person in custody is an incredibly punitive experience which goes 'beyond the loss of liberty'⁹ and, under Article 6 of the 1998 Human Rights Act, our Criminal Justice System (CJS) should operate on the assumption of innocent until proven guilty in a court of law.

However, at the end of December 2021, 15 per cent of people in prison in England and Wales were on remand¹⁰. In reality, this has meant that thousands of

1. Ministry of Justice. (2020) *Suspected criminals held for longer as criminal courts recovery plan announced*. Available at: <https://www.gov.uk/government/news/suspected-criminals-held-for-longer-as-criminal-courts-recovery-plan-announced> (Accessed: 12 September 2020).
2. Outstanding criminal cases are up 48% in crown courts and 39% magistrates courts compared to July 2019. Legal Services Board. (2020) *Coronavirus impact dashboard development*. Available at: https://www.legalservicesboard.org.uk/coronavirus_impact (Accessed: 20 September 2020).
3. McConville, M and Marsh, L. (2020) *England's criminal justice system was on its knees long before coronavirus*. Available at: <https://www.theguardian.com/commentisfree/2020/sep/06/england-criminal-justice-system-coronavirus-covid-19-cuts-2010> (Accessed: 21 September 2020).
4. Howard League for Penal Reform, Just for Kids, and Liberty. (2020) *Changes to custody time limits in the crown court*. Available at: <https://howardleague.org/wp-content/uploads/2020/09/Letter-Re-CTLs-16.09.20.pdf> (Accessed: 2 October 2020).
5. This term is purposefully broad to include any and all people with whom prisoners might have relationships. For further discussion about terminology when discussing loved ones of prisoners see Masson, I and Booth, N. (2018) *Examining prisoners' families: definitions, developments and difficulties*. Available at: <https://howardleague.org/wp-content/uploads/2018/12/ECAN-bulletin-November-2018.pdf> (Accessed: 4 January 2019).
6. Masson, I. (2019) *Incarcerating Motherhood. The enduring Harms of First Short Periods of Imprisonment on Mothers*. Abingdon: Routledge.
7. Coyle, A., (2005) *Understanding Prisons: Key issues in Policy & Practice*, Milton Keynes: Open University Press. p.13.
8. Coyle, A; Fair, H; Jacobson, J and Walmsley, R. (2016). *Imprisonment worldwide: The current situation and an alternative future*. Bristol: Policy Press.
9. Prison Reform Trust. (2011) *Innocent until Proven Guilty: Tackling the Overuse of Custodial Remand*. Available at: <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Remand%20Briefing%20FINAL.pdf> (Accessed: 6 October 2012).
10. Ministry of Justice (2021) *Offender Management Statistics Bulletin, England and Wales. Quarterly: July – September 2020*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/956103/Offender_Management_Statistics_Quarterly_Q3_2020.pdf (Accessed: 4 March 2021).

loved ones were grappling with the practical, emotional, financial and communicative challenges¹¹ that arose in the wake of their relative's removal into prison custody on remand. COVID 'has changed the world and created unprecedented anxiety and grief to many people and communities internationally'¹². Therefore, while Lord Farmer proposed that relationships ought to be the 'Golden Thread running through the processes of all prisons'¹³, we catalogue how COVID has severely disrupted relational ties between prisoners' and their loved ones. Adding to this, we argue that extending the remand time is likely to place further strain and hardship on this already marginalised population. Drawing on insights gained from a qualitative study that directly engaged with loved ones of people who were remanded into custody before the pandemic, we propose some critical ways that the remand extension could exacerbate, and therefore cause further harm to, these hidden victims of COVID.

Prisons and family life during COVID

In response to the very tangible (short and long-term) dangers of COVID¹⁴, many countries looked to release prisoners in order to ease the prison population and to allow greater levels of social distancing¹⁵. However, England and Wales were

reluctant to choose this route, and despite announcing in April 2020 that up to 4,000 low-risk prisoners could be temporarily released, the actual figure of 315 was much lower when the scheme was paused in August 2020¹⁶. This minor reduction did little to allow for single-cell accommodation as recommended by Public Health England (PHE) to reduce transmission levels and protect the vulnerable¹⁷. Importantly, remand prisoners were not prioritised under this scheme which may have evoked feelings of injustice from their loved ones. In

fact, due to the court backlog more people are being remanded for longer, the number of people held on remand increased by 24 per cent in the year leading up to December 2020¹⁸. This will have meant that a larger number of people have been experiencing the multiple issues associated with supporting a family member in prison on remand. Yet, despite the challenges and anxieties of COVID across the nation, there has been minimal public concern for the consequences of COVID-related changes in prisons, especially when they negatively impact those who have not been sentenced to prison. We have forgotten, or are ignoring, these already marginalised groups.

Everyone has experienced new restrictions on their freedoms in a bid to curb the spread of COVID. For prisoners and their loved ones, these restrictions have severely changed the way in which relationships can be

By virtue of the close proximity and shared physical space they afford, social visits can provide important opportunities for comfort and reassurance, and therefore foster a more meaningful interaction for loved ones.

11. Evidence recurrently highlights these damaging consequences for prisoners' families. See: Codd, H. (2008) *In the Shadow of Prison: Families, Imprisonment and Criminal Justice*. Oxford: Willan Publishing; Jardine, C. (2019) *Families, Imprisonment and Legitimacy: The Cost of Custodial Penalties*. Oxford: Routledge; Booth, N. (2020) *Maternal Imprisonment and Family Life: From the Caregiver's Perspective*. Bristol: Policy Press.
12. Masson, I, Booth, N. and Baldwin, L. (forthcoming) 'Starting the Conversation: An Introduction to the WFCJ Network' in I Masson, L Baldwin, and N Booth (eds.). *Critical Reflections on Women, Family Crime and Justice*. Bristol: Policy Press.
13. Lord Farmer. (2017) *The Importance of Strengthening Prisoners' Family Ties to Prevent Reoffending and Reduce Intergenerational Crime*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/642244/farmer-review-report.pdf (Date accessed: 1 October 2020).
14. World Health Organization. (2020) *What we know about Long-term effects of COVID-19*. Available at: https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update-36-long-term-symptoms.pdf?sfvrsn=5d3789a6_2 (Date accessed: 12 September 2020).
15. For example Turkey, Albania, Portugal, France, Italy, Luxembourg, and Cyprus. Aebi, M and Tiago, M. (2020) *Prisons and Prisoners in Europe in Pandemic Times: An evaluation of the short-term impact of the COVID-19 on prison populations*. Available at: http://wp.unil.ch/space/files/2020/06/Prisons-and-the-COVID-19_200617_FINAL.pdf (Date accessed: 22 September 2020).
16. 53 were compassionate releases of vulnerable prisoners, pregnant women and mothers with babies. Ministry of Justice. (2020) *HM Prison and Probation Service COVID-19 Official Statistics*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/916684/HMPPS_COVID19_AUG20_Pub_Doc.pdf (Date accessed: 20 September 2020).
17. O'Moore, E. (2020) *Briefing paper- interim assessment of impact of various population management strategies in prisons in response to COVID-19 pandemic in England*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882622/covid-19-population-management-strategy-prisons.pdf (Date accessed: 25 September 2020).
18. See MoJ (2021), no. 10.

constructed, managed and maintained. For instance, the suspension of social visits in March 2020 meant that some families have not met in-person, in a year — even socially distanced. With the initial easing of COVID restrictions nationally after the first wave, some social visits were reinstated in prisons, operating in restricted and in COVID secure ways. However, delays¹⁹ to restart social, in-person visits when levels of COVID initially dropped will have caused frustration and emotional damage to those in the community eager to see their imprisoned relative. By virtue of the close proximity and shared physical space they afford, social visits can provide important opportunities for comfort and reassurance, and therefore foster a more meaningful interaction for loved ones separated by imprisonment²⁰. Although many will have understood the reasons behind stopping such visits, it does not detract from the harms upon those for whom this was a reality. Acknowledging the severity of the restrictions for children separated from imprisoned mothers, the Joint Committee on Human Rights reported that the ‘blanket ban’ on social visits risked breaching both groups rights to family life²¹. Their review encouraged socially distanced visits and more nuanced responses by The Government and HM Prison Service, where safe to do so.

To a degree, the importance of maintaining family contact was acknowledged in prisons.

Virtual visits²² were introduced across the prison estate following the start of the pandemic enabling very limited face-to-face contact facilitating up to one 30 minute video call per month between loved one(s) and

a prisoner. However, these virtual calls are very unlikely to have sufficiently replaced the amount of contact that family members of remand prisoners would normally have been entitled to. Technical issues also initially hampered the delivery and several prison commentators criticised the slow, inconsistent, and sometimes ineffective, roll-out of this service across the prison estate, and highlighted the distress and damaged trust it has caused from those inside and outside of prison desperate to use the facilities²³. Likewise, whilst virtual visits can serve many positive purposes²⁴, they cannot — and should not — replace

in-person social visits long-term because of the knock on consequences to family members.

Another difficult public health decision to help curb infection risks towards the start of the pandemic restricted movement within the prison. While some easing of these restrictions occurred as COVID levels dropped, many out of cell activities have been limited or suspended²⁵. Not only did this lead to many prisoners being confined to their cells for over 22 hours a day²⁶ (which, although imposed for public health reasons, could be felt as an overly punitive solitary confinement experience), but the lack of association time has affected access to telephones located on wings in prisons without in-cell telephone facilities. As the evidence has shown, frequent

telephone contact is crucial for enabling prisoners to sustain relationships with loved ones in the community²⁷, and so it was heartening to see creative solutions to these communicative barriers being found

Acknowledging the severity of the restrictions for children separated from imprisoned mothers, the Joint Committee on Human Rights reported that the ‘blanket ban’ on social visits risked breaching both groups rights to family life.

19. Due to ‘three layers of authorisation’. Justice Committee. (2020) *Coronavirus (Covid-19): The impact on prisons*. Available at: <https://publications.parliament.uk/pa/cm5801/cmselect/cmjust/299/29905.htm> (Accessed: 20 September 2020).
20. Prison Reform Trust. (2020) *Covid-19 Action Prisons Project: Tracking Innovation, Valuing Experience*. Available at: http://www.prisonreformtrust.org.uk/Portals/0/Documents/CAPTIVE_families_webfinal.pdf (Accessed: 22 September 2020).
21. Joint Committee on Human Rights. (2020) *Human Rights and the Government’s response to COVID-19: children whose mothers are in prison*. Available at: https://publications.parliament.uk/pa/jt5801/jtselect/jtrights/518/51803.htm#_idTextAnchor000 (Accessed: 19 September 2020).
22. In public sector prisons this service is provided by Purple Visits - <https://www.purplevisits.com/purple-visits-for-prisons/>
23. See Prison Reform Trust (2020), no. 20.
24. See Booth (2020), no.11.
25. This includes: access to education and training, paid work, going to worship, the library or the gym, and association time.
26. HM Inspectorate of Prisons. (2021) *What happens to prisoners in a pandemic? A thematic review by HM Inspectorate of Prisons*. Available at: <https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2021/02/What-happens-to-prisoners-in-a-pandemic.pdf>, According to
27. Booth, N. (2020) ‘Disconnected: exploring provisions for mother–child telephone contact in female prisons serving England and Wales’, *Criminology & Criminal Justice*, 20 (2), pp. 150-168.

during the height of the pandemic²⁸. As telephone contact is only permitted one-way (outward from prison), it is very likely that loved ones in the community were waiting for, and relying on, their imprisoned relative to contact them and provide reassurance about their health and wellbeing.

There are particular concerns about the cumulative impact of these lockdown restrictions, particularly on prisoners, who have, or are developing, mental health conditions and 'using unhealthy coping strategies, including self-harm and drugs'²⁹. Family members are aware of these resulting outcomes in prisons, and on their imprisoned relatives, during this very difficult time.

Consequently, COVID experiences for prisoners' loved ones will have involved juggling a combination of the above-mentioned concerns for their imprisoned relative *in addition* to intensified challenges negotiating their everyday lives at home and in the community.

What these examples show are the critical ways that CJS decisions and practices during the pandemic have already directly impacted prisoners' loved ones. Changing the legislation to expand the remand time period will result in further punitive outcomes, and later in this paper we suggest three particularly damaging ways this could happen. These are via: 1. Systemic court issues; 2. Practical and relational consequences; and 3. The ripple effect on mental health.

The FOR study

A growing body of research on prisoners' families has illuminated the practical, emotional, domestic, and economic pressure that supporting someone in custody entails³⁰. The Families on Remand (FOR³¹) study intended to bridge a gap in this extant literature by exploring how remand — as a type of imprisonment

which has received much less attention — is experienced by loved ones. Semi-structured interviews were conducted with 61 prison visitors who were supporting 50 men and women with personal experience of prison remand in England and Wales. Following ethical approval from the researchers' respective Universities, potential participants were identified in visitors' centres at three English prisons (two male and one female) over an 18 month data collection period spanning 2018 and 2019³².

Reflecting previous research with prisoners' families³³, the final sample was gendered; as 47 participants were women, of whom 35 were either a partner or mother³⁴ of the person in prison. Other participants were fathers, siblings, aunties, uncles, grandparents, cousins and friends and they ranged from 21-90 years of age. The majority self-identified as white British, though individuals also identified as white European, white Irish, white Gypsy, British Kurdish, British Black, British Asian, and mixed heritage.

At the time of interview, the person in prison being supported by the participants were at different stages in their journey through the CJS, though eligibility criteria ensured they had been remanded at some point³⁵. The data captures the thoughts and perspectives of prisoners' loved ones, and the researchers prioritised their meaning-making of their

experiences throughout the research process (e.g. their accounts were not cross checked with official prison records). Interviews were audio-recorded, transcripts were typed verbatim and data was analysed thematically. All names used are pseudonyms. While the FOR project was conducted just before COVID escalated in England and Wales it gives us a strong warning for the likely impacts for the family members of this decision to extend the legal time to hold a prisoner. Three issues are critically discussed below.

There are also particular concerns about the cumulative impact of these lockdown restrictions, particularly on prisoners, who have, or are developing, mental health conditions.

28. For prisons without in cell telephones mobile phones were distributed and prisoners were given £5 telephone credit every week. See - <https://www.gov.uk/guidance/coronavirus-qa-for-friends-and-family-of-prisoners>
29. See HM Inspectorate of Prisons (2021), no. 26.
30. For examples, see no. 11.
31. Funded by The Oakdale Trust.
32. Thanks to Roberta and Dan, and the loved ones who took part in the study.
33. See Codd (2008) and Booth (2020), no.11.
34. The definition of mother includes biological mother, step-mother and foster-mother.
35. 30 were convicted and sentenced, 12 were remand (pre-trial), 5 were remand (convicted, awaiting sentence), and 3 had been recalled to prison.

Systemic court issues

Court restrictions imposed to respond to COVID have postponed many cases³⁶, though long delays were already common as courts in England and Wales were struggling to manage caseloads. The median waiting time in 2019 was 5.7 weeks for a Crown Court³⁷, though those pleading not guilty waited on average five times longer than those that pleaded guilty. This is reflective of the additional preparations required from all parties (e.g. legal representatives, Crown Prosecution Service (CPS)) for a full trial which also brings with it additional costs, and is one reason why guilty pleas are incentivised by a reduced sentence³⁸.

These lengthy court waits prolong the uncertainty surrounding the duration that families will have to negotiate their relationships within and around prisons. For the loved ones interviewed in our research, this uncertainty was a source of emotional turmoil for everyone involved. Stewart explained how the delay was an additional and harmful part of the punishment that comprises imprisonment on remand, when awaiting his wife's hearing, even when they were prepared for the outcome of a prison sentence.

"[It's] like having the sword of Damocles hovering over your head and knowing that it would result in a custodial sentence, because there was no question of that, that was not nice, you know if, if you're gonna be executed, do it straight away, don't keep someone in suspense, it's not, it's not nice, so remand is fine but it should be for as shorter period of time as is possible"

Extending the period of time a person can be held legally on remand simply draws out the pain for loved ones involved. In fact, prior to COVID, there were several reasons why a period of remand was often not short. Many of these delays occurred owing to external, systemic factors, with issues arising when processes and

practices were not organised or administered in a timely fashion. For 24 months following the arrest of Saskia's brother, his court case was 'unlisted' (i.e. not scheduled by the courts), owing to problems locating a witness.

"The court case kept getting unlisted, unlisted, and kept getting thrown out, so they couldn't get hold of witnesses. Then they said that they don't think it was going to come to court, so when it did it came as a shock really"

Saskia explained how the outcome of her brothers' conviction and remand while awaiting trial was particularly shocking following the delays and misinformation about the probability of a trial. Together, this caused additional emotional anguish to the family. Another family experienced three adjournments in the lead up to the trial. One

postponement occurred because the witness failed to show, while on another occasion it was because mental health assessments, and the associated court reports, had not been prepared. In fact, delays as a result of the organisation of appropriate assessments were mentioned by several of the loved ones. These experiences bring to light the many pieces of the puzzle that are required to ensure that a trial can commence, as well as the associated delays that

Extending the period of time a person can be held legally on remand simply draws out the pain for loved ones involved.

take place in the absence of one key piece.

The FOR study findings show that there were a number of factors that had to be aligned, as well as hurdles overcome, in court preparations prior to COVID. At present, there is little evidence that extending court time periods will ensure that these pieces of the puzzle will come together in a more succinct way than was possible before COVID, but instead 'kick the can further down the road'. If anything, those involved with bringing together these puzzle pieces or external factors will be undergoing greater strain as they are likely to be negotiating other/different pressures owing to the pandemic. For example, criminal justice

36. For example, outstanding criminal cases at the Crown courts increased by 48% between November 2019 and November 2020, and outstanding criminal cases at the Magistrate courts increased by 34% in the same time period (Legal Service Board. (2021) Covid dashboard gives clearest picture yet of pandemic's impact on legal services. Available at: <https://legalservicesboard.org.uk/news/covid-dashboard-gives-clearest-picture-yet-of-pandemics-impact-on-legal-services-february-2021-update> Date accessed: 4 March 2021).

37. Calculated as duration from case being committed to court and the first main hearing. Ministry of Justice. (2020) *Criminal court statistics quarterly, England and Wales, April to June 2019*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/834217/ccsq-bulletin-q2-2019.pdf (Date accessed: 24 September 2020).

38. Sentencing Council. *Reduction in Sentence for a Guilty plea Definitive Guideline*. Available at: <https://www.sentencingcouncil.org.uk/wp-content/uploads/Reduction-in-Sentence-for-Guilty-Plea-definitive-guideline-SC-Web.pdf> (Date accessed: 21 September 2020).

professionals (as with many people during the pandemic) are likely to continue juggling home working, childcare and health concerns associated to changes in the personal and professional lives from COVID restrictions. Part of this juggling act will involve negotiating access to remand prisoners either using technology (i.e. virtual legal visits), or by attending in-person to carry out psychiatric assessments or to discuss their legal case. Much like social visits, in-person forms of contact have recently experienced public health restrictions in an attempt to reduce the risks associated to external people entering prisons. With access permitted, technology has the potential to alleviate the need for in-person contact in order to enable court preparations to take place.

Systemically, criminal justice factors sit outside of defendants' and their families' control during the remand period and extending the remand timeframe will likely also exacerbate any pre-existing difficulties. By way of example, Angela talked of the frustration of not knowing how long she would be parenting alone following her partners remand into prison, saying that: *'once he's got a sentence we know what we're dealing with'*. While her partner intended to plead guilty in a bid to reduce his prison time, the person co-accused alongside him had submitted a not guilty plea; necessitating a full trial and further delay to the issuing of a confirmed sentence length. Without the support of her partner, Angela's responsibilities included, amongst other things, sole primary caregiving and managing domestic activities, household bills, and childcare costs. An extension of two months to the remand period, means that families, such as Angela's, would be subjected to additional delays in knowing the sentencing outcome despite a guilty plea. Not only could this have a detrimental impact on relationships (as discussed later), but in the context of on-going and ever-changing COVID related restrictions, loved ones like Angela's responsibilities would have to be negotiated with added health and wellbeing worries. It is therefore so important that we do not underestimate the emotional toil for hidden family members already living with the uncertainty created by remand in the additionally stressful social context of COVID.

Practical and relational consequences

We know from existing research that incarceration of a loved one can apply significant pressure on existing relationships³⁹. Over half of those in prison being supported by loved ones in the FOR study were held on remand for over the current maximum remand time of 182 days. Those we interviewed outlined a variety of ways in which they had needed to adapt their roles and relationships when their loved one was incarcerated, even before COVID. For example, Georgie talked of her competing financial commitments after her partner was remanded into prison custody.

If anything, those involved with bringing together these puzzle pieces or external factors will be undergoing greater strain as they are likely to be negotiating other/different pressures owing to the pandemic.

"I'm paying for his tenancy at the moment...I'm a single mum of three kids. It costs me £300 a week in childcare, and then his rent on top of my rent and my bills"

She did not know how long she would have to keep juggling her finances like this. Loved ones also often acted as a middle-(wo)man between a solicitor or probation officer and the person in prison and frequently used the visits and telephone calls to provide regular updates. For those still on remand, often this relaying of information was related to a court appearance, a new piece of information, or their plea. In fact, preparations for court often heavily involved loved ones who expressed opinions on, or acted as a sounding board for, decisions around guilty or not-guilty pleas. As well, they were generally actively involved in collecting and organising information which might inform these decisions, or act as a support for the defence. For example, Jackie had expected more help from their son's legal representative, and so when considering what advice she might give to other loved ones providing support to a remand prisoner, she said:

"check it out and get your evidence together because they ain't gonna get it all, you have to help, to do it yourself as well, they can't do in from the inside, so it's down to you...you need to check that what they're doing is the right thing for your loved one, if you can, google it"

39. See Codd (2008), no. 11.

Many of those we interviewed expressed pressure from the remand prisoner, from others, and from themselves to help the loved one in prison. Many were navigating systems that they had no training and limited experience of. However, the previously mentioned limited meaningful contact time between prisoners and their loved ones as a result of COVID related delays/extensions are unlikely to provide appropriate time needed to discuss such significant issues and engage in detailed decision-making conversations. They are also likely to interfere with opportunities for prisoners and their family members to speak with legal representatives who, as previously discussed, are themselves navigating more challenging personal and professional commitments in light of COVID restrictions.

Few would argue that two additional months held remanded in custody will allow the prisoner, their legal representative, and their loved ones to build a stronger defence — especially in the current climate. Of concern, there is increased demand for legal aid with LawCare charity reporting a 42 per cent increase in the number of enquiries compared to July 2019⁴⁰. This is likely indicative of larger financial burdens felt in households nationally owing to COVID, and associated challenges brought about by the furlough scheme and increased unemployment rates⁴¹. A consequence of issues with contact and concerns over the extended court time period may result in people remanded in custody feeling pressure to plead guilty in an effort to speed up court processes. This may place additional, undue pressure upon often already strained relationships with loved ones, who we found were already juggling multiple commitments before COVID hit.

Ripple effect on mental health

As discussed earlier, a key impression from speaking with loved ones supporting a person during their time remanded into prison custody was the

...a key impression from speaking with loved ones supporting a person during their time remanded into prison custody was the prolonged and severe anxiety that accompanied the uncertainty.

prolonged and severe anxiety that accompanied the uncertainty surrounding the duration and outcome of the imprisonment. Added to this profound worry, participants explained how their concerns were heightened owing to reservations about the wellbeing of their incarcerated family members. Reasons for this varied across the sample, but frequently cited were poor prison conditions, worries about their physical and mental health (both pre-existing and newly developed), high levels of violence, treatment by prison staff, and access to illegal substances. These are all areas repeatedly highlighted as having on-going struggles in some areas of the prison estate by HM Inspectorate of Prisons⁴². They also comprise some of the key features of academic arguments that propose there is a 'crisis' in prisons serving England and Wales⁴³.

The concerns held by those in the FOR study often developed from media reports about the prison estate more generally, as well as local news reports about the conditions in the prison that detained their relative. They were also shaped by accounts told directly from their imprisoned relative, or in the case of Cody, from over-hearing an incident while on the phone with her partner. Both Cody and Stephanie were visiting their partners in a local, remand prison when they were interviewed, and in the extract below they describe the profound and constant worry

for their respective partners' safety, as well as their attempts to manage this stress by removing negative thoughts.

Cody: I was on the phone to my partner and I could hear the screams ... I was like, 'let me go' [to my partner], and I had to go [off the phone], I couldn't, it's not good, it's very, very, very bad to be honest with you, so scary

Stephanie: I have to switch my head off otherwise I'd be sick with worry

40. Legal Services Board. (2020) *Coronavirus impact dashboard development*. Available at: https://www.legalservicesboard.org.uk/coronavirus_impact (Accessed: 20 September 2020).
41. King, B. (2020) Unemployment rate: How many people are out of work? Available at: <https://www.bbc.co.uk/news/business52660591>. (Accessed: 4 March 2021).
42. HM Chief Inspector of Prisons for England and Wales Annual Report 2018–19. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/814689/hmip-annual-report-2018-19.pdf (Accessed: 1 October 2020)
43. Cavadino, M., Dignan, J., Mair, G., and Bennett, J., (2019) *The Penal System: An Introduction* (6th ed). London: Sage.

Cody: you really have to, you do ... yeah if you think about it too much it just gets to you, you just kind of block it

As with Cody and Stephanie, many of the loved ones interviewed talked extensively about the ways in which their fears for the person in prison were all-consuming. This was particularly evident when discussing the initial separation through remand when their relative was often held in a larger, local prison, and when they were faced with the challenge of navigating arduous prison processes, sometimes without any prior experience of the CJS. During his remand, Bindu's youngest son frequently called her distressed and upset about his confinement. Relaying one episode, she explained how: *'he was sobbing, he was so hysterical on the phone and I'm here miles away, how can I calm him down?'* Bindu felt powerless in these situations as there was little she felt she could do to respond to his issues to support him from afar. In turn, providing this emotional support led to Bindu becoming very mentally unwell to the point where she was unable to work and/or leave the house for a period of time. Despite the emotional burden accompanying these calls, her fears for her son escalated on the days with no contact.

During a pandemic of this scale, which has seen a catastrophic number of deaths worldwide⁴⁴, people separated from a loved one through imprisonment are going to feel increasingly concerned for one another's health and wellbeing.

For family members in the community, not only might this pertain to the very limited control over the environment and safety measures implemented in the establishments in which their relative is detained, but also their imprisoned relatives' ability to cope while having reduced contact and support, alongside increased in-cell time and periods of isolation. During a time when contact opportunities to 'check-in' and to

garner much-needed reassurance, or provide emotional support in an attempt to offset some of psychological impact of the more restrictive COVID-based prison regimes, this outcome was sometimes less achievable.

Likewise, the closed community of a prison may provide the perfect breeding ground⁴⁵ for COVID-19 with Government mandated rules, such as 2m social distancing and strict guidelines on the number of people with whom you should come into contact, being something of a challenge for prison establishments built and operating with very different intentions. Having expressed the chronic worry that accompanies supporting a person in prison in our research, this is likely to have worsened for many loved ones during the pandemic. As such, the MoJ's proposal to extend the period of time that remanded prisoners can be detained will only prolong the uncertainty around acquittal or sentencing, and unnecessarily inflict harm to family members. Furthermore, whilst there may be significant concerns about the levels of self-harm and suicides within prisons⁴⁶, the true emotional turmoil experienced by those on the outside is likely to remain hidden for a long time to come.

Concluding comments

Our research has shown that loved ones supporting a person in prison on remand were experiencing considerable obstacles and challenges in their daily lives and relationships before COVID. In this paper, we have highlighted how their

circumstances could be significantly worse with the extended remand time, especially given the added concerns and pressures that all areas of society are experiencing as a result of COVID.

Few would argue that changes had to be made within the prison estate in an attempt to curb COVID levels, and indeed, the results have shown that these have so far been largely effective in preventing prisons

During a pandemic of this scale, which has seen a catastrophic number of deaths worldwide, people separated from a loved one through imprisonment are going to feel increasingly concerned for one another's health and wellbeing.

44. World Health Organization. (2021) *Coronavirus Disease (COVID-19) Dashboard*. Available at: <https://covid19.who.int/> (Accessed: 4 March 2021)

45. InsideTime. (2020) *More coronavirus in prisons than in community*. Available at: <https://insidetime.org/more-coronavirus-in-prisons-than-in-community/> (Date accessed: 28 September 2020).

46. Ministry of Justice. (2021) *Safety in custody quarterly: update to September 2020*. Available at: <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-september-2020> (Date accessed: 4 March 2021).

from becoming the breeding grounds they were earmarked as being. However, we are concerned that the negative impact of these difficult public health decisions upon those outside of the prison has not been adequately prioritised by The Government and HM Prison Service. This is despite previous recommendations from the reviews conducted by Lord Farmer⁴⁷ indicating the need for prisons, and the wider CJS, to prioritise family relationships and to weave it through all policies and processes as a 'Golden Thread'. Although there are a number of unknowns related to COVID, including ever-changing rules, restrictions and developments in our understanding of best practice, amongst all of this uncertainty, we must not lose focus and forget Lord Farmer's sentiments which are perhaps more critical now than they have ever been.

Despite the easing of restrictions proposed for Spring 2021 and the enormous vaccination roll-out programme, it seems that COVID is here to stay and

that the delays with court cases are unlikely to reduce anytime soon. A more flexible and nuanced approach to supporting relationships between people in prison and their loved ones, as proposed by JCHR during maternal imprisonment, would be more appropriate and less harmful. It would also better acknowledge that families do suffer negative consequences as part of the fallout from public health decisions. By comparison, the announcement detailing the plans to increase the remand period did not mention how these changes to legislation — albeit in response to a global pandemic and public health concerns — would have significant consequences to the loved ones of remanded people. While they may have been considered during the decision-making process, it is imperative that their lives and experiences are not absent. This is critical to ensure that this population do not remain the hidden victims of COVID.

47 See Farmer (2017), no. 13.

The charitable sector: Adapting for the future in the middle of a pandemic

Ian Merrill is the Chief Executive of Shannon Trust, the charity unlocking the power of reading across the prison estate. He's interviewed by William Payne who is a Trustee of the organisation and a member of the PSJ editorial board.

Shannon Trust was established in 1997, following correspondence between its founder Christopher Morgan and a life-sentenced prisoner, Tom Shannon. Through Tom's letters, Christopher learned about prison life and low levels of literacy amongst prisoners. Inspired to do something about this, Christopher published the letters in a book, *Invisible Crying Tree*, which generated the initial income to establish the charity. The first reading programme began in HMP Wandsworth prison in 2001.

Since then, Shannon Trust has worked closely with prisons to make the reading programme available to any prisoner who could benefit, as well as training thousands of peer mentors along the way. In 2015, they introduced 'Turning Pages', a manualised programme developed specifically for adults within the custodial estate. Written by literacy experts, Turning Pages was designed to be used by anybody who can read to teach someone who can't and is not reliant on specialist literacy or education knowledge. Turning Pages was evaluated by the University of Birmingham¹ in 2016 and found to be effective at teaching people to learn to read 'regardless of age, learning difficulties, gender or race'. Shannon Trust's work expanded and is now underpinned by a Memorandum of Understanding (MoU) with HMPPS, sitting outside the more formal Prison Education Framework, but recognised as an important pre-cursor to further learning.

At the heart of the charity's work is peer mentoring, and with a small staff team, ably supported by many volunteers across England, Wales and Northern Ireland providing everything needed for someone in prison to learn to read. This includes recruiting, training and managing volunteers who in-turn train and support prisoner mentors and staff to grow the reading programme's reach in each prison. Resources, including Turning Pages manuals, reading books, and publicity material are provided free of charge to prisons. The programme typically involves a

mentor supporting a learner for 20 minutes a day, up to five days a week, with each year Shannon Trust supporting around 3,500 prisoners to read and training 1,500 mentors.

This interview took place in November 2020 and provided Ian the opportunity to reflect on the charity's response to the coronavirus crisis and how this will shape developments beyond the pandemic.

WP: What inspired you to join Shannon Trust and what has it been like joining an organisation during a pandemic?

IM: I'm delighted to have joined Shannon Trust, albeit in unusual circumstances — I'm yet to meet many of my new colleagues or partners in person — so virtual meeting platforms have been very useful in allowing me to do my new job. My background provides part of the answer to your question. I've worked in the charity sector since the mid-90's in roles in substance misuse services (where I worked in a number of prisons leading substance misuse teams), criminal justice, homelessness and mental health, working at various levels from volunteer to CEO. After various senior roles in national charities I became CEO of Tempo, where I led the development of a social currency used to increase volunteering and social action across England and Wales.

In joining an organisation like Shannon Trust I'm excited that I can bring together my passions — mentoring, volunteering, rehabilitation and community development — with what I hope I'm good at — seeing the bigger picture, building teams, growing organisations and forming partnerships with others wanting to do the same. So, it's great to be here, even if my start in the job has been a little strange.

WP: What is Shannon Trust's organisational aim, vision or statement of purpose in normal times?

IM: Our vision today remains true to that of our founder Christopher Morgan — *every prisoner a reader*.

1. Hopkins, T. and Kendall, A. (2017) *Turning Pages, Changing Lives: An Evaluation of the Shannon Trust Reading Programme* London: Shannon Trust.

In practice, that means giving every person in prison with low reading skills opportunities to learn to read with a Shannon Trust mentor. It means inspiring people, giving them confidence that they can become readers. It also means equipping our mentors, volunteers, and prison staff to help others unlock the power of reading and working in partnership with HMPPS, education providers, and other charities.

It's a vision rooted in knowing that being unable to read is a barrier to taking part in all the things that support rehabilitation, such as education and programmes to address offending behaviour. And it's a vision that's as relevant today as ever, with 50 per cent of people in prison having a literacy level of a primary school leaver, and of those, around 20 per cent having much lower reading skills². Many of the people we support are in a cycle of exclusion and social disadvantage. They're more likely to be drawn from the most marginalised and most impoverished communities, live in poor-quality housing, have significant health problems, have experienced abuse, lack qualifications, and be unemployed³.

Reading the testimonials and letters from learners and mentors, leaves me in no doubt, that learning to read makes a real difference. Whether that's by making life easier to manage on a day-to-day basis, keeping people connected with the families, breaking the cycle of intergenerational illiteracy, or giving people the chance to escape into a book, stoke their imagination, or take part in education, we know the benefits go beyond being able to recognise the written word.

However, there are still many prisoners who don't take up the chance to read with us so we talked to prison staff, volunteers, current learners and mentors, and people not involved with Shannon Trust. It was a deep-dive exploring both the personal and logistical barriers to learning, and how they could be addressed. Much of this year's planned work was around putting those solutions in place and the good news is we've been able to move some of these plans forward during 2020.

WP: So, what were your aims during the coronavirus emergency?

IM: Responding to the coronavirus meant adapting our focus and priorities for the year. As the

crisis unfolded, we suspended volunteer visits, and soon afterward, face-to-face learning sessions stopped. The team was clear from the outset that we need to find new ways to support learners, mentors, and volunteers through the crisis and making sure we were ready to return to prisons as soon as it was safe to do so. Accepting the effect that the situation was having on individuals and the prison service more widely was important — supporting those prison staff who could stay in touch but understanding most could not; and being flexible with volunteers. Alongside the operational impacts, the funding landscape was also changing rapidly. As many funders adjusted their priorities to support the front-line pandemic effort and

others delayed funding decisions or cancelled funding rounds, our income stream became less certain. Generating income is always a priority for us, given we receive no money from HMPPS, but need to raise £750k annually to deliver what we do. However, the time prison staff time give to help us (operational pressures permitting) remains important.

So we had several aims. Firstly, helping learners and other people in prison manage isolation and boredom, supporting people who couldn't replace a visit with a letter because they couldn't read. Secondly, keeping in

contact with our team — volunteers, prison staff, learners, mentors, and funders; sharing our plans with them and involving them whenever possible. Our third aim was, not surprisingly, financial stability. With a changing funding landscape conducting a cost-reduction process, applying for coronavirus specific emergency funding, and using the furlough scheme selectively were all needed to sure-up our financial stability through and beyond the crisis.

Finally, knowing the situation would end at some point, preparing for our prison return has been a constant feature of our response. Continuing volunteer recruitment, developing guidance for running socially distanced learning sessions, and providing prisons with delivery options to re-start Shannon Trust activity in a way that best suited their circumstances have been vital. We've discovered new ways to train mentors and engage with our volunteers, which will continue beyond the crisis. We've also invested time developing a pilot project in the community to enhance the support

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² An assessment of the English and maths skills levels of prisoners in England, Creese, 2015

³ Literacy Changes Lives 2014: A new perspective on health, employment and crime. Joe Morrisoe, National Literacy Trust.

we give to people leaving prison. A key strategic priority, the pilot will assess the potential for providing continuity of learning and providing others caught up in the criminal justice system in the community with the chance to learn to read.

WP: How prepared were you for the coronavirus outbreak? Did you have contingency plans in place?

IM: As a volunteer-based organisation working in prisons, it's sensible for us to have contingency plans to cover when volunteers move on from Shannon Trust or when activity in a prison falters. These have been tried, tested, and refined over the years. But, were we prepared for a national lockdown, either in or outside of the prison gate? No, there was no comprehensive plan to manage around a pandemic, but we did have two crucial advantages. With most team members already home-based, technology was in place to help our remaining office-based team members switch to remote working seamlessly. We also had well-established communication channels with volunteers, funders, and people working and living in prison. Using these meant we could communicate swiftly, confident that the messages were being received and understood. And we were able to build use of these channels into our plans, satisfied that they worked. Organisational governance adapted quickly too, with Board, leadership team and volunteer forums all becoming virtual very quickly.

WP: When did you start to consider that this may be a significant issue for you? How did the team feel at that time?

IM: Moving into March, it was clear that the situation was not improving, attempts to curb the crisis hadn't worked and it was becoming clearer that the impact was going to be more far-reaching than we had anticipated. Our response moved quickly from awareness and caution, to suspending volunteer visits and working remotely in a very short space of time. We knew coronavirus would be hard for everyone but we knew it would be even more isolation for people who can't read. With around half of people in prison having difficulty reading, the team's focus was on making sure non-readers weren't left behind.

WP: What specific actions did you take to support learners and mentors?

IM: Besides communicating across our team, the initial focus was on helping people manage isolation

and boredom. That involved creating activity packs for people to use in-cell — and by basing the packs on Turning Pages manuals it meant they could be used by our learners to practice and maintain new reading skills and by others with low reading skills to get started. Providing additional Turning Pages reading books to increase the number and choice of material available was also an important development. Early feedback from learners and mentors about the packs gave us confidence that we were producing something that was needed and useful; we went on to create five sets of in-cell packs.

Recognising the worries that were caused by visits not taking place and the increasing reliance on letters from home, we partnered with our friends at Prisoners Advice and Care Trust (PACT) to create Writing Home. We all know letter-writing can be a struggle at the best of times and for people who are new to reading and

writing, it can be pretty difficult. Encouraging people to write to loved ones, the pack gives letter writing ideas and tips to help them stay connected with family and friends. There's also advice on how to support people with low literacy skills to give writing letters a try.

Keeping in touch with learners and mentors has been key to navigating the pandemic. We've talked to them via prison radio and our newsletters.

Already having regular spots on prison radio gave us a way of talking to the prison community directly. We've used these to provide updates and inspire people to get involved, and to learn to read or mentor when they're able to. We've also introduced a regular mentor newsletter and have featured in the national prisoner newspaper, Inside Times. Our message to learners who've had to stop learning continues to be: please hang in there, what you learned before will still be there when you start learning again, you won't have forgotten it. To our mentors our message has been: thank you for your dedication and your patience — you are our biggest advocates and your role is vital.

WP: What impact did the crisis have on how you work with your volunteers?

IM: Our volunteers have been amazing. At an uncertain time in many people's lives, they've adapted brilliantly and sensitively to the situation. They believe passionately in our work and so it wasn't surprising that their immediate concern was for learners, mentors, and their prison contacts.

Besides communicating across our team, the initial focus was on helping people manage isolation and boredom.

Keeping up contact with them has been vital; we've been talking to them individually to understand how the situation impacts them and give them space to share any concerns they may have about volunteering with us or returning to prisons. And to keep the teams connected, we've become enthusiastic users of video calls. We've also created a series of new training sessions, some to refresh existing skills, others to share new ideas, and we've welcomed new volunteers to the team, again finding new ways to train them.

As I joined a number of virtual volunteer meetings in my first few weeks in post, the enthusiasm and commitment of our volunteers shone through to me, listening to how they had adapted during the pandemic was inspiring and bodes well for the future of Shannon Trust.

WP: Was there any Shannon Trust delivery during lockdown

IM: Yes, a few prisons were able to adapt and run very limited learning sessions with existing mentors and learners however, numbers were small. To put this into some context, during March to October last year, 2,196 people had started to learn to read with Shannon Trust. In the same period this year, the number was 159. I'm pleased to say though now, even in a renewed national lockdown, activity started to grow and learning of some form got going in many prisons. There was also lots of great stories we became aware of, and a few favourites were;

At HMP Bristol, a new 'menu of options' had an immediate impact: it came to light that 30 men on one wing had chosen the same meal for two weeks. Shannon Trust mentors then approached them and opened the conversation with 'Why do you always eat the same thing?'. Staff at the prison say they've seen men opening books who would never have opened one before.

The menu of options also changed how the reading programme runs at HMP Lindholme: once limited to the library, mentors started working with learners on the wings. Mentors on each wing had all been given the training booklet or CD along with books and activity packs for their learners. They are also work closely with Education to pick up any other men that may benefit from the programme.'

At HMP Haverigg learners and mentors were able to work together in a safe way during lock-down. For one mentor and his learner, this led to a remarkable

achievement: 'My learner had found it really hard to progress beyond the first manual. However, since the start of lock-down we have finished the fourth manual. This learner will stick in my memory, mainly because being able to continue offering this life-changing opportunity to a fellow prisoner during the challenging conditions of a pandemic, has made it all that little bit more of a special gift.'

WP: How did you try to mitigate the impact of the restrictions? Did you develop any new processes or use new technology?

IM: Shannon Trust is a programme that depended on people meeting in person, whether that was our team meeting with prison staff; our volunteers meeting with mentors to train and support them; or mentors and learners meeting up to work through Turning Pages. With none of that being possible, we switched meetings to video calls and focused our initial response on helping people manage isolation and separation. As the situation developed, finding a mentor training solution that worked in the absence of volunteer visits and the creation of bubbles or cohorts, providing mentors with knowledge and skills to support learners was crucial. The answer was two-fold, creating an audio version of the training available on CD and Virtual Campus 2 (an on-line

facility available in prisons) and providing the same information in the form of a self-study training guide. The response to these from prisons and mentors was fantastic; they embraced the new way of training, meaning Shannon Trust activity restarted with confident, properly trained mentors.

These innovations are ones I want Shannon Trust to do more of post-pandemic. Part of the barriers to learning I mentioned earlier had already highlighted that some weren't ready to work with mentors. We came into this year wanting to create new learning pathways, exploring how digital self-learning could help. The pandemic has accelerated that aspiration and the first a Turning Pages manual has been digitalised forming part of an in-cell laptop trial — I'm looking forward to finding out how translating Turning Pages manual into a digital format works in practice and how learners respond to it. Alongside that pilot, we're creating a video version of Turning Pages for in-cell, self-study use. As with the digital option, we're interested in how learner's find this and other options.

We've also created a series of new training sessions, some to refresh existing skills, others to share new ideas, and we've welcomed new volunteers to the team.

Whatever the outcome of these developments, I'm clear on one thing — our mentor-delivered approach will always remain an important part of our work.

WP: How did you move on from the initial response and start the process of recovery?

IM: As restrictions began to lift in prisons, our focus turned to getting people learning again. This meant taking a pragmatic, flexible approach to Shannon Trust delivery. On a practical level, we shared guidelines on running socially distance learning sessions with prisons. Knowing restrictions would ease gradually and on a prison-by-prison basis, we provided a menu of options to help each prison find the delivery solution that best suited their circumstances. An unexpected result of the menu of options was that it helped some prison teams take a fresh look at how to run the programme with long-standing challenges such as where learning session might take place, in busy, socially restricted prisons.

Related to this, I should say that we have also developed plans to pilot our work in the community. Everyone reading this article will be aware of the importance of continuity when someone is released from prison, and that applies as much to learning to read as with anything else that is important to resettlement and reducing re-offending. We also know that addressing low literacy can help to prevent custody in the first place and this is something we are adapting our approach to incorporate. We have recently secured funding to pilot some exciting community based work and I'm keen to see this grow in the future, working in partnership with others across the country.

WP: How did the pandemic impact your relationships with the prison service?

IM: I think the obvious impact, was that our prison contacts were extremely busy dealing with very unusual and challenging circumstances. In straight forward terms, this meant that if we needed to talk to HMPPS staff, then we needed to be very clear and concise — no one had time to waste. My sense now is that helped us hone our external communications and that we retain excellent relationships across the prison estate, based on reliable and productive ways of communicating. Long may that continue.

WP: Is there anything you have learned from this that you will shape how you operate in the future?

IM: Absolutely, there are some important lessons that come out of the pandemic, particularly for a relatively small organisation like Shannon Trust, one that seeks to have a large impact with thousands of people across so many prisons. Firstly, innovation is something that needs attention all the time, not just in the face of a pandemic, so I'm determined that we will build on the

creativity that responding to coronavirus brought to the fore, and continue to find new ways of working when that will help us have better impact. Secondly, that relationships are critical; I've already mentioned the importance of clear communication but beyond that, ensuring all our stakeholders are fully informed about what we do, and how we do it, is vital; Shannon Trust does what it says on the tin, if you like. And lastly, this is often said but is no less true because of that; our team is our best resource and best chance of success, so as the pandemic recedes I'm very keen that we build on the learning and development opportunities open to our staff, volunteers and mentors because if we want to do more and do it better in the future, our team will be at the heart of that.

WP: What are you most proud of in the response to the pandemic?

IM: I know from the team they're proud of how the new resources they created such as the activity packs and the mentor training CD, and they made a real difference. In some respects, both were a leap of faith for the team — although they had the expertise to create something brilliant, it was a nervous time for a group who's used to testing and piloting every development with learners and mentors. And we're immensely proud of our volunteers too who remained committed and embraced change. I'm proud to be given the privileged to lead such an organisation and am excited by what we can achieve together, pandemic or not.

WP: Do you have a message for people reading this interview?

IM: I do and primarily it is 'thank you' to those who were involved in re-starting Shannon Trust activity or who were able to keep it going during the pandemic. Because of your support there are people in prison today who are reading letters from loved ones, managing isolation and boredom better, and have more of an understanding what is happening in the outside world because they've learned to read with Shannon Trust. Your empathy, understanding and support helps people to overcome the embarrassment of asking for help and this makes a real difference. Please continue to support Shannon Trust to ensure every prisoner can become a reader; I'm certain that we can do much more to address low literacy amongst people in prison, by develop a range of ways of learners can engage with us. I'm also excited to explore how we can develop our peer mentor training and support.

Beyond that, together with the Shannon Trust team, I'm looking forward to working with all our HMPPS friends and partners, as the pandemic hopefully subsides in 2021, building on what we've already achieved together and helping more people make positive changes through what we do.

Writing Together — Creating Words from Silence, Hope from Pain

Dr Amy Ludlow is a senior research associate at the Institute of Criminology at the University of Cambridge, Dr Preti Taneja, is an award winning author. They have collaborated with students from Learning Together based at the University of Cambridge and HMP Whitemoor.

Only the day before the tragedy at London Bridge on 29 November 2019, Writing Together students had gathered in the Learning Together Study Centre at HMP Whitemoor. They had just finished editing each other's work with their writing partners and had selected a title for the jointly produced and published anthology which was planned, 'teeth of a comb'. A few months later, the national lockdown as a result of Covid-19 followed. In the midst of all of this, Writing Together students worked determinedly on their anthology. As Sofia, who edited the collection put it, 'We decided that it was even more important that we finished the anthology, instilling it with the values that all involved with Learning Together and Writing Together had shown us and inspired in us. The anthology became bolder and kinder, more outraged and more hopeful.' Testament to their hard work, passion and creativity, 'teeth of a comb', was published in September 2020.

That might be enough of a 'good news' story, but the positive ripple effects of this special writing community grew further. During lockdown, the Learning Together team began to learn that some students from the course were still coming together to write, as a way of processing their collective experiences and staying connected and part of a meaningful and supportive community. In particular, we learnt that one student, Al, who works as a prison officer at Whitemoor, had been writing collaborative poetry with some of his fellow students who are resident at Whitemoor.

It feels important to raise up these examples of creative comings together — spaces within which hope, empathy and connectedness have been nurtured, amidst the many profound challenges of our current circumstances and the anxiety, heartache and sometimes hopelessness that many of us feel. With this in mind we asked some of our writers to come together again, and write together again, about their experiences of

lockdown. Writing together, from afar, during Covid-19 has been fraught with practical difficulties reliant on chains of paper carried from one person to the next in the post. But, just as Sofia put it in relation to 'teeth of a comb', we hope that the collaborative process that has birthed this piece of writing, and the feelings and experiences that are shared within it, 'confront you with radical possibilities — the possibility of creating words from silence, hope from pain, and justice in an unjust world.' The world will 'unlock' and we will write and learn together again, soon.

A Locked-Down World

By Al, Dawood, Maddi, Nathaniel and Sulaiman

A lockdown world, police state, 'keeping everyone safe'
but is it okay to say that this makes me feel
Unsafe? Wear your mask, track and trace
Always followed, all movement watched and noted by
the state
Remain at home, bricks to bars, semi-detached
suburban cage
Shouldn't complain, but all the same, trapped in my
head and going insane
Please don't leave me with these hollow bricks again-

Me vs Covid that's a fight I got to win
Ops never got me how is this virus gonna touch my skin
Covid tries to stab me so I hit him with a sharper tool
Weapon broke,
Covid tried to hit me with a double hook
I had to duck and dive and come back with an uppercut
Visualising my family they're the ones I love
Covid's deadly but my blood is dangerous
Our love is like dynamite it blows like C4
Good times bad times
Up and down
Seesaw
Be Alert!
Stay awake
In the streets a sneeze could have your chain broke

No joke.

Have you ever had peace of mind?
Have you ever had it five times a day?
Every day?
Especially during those thirty days?
Imagine doing something every day
All your life
Walk down the same street
Reach the same destination
Ablution complete
Front row of the formation
Shoulder to shoulder
Feet to feet
Intentions aligned
With the rest of your tribe
But now they're saying you can't go inside
So, you ask them
Have you ever had peace of mind? —

Sometimes in this secure place, where they claim men remain secure
And in this secure place wearing a mask feels just the same as when you wear your fake face.
Now you appreciate this mask as the enemy has been replaced
They say it hunts for prey from a particular race.
I hear track and trace, when it feels more like track and replace
The numbers are astronomical
The reasons are unjustifiable
So I stay vigilant
A cough, a sneeze, high temperature
Keep a safe distance away from me
Social distancing is a myth as loved ones have become strangers
You can't change what's written and you certainly can't skip the pages.

Wake up, same day, different date,
Stay away, visit no one.
We need to see our loved ones, not strangers at Tesco's,
Where masked faces at a checkout sympathise with your woes
Online shopping, face time memories, the internet's gone viral,
A new slogan, a change of rules,
YES! Back to normality
NO! Complete confusion

Can I,
Can't I,
Mr Johnson please explain.
Use the App, second wave, Big brother state of mind
Them watching us, me watching you,
When will this madness end?
Maybe never

I stand and look upon my kingdom of all this lost time
All the love and memories I was promised and worked myself to death to earn
Three meagre years in paradise, the pinnacle of my whole life
Snatched away and forced into my hands is this watered-down replacement
I've done my time inside and now I'm filled with rage because I see
I'll never get the opportunity again
All that pain, those sleepless nights and breaking my back and fighting for my place
For nothing.

About the authors

I'm Al a Prison Officer at HMP Whitemoor. I believe that education and inclusion is the way of creating a positive environment filled with opportunities and success for all residents and staff.

I'm Dawood, a Learning Together student held captive at Whitemoor. Born in Uganda, raised in London. My goal is to empower the weak and oppressed through my writing

I'm Maddi, a third year English student at Jesus College. Most people know me for my half-pink-half blue hair, many tattoos, and my long conversations about rowing.

My name is Nathaniel. I am currently accommodated in HMP Whitemoor. I am a Learning Together student and I love what I do as it shows people that I am more than the environment that I was raised in.

I'm Sulaiman, a third year History student at Cambridge. Born and raised in West London. My mission in life is to ensure that all people have access to equal opportunities to learn, grow and thrive.

European prisons and the coronavirus pandemic

Alessio Scandurra is Director of research at Antigone, Italy. He is interviewed by Dr. Jamie Bennett, Deputy Director in HM Prison and Probation Services

Alessio Scandurra is Director of research at Antigone. He is Co-ordinator of Antigone's Observatory on Prison Conditions in Italy, and since 2012, has been co-ordinator of the European Prison Observatory.

Antigone is an Italian non-governmental organisation (NGO) established in the late nineteen eighties¹. Their work includes raising public awareness and promoting debate on penal policy and practice. They have produced radio programmes, documentaries and other publications to engage the wider public. They also produce specialist briefing papers and reports, as well as a scientific journal.

In 1998, Antigone received authorisation from the Italian Ministry of Justice to visit prisons. This led to the creation of an Observatory on Italian prisons involving now around 90 people. Since then, every year the Observatory publishes a report on Italian penitentiary system. Antigone also created a prison Ombudsman in 2008, which receives complaints from prisons and police stations. A team of ten lawyers and experts in criminal law offer help, free legal advice and mediate with the authorities in order to solve specific problems. To expand the scope of its work, with the support of the European Union, Antigone has created a European Prison Observatory² involving now 13 European Countries.

This interview took place in November 2020.

JB: You are based in Italy, where the first major European outbreak of coronavirus took hold, in January and February 2020. At that time, all European eyes were on Italy. When family visits were suspended in prisons as part of the national lockdown measures, riots broke out in 27 prisons. During the course of this disorder a dozen prisoners died, largely from overdoses from medication taken from pharmacies within the prison, and over 50 people escaped. What led to this widespread disorder and what have been the consequences?

AS: I have worked in prison for 20 years and I have to say that no one was expecting that. Everyone recognised that there was a level of tension, but no one was expecting what happened. It was very distressing. When you realise that you can't reasonably predict events, the future becomes very frightening.

The disorder followed the imposition of a national lockdown, but in some parts of the country there were already restrictions in place, sometimes quite severe. So, for some part of the prison population, this wasn't a new set of conditions.

It was such a radical train of events. Even now, it is not fully understood. Some people have referred to a lack of preparation, explanation or information when the lockdown was introduced. Many people in prison were relying on the television for information and this was largely focussing on the community rather than the implications for prisons. In some prisons, people were put into lockdown measures but did not know that this was happening everywhere. People may also have been very concerned about the level of infection in the prison they were being held in. It appeared to be a panic reaction. The disorder had very little planning. There is no evidence of organised crime groups being involved in orchestrating events. Most of the people who died were either poisoned by or overdosed on medication taken after they broke into pharmacies in the prison. This wasn't a radical, organised national protest. There did, however, appear some spread of disorder as news passed from prison to prison.

JB: Were European prisons prepared for the coronavirus outbreak? Were contingency plans in place?

AS: I don't think so. Some prison systems, particularly in Eastern Europe, are used to a general lockdown in the winter to prevent seasonal influenza. In other prison systems, including Italy, there is a different approach taken, where general impact is reduced and instead individuals with infections are referred to hospital or medical care. This meant that

1. <http://www.antigone.it/>
2. www.prisonobservatory.org

prisons did not have the space or facilities to isolate the number of people who were infected during the coronavirus pandemic and they had to respond without significant external assistance. The prison system largely had to manage on its own.

On the other hand, prisons are closed institutions, so they had a degree of protection from the outside world. During the first wave, the outcome across Europe was that there was a limited level of infection. This was due to the measures adopted including improved protection from community infection, and sometimes harsh restrictions including social isolation inside the prison.

JB: Where there any forecasts of potential impact in prisons? What was the situation you thought prisons in Europe would be facing?

AS: No, not specific forecasts. Prison reform organisations were very active in warning of the risks in prisons, and the impact of overcrowding increasing the risk. They were very strong in calling for measures to tackle overcrowding in many European countries. The concern was clear and there was an awareness of the risks.

JB: What action was taken in European prisons in order to manage the risk of infection spreading? Did they take actions to reduce interactions and increase social distancing?

AS: Everywhere there were restrictions introduced. These included limiting the personnel who could come into prisons, such as stopping volunteers and non-essential workers. This also led to a reduction in normal activities in prisons. For example, in Germany, many industries are run by private companies in prisons. They pay for this work and many prisoners use this to support their families. In many places, these workshops were closed down. Many activities were interrupted and some have not re-started.

JB: Were social visits with families suspended in many countries?

AS: Yes. In many countries these have continued to be suspended or restricted. In some cases, people have gone many months without direct contact with relatives. This is perhaps the issue that prisoners care about the most. In some countries, this is generating tensions and anxiety. It has not always been possible in

every country to compensate the loss of visits with additional phone calls or video conferencing. In some cases the technology has not been available and in some other cases, where video conferencing is available, the cost has been passed to the prisoner rather than being covered by the administration.

JB: Have there been attempts to reduce overcrowding, either by releasing prisoners or increasing the available accommodation?

AS: Many non-governmental organisations advocated for the reduction of crowding through the release of prisoners. My impression was that the most effective approach was to combine measures to release people who were currently in prison and measures aimed at reducing the number of new prisoners coming into the system. For example Netherlands and Germany adopted measures very early to reduce the number of new inmates. In Italy, while early release measures were introduced by the government a slowing down of people being sentenced to imprisonment was observed. In several European countries there seemed to be a change in the behaviour of prosecutors and judges during the crisis leading to them seeking more alternatives to prison.

JB: Were there any effective health measures such as separating groups of prisoners, or testing?

AS: There isn't much information about this. Of course health measures were introduced, but it is not always clear how or to what extent these measures were enforced in the prison system.

JB: What was the impact on prisoners of these measures in different countries?

AS: Prison life is more secluded than in the past. There are less opportunities for education and work. My impression is that in many places people in prison are used to this. They often do not feel they are entitled to these activities. In a way it is like old fashioned prison. There is a good degree of acceptance to the measures that have been taken. The exception is family visits, which is something people are used to and dependent upon.

JB: How were prisoners' families impacted by the measures put in place?

In several European countries there seemed to be a change in the behaviour of prosecutors and judges during the crisis leading to them seeking more alternatives to prison.

AS: Initially, many family members couldn't get any reliable information. This created a lot of anxiety in a situation where people were already experiencing the pain of not being able to see their loved ones. There was a lot of uncertainty and it is only human nature that people thought of the worst scenario.

In many prison systems, family members also bring items to the prison including food, clothing, toiletries and money. That was stopped in many places as well as the visits. This meant that families couldn't support loved ones in ways they had done previously.

JB: What was the impact on staff?

AS: There was no time for any training or significant psychological support to be put in place. These have been very difficult months. Prison staff had to keep going to work while others were staying at home in order to stay safe. The prison is a challenging environment facing a new set of problems.

JB: How did prisons try to mitigate the impact of the measures put in place? Did they develop any new processes or use new technology?

AS: This was common, but unfortunately did not happen in all countries or in all prisons in each country. The technology available in prisons increased in many contexts though. In some cases the legislation was already in place and in many cases the pandemic simply accelerated the availability of facilities that were already possible. Video conferencing and the use of mobile phones were the main measures. These have been used as a compensation for social visits and to enable legal proceedings to continue safely. I get a sense that the wider use of technology was a taboo in many prison systems but might not be a taboo anymore.

In some cases, this has been introduced as an 'emergency' measure but I hope that this will continue afterwards and we will not return to the previous era. In our view at Antigone, prison should be the obvious place to make better use of technology. Having said that, there are limits, so these should not replace face-to-face visits and trials should be in open court where that is possible.

JB: What was the impact of coronavirus within the prison systems across Europe? How did it compare to the risks that were predicted?

AS: There hasn't been widespread disorder, other than in Italy. The number of coronavirus cases also varied a lot from prison to prison and from country to country. It appeared that the prison system was resistant to some extent because it is a closed system separated from society. When the infection did get into prisons, however, it could spread widely. In the UK, the number of cases are much higher than everywhere else, but that may be because the data is collected differently. The UK does produce and publish more information about the prison system than others. Overall, though, European prisons appear to have prevented the worst fears being realised.

JB: Is there anything you have learned from this that you believe will shape how prisons should operate in the future?

AS: Transparency is a key element as prisons are closed institutions and public scrutiny is critically important. This is particularly the case in the midst of a crisis. There is sometimes a tendency to close down and shut out scrutiny, but that monitoring and scrutiny is even more important in such circumstances. Opacity creates anxiety and fears and might also lead to disorders.

We have also found that the right to healthcare is a complicated issue. We were already aware of the difficulties that prisons present in relation to infections, as we have seen with conditions such as hepatitis, tuberculosis, or HIV, which are more prevalent in prisons. In the past, this has been seen as a 'prison' problem, but in this changed context, it can be seen as a wider social problem. This requires wider engagement with the community and health services. The impression we had during the height of the first wave was that because community health services were overwhelmed, the prisons had to cope on their own. This crisis has really highlighted the gaps in prisoner health services.

To some extent the increased use of technology and the efforts to tackle the digital divide between prisons and the community, is a positive change. Many people in prisons still communicate by letter. That is what people in the community did in the 1970s or 1980s. The world has changed so much since then and prisons need to adapt and keep pace. Improvements in cyber security mean that there really isn't any need for the level of mistrust that exists around technology.

Responding to the coronavirus pandemic in Romania

Tiberiu Firinel Ungureanu is Director General of National Administration of Penitentiaries in Romania and is interviewed by Dr. Ioan Durnescu from the Sociology and Social Work Department at University of Bucharest

Tiberiu Firinel Ungureanu is Director General of National Administration of Penitentiaries in Romania. He took up post in December 2019 and has had a long career working in prisons.

There are 45 prisons in Romania, holding over 21000 people¹. The imprisonment rate is 112 people per 100,000 of the population. This is a rate lower than England and Wales and is around the average for Europe as a whole. There has been a significant and sustained reduction in the prison population in recent decades. At the turn of the century, the Romanian prison population was close to 50,000.

The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) has welcomed the reduction in the prison population and the recent investment in prison reform². The CPT, nevertheless, also highlighted poor conditions and overcrowding in some prisons and particularly highlighted concerns about the treatment of prisoners and the need to develop dynamic security through better staff-prisoner interactions. Further, the CPT called for greater investment in rehabilitative opportunities and for the prison health services to be integrated within the Ministry of Health.

The coronavirus pandemic had a greater impact in Romania in a second wave starting in September 2020³, with a much higher level of infection and fatality than the relatively modest first wave in April-May 2020. By the end of November 2020, Romania had recorded over 10,000 fatalities.

This interview was conducted in November 2020.

ID: What is your organisational aim, vision or statement of purpose in normal times? What was your aim during the coronavirus emergency?

TU: The primary goal of the National Administration of Penitentiaries is to prevent reoffending. We aim to help people to develop a

positive attitude towards the rule of law, social cohabitation and work, with a view to successful re-entry into society.

The history of prisons in Romania goes back to the 14th century. The buildings that are currently used for most prisons have an obsolete architecture. There is a mismatch between the detention conditions provided in the prisons and the international standards. The infrastructure of the prison administration system is morally and technically worn out. A large number of the prisons are 19th-century architecture mirroring the correctional philosophy of those times including a large number of rooms, insufficient toilets and sanitary facilities. In the post-communist period, three modern prisons have been built: Bucharest-Rahova Prison, Giurgiu Prison and Arad Prison. Currently, two new 1,000-bed prisons are planned to be built and the existing ones are to be modernised and expanded.

From an organisational point of view, under normal conditions, the institutional efforts are directed towards improving the quality of life in detention by making investments in the physical infrastructure; developing activity including access to a wide range of educational programmes, and; increasing the opportunity for prisoners to spend time outside of their rooms. Of course, all these steps have corresponded to the standards promoted by the Council of Europe experts, based on the recommendations made by the members of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) and the case-law of the European Court of Human Rights.

Since the outbreak of coronavirus at the national and international level, the prison system has acted to protect the lives and health of both the persons serving custodial sentences, or other sanctions, and the prison officers who help perform the mission this institution has in the State.

1. <https://www.prisonstudies.org/country/romania>

2. CPT (2019) Report to the Romanian Government on the visit to Romania carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 7 to 19 February 2018 available at <https://rm.coe.int/16809390a6> accessed on 27 November 2020.

3. <https://ourworldindata.org/coronavirus/country/romania?country=~ROU>

ID: Have you previously had to manage outbreaks of infectious diseases? What has been the nature and scale of this?

TU: In recent years, the epidemiological events have been reduced due to the implementation of screening projects within the custodial population.

Since 2004, within the funding agreements with the Global Fund and the World Bank, the Unit for Implementing Tuberculosis Control Projects in Prisons, has implemented the National Tuberculosis Control Plan, which has included health education, administrative measures and engineering measures for controlling and preventing the tuberculosis infection. For example 1,019 staff members were trained as trainers delivering health education. Between September 2004 and September 2012, a total number of 64,035 prisoners were trained in tuberculosis topics while another 17,040 detainees were trained between September 2012 and September 2014.

In the same context, the inter-institutional relations have improved with prisons integrated within the National Tuberculosis Health Programme and working closely with specialist pneumologists in the public health network. Regulatory laws have been implemented, and non-governmental organisations together with the Ministry of Health are involved in supporting the fight against tuberculosis infection within the prison environment. For example, from August 2018 to the end of 2019, the National Administrations of Penitentiaries and Marius Nasta Institute of Pneumophthiology for the E-DETECT TB Project, delivered projects at Bucharest — Jilava Prison, Ploie ti — Târg orul Nou Female Prison, Bucharest — Rahova Prison, M rgineni Penitentiary, aimed at diagnosing pulmonary tuberculosis among the vulnerable populations.

Currently, there are two on-going projects on screening infectious diseases, namely TB in collaboration with Marius Nasta Institute of Pneumophthiology and Hepatitis C, in collaboration with the Romanian Infectious Diseases Society.

ID: How prepared were you for the coronavirus outbreak? Did you have contingency plans in place?

TU: Since the first cases in the European states and Romania, in February 2020, plans for the prison system

have been developed in order to ensure that everyday activities are performed safely. Subsequently, in light of the evolution of the national cases, the measures have been updated. These have are also in accordance with the decrees of the President of Romania on establishing and extending the state of emergency at the country level, including restrictions on normal activities, and we have taken account of medical specialists' recommendations.

ID: When did you start to consider that this may be a significant issue for you? How did you feel at that time?

TU: The pandemic has led to dramatic and rapid changes in order to prevent the spread of this new virus within detention places. The complexity of the newly-emerged situation was grasped by all the managers from the outset. The measures adopted at national level were implemented responsibly and have had positive results in protecting the people who live and work in prisons. The professionalism of those working in the prison system has been impressive.

ID: Where there any forecasts of potential impact in prisons? What was the situation you thought you would be facing?

TU: People in prisons are much more vulnerable to the spread of the new coronavirus, as compared to the general population because they mix with wider groups such as family and relatives, legal representatives, appearances in courts or public health facilities. Furthermore, prisons are crowded with people in close proximity to one another, so that infection can quickly spread. This is why prison health is considered to be part of the public health system. The response to coronavirus in prisons and other detention places is particularly challenging⁴.

Depending on the cornoavirus situation in each country, the risk of bringing infection into prisons or other detention places may vary. In areas with local virus circulation, the risk of introducing the virus into the detention places can be associated with the prison staff or newly admitted prisoners, who have lived in affected countries or areas or have been in contact with people coming back from affected countries or areas.

ID: What action did you take in order to manage the risk of infection spreading?

The measures adopted at national level were implemented responsibly and have had positive results in protecting the people who live and work in prisons.

4. http://www.euro.who.int/__data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1

TU: Before establishing the state of emergency in Romania, a plan of measures for preventing the spread of coronavirus among the prison staff and prisoners was implemented. The plan consisted of general preventive measures, intervention measures specific to the prisoners extradited from areas at epidemiological risk, as well as crisis response measures.

At the system level, some prison units have been assigned to implement the quarantine measure for lodging and medical monitoring of incarcerated people extradited to Romania by other states.

In order to protect the health of people in prison, measures have been introduced for limiting contact with possible sources of infection including suspending some activities performed by the inmates outside the detention place.

On March 16th, 2020, the President of Romania established, by decree, a 30-day state of emergency in Romania, which was subsequently extended for the same period. According to the provisions of the decrees, the right to receive visits, including intimate visits; the right to receive goods inside the prison visit wing, and; permission to leave the prison on temporary release were put on hold. In order to maintain inmates' connection with the family members, the right to online communications was extended through greater use of video calls. In the same context, the daily limits of the right to make telephone calls using the fixed facilities inside the prison were increased during the state of emergency.

In the aftermath of the emergency state, since May this year, the prison system has resumed the activities suspended by using safety measures, such as allowing visits by family members only with a physical separation device between them and wearing personal protective equipment. Also, granting intimate visits and the permission to leave the prison were conditioned by a 14-day quarantine on return.

There was no new early release measures introduced by the Romanian state to reduce the prison population.

ID: What was the reaction of prisoners to these measures? Did you face resistance, or increased distress?

TU: Inmates were informed of these restrictive measures by the staff. The communication focussed on the risks this epidemic poses to the population and the

prison environment. As a result, inmates understood and accepted the restrictions in a positive way. They also responded well to the efforts to maintain connection with their families by phone and video call.

ID: What was the reaction of staff to these measures?

TU: The prison staff understood the need for the measures to prevent and limit the spread of the new coronavirus. Our own instructions have complimented the orders/instructions of the Minister of Health and the National Committee for Special Emergency Situations on using protective equipment. Training was provided on rationalising and making use of protective equipment and information videos were produced on hygiene and sanitary measures.

The staff understood the necessity and showed capacity in adjusting to the global pandemic.

ID: How were prisoners families impacted by the measures put in place?

TU: The significance of preventing the spread of the new coronavirus was understood by inmates' families, who also appreciated the use of the internet video communication system during the state of emergency. Since resuming the visiting programme, inmates' families have complied with the requirements to wear personal protection equipment, such as respiratory protection masks and gloves.

ID: How did you try to mitigate the impact of the measures put in place? Did you develop any new processes or use new technology?

TU: The biggest challenge was to restrict inmates' physical contact with family members and those close to them, during the 60-day state of emergency in Romania. Yet, as previously presented, the importance of protecting health and that of those close to them by reducing physical contact has been understood and appreciated by everyone. A significant factor in maintaining a climate of order and discipline in the prison during this time has been the extension of access to video calls via the internet.

ID: What was the impact of coronavirus within the prison system? How did it compare to the forecasts?

...some prison units have been assigned to implement the quarantine measure for lodging and medical monitoring of incarcerated people extradited to Romania by other states.

TU: There have been sporadic cases of infection among the staff, but this has not had a major impact on activities.

The first confirmed cases of coronavirus among the custodial population have appeared since the end of September, simultaneously with the exponential increase in the cases in the community. This has been a real challenge for all the staff involved in the fight against coronavirus.

ID: How did you start to plan to move on from the initial response and start the process of recovery?

TU: The strategy adopted by the prison system since the outbreak of the pandemic has been to implement strict measures for preventing the spread of the virus in the prison environment. These measures have been effective. As a result, the prison system has not had to elaborate or implement a recovery programme.

ID: Have you had to maintain any restrictions or adaptations in order to manage the risk on an ongoing basis? How long do you judge that such restrictions will have to be in place?

TU: The restrictive measures been continuously adapted and updated in the light of the situation. It is necessary to apply protective restrictions until the number of new cases of coronavirus infection is reduced and the national institutions consider that people can return to performing their work under normal conditions, with no medical threats.

ID: What have you learned from this pandemic? What would you do differently if there further outbreaks?

TU: Such a pandemic is a challenge to any institution, especially one that is responsible for the lives and health of tens of thousands of people. Despite all this, the reaction of the prison system specialists in Romanian has been professional and has ensured the continued operation of the prison system with minimal risks to the health of the incarcerated persons. The response is certainly a solid basis to be followed in the

similar situations where rapid changes are needed in order to protect health.

ID: Is there anything you have learned from this that you believe will shape how you operate in the future?

TU: This period has shown us that the existing plans and measures for limiting and preventing outbreaks of infectious diseases have given a firm basis for specific guidelines to respond to coronavirus.

In this respect, new methodologies that can be useful in any epidemiological events include: establishing, delimiting and correctly using epidemiological routes; drawing up the working procedures and protocols specific for medical activities; establishing the means long-term collaboration with the public health institutions in the public health network (county public health directorates, hospitals in the public health network, profile testing laboratories, etc.).

ID: What are you most proud of in the response to the pandemic?

TU: The effort made by all the staff of the National Administration of Penitentiaries within prisons needs to be appreciated. They have responded effectively to a significant health risk. In fact, there were no coronavirus cases among the inmates for about 7 months.

The World Health Organisation has stated that past pandemics featured 'waves of activity spread over the months', and even in countries with effective pandemic control strategies through extensive testing, tracking and lock-down quarantine (such as South Korea) have experienced peaks and groups of confirmed cases. In this context, there is likely to be an ever changing threat. In Romania, there has been a dramatic increase in the number of confirmed coronavirus cases, from about 1,000 per day (06.09.2020) to over 10,000 per day (06.11.2020).

Despite the strict measures for preventing and limiting the new coronavirus, this context of a dramatic increase in community transmission has also had a negative impact on the population incarcerated by the Romanian prison system including recent outbreaks of infection, of various sizes, in particular prisons.

Responding to the coronavirus pandemic in Sierra Leone's prisons: lessons from a civil society perspective¹

Ahmed Jalloh is Program Manager, Prison Watch — Sierra Leone, **John Coker** is Finance Manager and Head of Office, Prison Watch — Sierra Leone and **Dambie Sesay** is Data Clerk, Prison Watch — Sierra Leone. They are interviewed by **Andrew M. Jefferson**, Senior Researcher, DIGNITY (Danish institute against torture), and **Marie Louise Drivsholm Østergaard**, Public Health Advisor, DIGNITY.

Background

Sierra Leone is a poverty-riven West African country with around 8 million inhabitants. Independence from Britain was achieved in 1961. In political theory and policy discourse it is often labeled a 'fragile' state, a reflection of the weakness of state institutions, the exorbitant poverty, and the instability and struggle the country has faced to move beyond the destruction of an eleven-year civil war (1991-2002). The Ebola outbreak of 2014-16 did not help. Sierra Leone's health care system has long struggled; it suffers chronic underfunding, a severe lack of skilled health professionals (~ 1.4 doctors, nurses and midwives per 10.000 population) particularly in rural areas, and a heavy disease burden (largely communicable diseases).²

The correctional system includes twenty-one correctional centres (CCs) incarcerating around 5000 people, around one third of these pretrial or remand. The incarceration rate is 60 people per 100,000 population. The largest CC is in Freetown, the capital. When built capacity was 324. Today it typically houses over 3000 prisoners. So far it is the only CC to have had cases of coronavirus. The CCs are centrally administered by the Sierra Leone Correctional Service³ through a national HQ which falls under the Ministry of Internal Affairs. The Correctional Service represents one part of a justice sector operating under severe infrastructural constraints, where the division between the executive

and the judiciary is often difficult to pinpoint, sentencing practices are haphazard, and trials subject to a perverse combination of political interference and judicial indifference.

Prison Watch, who are the subject of this interview, are a grassroots non-governmental organisation with national coverage working against torture and other human rights violations and for justice sector reform and human justice. With support from DIGNITY and other agencies they have developed and maintained a regular presence in correctional centres, police stations, and juvenile justice facilities for almost twenty-five years monitoring these institutions, holding the state accountable, and generating new knowledge.⁴

Sierra Leone's first case of coronavirus was announced on 31st March 2020. At the time of writing (29 Nov 2020) there have been 2410 confirmed cases and 74 deaths.⁵ The health care system's capacity to systematically detect, screen and test for coronavirus is low, most likely resulting in a large underestimation of actual cases.⁶ Furthermore, mal-functioning sanitation systems and limited access to clean running water across the country challenge effective hygiene practices and proper hand washing and thereby the prevention of new cases.

With this as a troubling backdrop this interview illuminates the efforts of Prison Watch — Sierra Leone to limit the impact of the pandemic in the country's correctional centres. The interview on which this write-up is based took place virtually in October 2020.

1. We thank Jamie Bennett for the invitation to contribute to this special issue and we acknowledge the investment of the Danish Ministry of Foreign Affairs in the DIGNITY - Prison Watch development partnership. This write-up is a condensed and cautiously edited version of a transcribed 100-minute virtual video interview.
2. Robinson, C. (2019) "Primary health care and family medicine in Sierra Leone." *African journal of primary health care & family medicine* vol. 11,1 e1-e3.
3. <https://slcs.sl/>
4. For examples of published research featuring or by members of PWSL see Jefferson, A.M. (2017) "Exacerbating deprivation: trajectories of confinement in Sierra Leone". In *Parole and Beyond International Experiences of Life After Prison* edited by R. Armstrong and I. Durnescu. Palgrave; Jefferson, A.M. and Jalloh, A. (2017) Health provision and health professional roles under compromised circumstances: Lessons from Sierra Leone's prisons, *Criminology & Criminal Justice*; Jefferson, A.M. and Gaborit, L.S. (2015) *Prisons and Human Rights: Comparing Institutional Encounters*, Basingstoke: Palgrave Macmillan; and the forthcoming report in DIGNITY's publication series, *The role of the police and security services during election violence in Sierra Leone*.
5. <https://coronavirus.jhu.edu/region/sierra-leone>
6. <https://ourworldindata.org/coronavirus/country/sierra-leone>

AMJ: What is Prison Watch’s vision and mandate in non-pandemic times?

AJ: Prison Watch — Sierra Leone (PWSL) is an indigenous human rights organisation, that was established specifically to monitor places of detention across the country. We monitor all 21 correctional facilities (formerly called prisons), as well as selected police cells, and court detention facilities.

AMJ: Could you elaborate on the relationship that PWSL has with the Correctional Services?

AJ: Since our establishment PWSL have had a very fine relationship with the Sierra Leone Correctional Services (SLCS), right from the top hierarchy to the frontline prison officers who we have a very good rapport with. When we go to monitor we have easy access to prison facilities across the country. We have monitors who represent us at every functional prison in the country. However, there have been moments when we have spoken out on particular issues, within prisons or against the system, when SLCS have become apprehensive, but then over time we have been able to sort out those troubles. Overall we have a very good relationship with the prison administration.

AMJ: How did you achieve that relationship?

AJ: Well, it was something that was hard to come by. We realised that it’s not just about promoting the rights of the inmates in places of detention; there are also the officers who work within prisons. So we created activities and started talking about issues that were also of interest to prison officers. It was not easy at the start. There have been certain times where we have had exchanges of letters and where access to the detention facilities and the prisons was stopped across the country. But gradually, we started gaining ground, and that was how we have come this far.

AMJ: I remember your Director referred to the relationship as one between ‘uneasy bedfellows’ on one occasion. Is that still the case?

AJ: Yes, that’s still the case. There are moments, even recently when we started talking about the prison riot report, some officers are not happy with that report, but that is the situation. We keep negotiating for access and then they are always able to grant us access.

AMJ: Did the work change because of the pandemic?

AJ: Yes, sure it did change. When coronavirus struck, the first thing that happened was that new restrictions came up, and access to some prisons was restricted. New procedures emerged, so now when you go to prisons, you have to mask up, you need to maintain social distance. Before we can be outside with the inmates, we can even share their food, we can have a taste of what they eat, we can go into their cells, and even lie down on their mattress, or if they sleep on the floor we can sit on the floor with them. But when this thing happened, when Ebola came up, when coronavirus came up, those things had to change. And that is how the outbreak changed our work.

AMJ: Let me jump to Sierra Leone’s experience with infectious diseases and talk a little about your experience with Ebola. Can you sum up what happened in 2014 and how you responded to that?

AJ: One thing we remain very proud about as an organisation is that our intervention in the Ebola outbreak actually yielded very positive results: it prevented Ebola entering into our prisons. When Ebola broke out in 2014, we made some training interventions about infection, prevention and control. In other cases, we provided prevention

materials and food support. Ebola was harder than coronavirus, because with coronavirus we can still move around, but with Ebola it was really tough for people to move.

AMJ: To what extent is it true that the experience you had with Ebola in some way prepared you for dealing with coronavirus?

AJ: It is very true, in fact. When Ebola started it was difficult for us to develop an intervention plan; it took us time to plan. But as soon as coronavirus started, we were able to develop an intervention plan immediately. At the end of Ebola, the correctional management and PWSL had a meeting where we were able to identify a lot of lessons learned. So, when coronavirus came, we could refer quickly to those lessons and step up our intervention. It just started hitting the prisons and would have spread immediately, if we had not intervened. Before Ebola we had very little

We have monitors who represent us at every functional prison in the country. However, there have been moments when we have spoken out on particular issues, within prisons or against the system.

knowledge about infectious diseases, but when coronavirus came we had knowledge. Before it reached Sierra Leone, there was actually a lot of coronavirus education on the radio, on the television. We had sufficient information and started engaging in case it gets here. So, by the time it was here, we were up and running.

One of the lessons learned from Ebola was about the issue of the rights of the inmates. We spoke about this with respect to prisoners' access to the outside world. When Ebola came, the whole prison system was shut down, and the same happened when coronavirus came. What we did quickly to engage the prison administration was say: 'Look, we have had a lot of lessons that we have learned from this, why don't you create what we call a 'blind visit', because if you shut down the prisons and stop people from coming to the prisons you stop loved ones from visiting their family members.' It is going to create a lot of tension, because the inmates largely rely on what comes from the outside world for their sustenance and survival. So we are very quick to advocate for blind visits. Blind visits mean family members coming to the prison gate, engaging the welfare officer, bringing items for their loved ones to salvage the situation in prisons. They don't see their loved ones, but at least they hear from them. They bring items: 'Your husband brought this, your wife brought this, your brother brought this, your mother brought this'. And so those things have been there to serve as a source of strength for the inmates in prisons.

JC: For some family members, it was very difficult in the beginning, because they felt responsible for their loved ones when they visit. Most of them got back to us and said 'this was very good for us, and it was good for our children, our loved ones who are behind bars, and this blind visit, we know it was for our own good, and our family members...'

AMJ: Ahmed, can you clarify one thing? When you were talking earlier about the preparation, you started by saying something like, 'correctional services are never very well prepared', then you used the phrase 'our preparation'. Who did you mean by that? 'Our' as in Prison Watch or 'our' as in Prison Watch and the Correctional Services?

AJ: Sometimes, when we work as a team, we refer to Prison Watch and Correctional Services as a unit. We

operate as a group because our shared goal is to prevent coronavirus from entering the prisons.

MLDO: What did the government and correctional services do as their first response to coronavirus?

AJ: One good thing that government did was that as soon as they became aware of the outbreak hitting other countries they started preparing. So, as soon as it hit Sierra Leone things were moving forward. During that process in the period of preparation, they were able to develop some guidelines, some directives. That is even why they succeeded to ensure that whosoever is working on coronavirus should work with the national response center, and that is good for unity. When we got the support from DIGNITY, we wrote to them, and they said 'Oh, this is good, we have not intervened in the prisons.'

What we realized was that government was not focusing specifically on places of detention. Their immediate focus was the general public. But when we spoke with NACOVERC (The National Coronavirus Emergency Response Center) they said 'Yes, if coronavirus gets into prisons in the country it's going to be more dangerous and serious for us'. So, we were able to coordinate and act together.

MLDO: What protective measures were put in place?

AJ: Apart from the restricted visits, there were supplies of hand washing buckets in every prison. We ensured that they were at the gates, at the gate lodge, at the reception etc. Another change was that they used the facemask. Facemasks were provided for the inmates based on the number of inmates across the country. Every inmate had two, at least two. Since these are cloth masks, you can use one today and then wash it at the end of the day. And social distancing in specific locations was announced, for instance, because of the nature of the outbreak inmates are restricted to their blocks and their cells. Only a few inmates were allowed outside and only under strict supervision by specific officers.

What Prison Watch kept doing was to monitor, because our engagement with them, as part of our lessons learned, was that civil society must always be available to monitor them.

Another aspect was to ensure that whoever comes to prisons goes through a screening process, whether you are a new inmate, or you are visiting prisons for the

One of the lessons learned from Ebola was about the issue of the rights of the inmates. We spoke about this with respect to prisoners' access to the outside world.

first time. The first step is to wash your hands at the gate, next step is they do temperature testing, and then for inmates who are coming to stay, they have a form where they ask you some questions about your health situation, x, y, z, and they also ensure that you have a facemask. All of those stages and procedures are part of the screening process at the prisons. And then every prison has what we call an isolation center, so upon admission, if you have any signs, they begin to monitor you right from there. So when one develops the full symptoms, they conduct the test and if confirmed then you are immediately transported to the treatment center.

JC: The prisoners initially were not comfortable with the restrictions because they want to move here and there. But later, when we had the trainings in the correctional centres, all of the block heads went back to them, they saw the stickers, they saw the posters provided, and they came to understand that they had to adhere to some of the restraints put by the officers. Initially it was not easy for them to understand, but after the trainings they knew it was for their own good. At the end of the training, facemasks were distributed to them, and hand washing exercise was done for all the block captains and the block heads, to teach their fellow prisoners when they get back to their blocks.

AJ: If I could add to that Marie, whenever you make changes for prisoners, it's going to be difficult for them to accept. Remember, they are held in one place all day all night, and you tell them 'no more visits, you are not allowed to move from your cells, you are just restricted to your blocks, accept it'. It is difficult for them to accommodate. That is why, when we are able to secure support from DIGNITY to carry out those trainings, get those protective materials, and the public education materials to distribute, we are able to help them understand that we are doing all of this to protect them. Because if we stop coronavirus from entering the prisons, the better for the inmates, the better for the society. So, the fact that we were able to convince them to understand was a huge success on our side.

MLDO: And what was the reaction of the staff and managers?

AJ: In fact, they continued calling Prison Watch, our support has been immense. In fact, they go so far as to say: 'Had it not been...'. A lot of them did not know how to lead a fight in a crisis. So, educating

them, about the steps and the strategies to employ in a crisis was something they appreciated a lot. And they have continued to talk about it.

MLDO: What exactly did Prison Watch do to help the correctional services stop the virus spreading?

AJ: The SLCS have always called on us, any time they need us, with respect to these things. So, during the outbreak we were able to secure support for the following: First, we provided training for correctional officers and police officers. The first set of trainings targeted frontline officers. Then, we targeted senior correctional management because we also wanted leaders in the fight. If you are an officer in charge of the

center, you must be equipped enough in the fight, and they came back to their respective duty stations ready to provide leadership. Next, we continued providing what we called 'preventative materials'. We provided face masks, hand sanitizer, soap. For the children we provided food, rice, milk, other supplements. The idea was since movement was restricted food was going to be a problem. Another role we played was to provide public and mass education. Lots of people did not accept that coronavirus was really

A lot of people have what we describe as 'denial syndrome'. People had a lot of different ideas about what this coronavirus is all about.

real. So, you had to keep talking to them about it, letting them know that coronavirus is here, real, and living with us. A lot of people have what we describe as 'denial syndrome'. People had a lot of different ideas about what this coronavirus is all about. Prison Watch spoke out solidly, as a credible civil society organization.

MLDO: And that denial is in the prison and in the community in general?

AJ: Yes! Even some of the officers would not even acknowledge it was here, until the first case was confirmed in the prison. It created a huge problem.

MLDO: Was anything going on about releasing prisoners to reduce overcrowding?

AJ: Yes, that is another change that took place based on civil society engagement with the judiciary and other state actors. Our prisons are hugely overcrowded, so one thing we could do was to look for the best way to facilitate early release of those inmates whose release dates were coming closer. That was facilitated by the judiciary. Another issue is the closure of the courts. When the courts were closed, no new inmates were coming in, that was also another change.

So, over a period, the number of prisoners in those places did not increase.

MLDO: Do you have more to say on the reaction of correctional services to your interventions?

AJ: PWSL has continued to be the point of call regarding this situation. Whenever an issue arises, the moment they cannot handle it they always call on Prison Watch, and that is one thing we are honestly grappling with right now. The expectation in terms of resource mobilisation to support the SLCS is really very huge on us. They expect so much more than we can offer. And so, you realize sometimes that you are overstretched.

AMJ: Would you agree that your reputation has in some form been enhanced by the fact that you've been able to respond as you have to the crisis?

AJ: Yes, sure

AMJ: But there are also some negative effects in that you cannot meet everybody's expectations?

AJ: We cannot, we cannot. It is difficult to deny. In fact, Andrew, honestly, the last set of facemasks which we provided to the prisons last week, we had to talk to staff members to give us some small small money from their salaries to get some masks together. They need us there. We went to the prison, and some of the prisoners do not have masks and they told us clearly at the gate, if we go to court without a mask, they will not allow us to enter. Immediately, John went to the nearby pharmacy to buy medical masks so that those few could use it for that day. We came back to the office and had an emergency meeting, we called Mambu (PWSL's Director) and discussed with him, then we put some meager resources together. Sometimes, we cannot just do everything, we are overwhelmed with the expectations coming from them... Also, there are days when we come into the office and there are people on the step waiting for us but we keep talking to them. Since they are our clients, we cannot just drive them away, we will continue talking to them so that they can understand.

AMJ: Is there any chance that prison life might get better as a result of the pandemic?

AJ: We continue to hope for a situation where prison life will get better. But as a result of the pandemic? That is difficult to say. You know, you have

been to the prisons, you know our system is not automated, everything continues to be held on paper. So, because of documents being burned during the riot, some inmates continue to be held in prison indefinitely, with no knowledge of when they are actually supposed to be released. So we continue to push them (the authorities) to go to the courts that the inmates are coming from, to search for those records, otherwise some of those inmates will continue to live in prison until God knows when.

AMJ: What is the chief lesson you have learned from coronavirus so far?

AJ: One key thing we have learned from Ebola and coronavirus is that we always need what we call prompt response. Prompt response to outbreaks in prisons would salvage such situations if they happen. There should be standby resources for prompt response. Because if you wait for the pandemic to come to begin to mobilise resources, when are you going to bring all those resources together? So, we think there should be a unit, a kind of engagement, that could have available resources located somewhere for prompt response.

AMJ: Could you say something about the specific effect coronavirus has had on the human rights situation in Sierra Leone?

AJ: One key thing that we observed in our work around the correctional center is the right to access the outside world. Inmates continue to lose access to the outside world. Even when they are allowed the blind visits there are people in the community who are hesitant to come. So losing access to the outside is one key thing that continues to affect the inmates. That has been compounded by the fact that for some period the court system was shut down. Those who were supposed to attend court did not see the courtroom, so we consider that a very serious human rights concern.

AMJ: How have the police been responding to enforcing the new restrictions? Have a lot of new people been thrown in prison or in police cells for not wearing masks or not respecting the lockdown?

AJ: For the police we actually observed that at the height of the outbreak, they were able to cut down on the number of suspects that were in detention, except for a few police stations, that is the largest police stations.

Prompt response to outbreaks in prisons would salvage such situations if they happen. There should be standby resources for prompt response.

AMJ: So, do you think that could actually be a potential positive? If police have got into the habit of giving people bail more easily or not harassing people as much or not arresting so many suspects, that could potentially have a positive effect in the long term?

AJ: In fact, that was one thing we engaged the police hierarchy on. Remember, on a half yearly basis we have an engagement with the police hierarchy on our findings on monitoring police stations. We recently told them 'during coronavirus, during this outbreak, the majority of your police stations have been very prudent in admitting suspects. Why is it that this does not continue under normal circumstances?' And then they gave some excuses, but they promised that since they have started they will continue. So we told them we will follow up and hold them to their word. We have drawn attention to this with our monitors across the country and we will keep an eye on the number of suspects passing through police stations.

AMJ: Are there any things you have learned from the pandemic which will affect the way Prison Watch operates in the future?

AJ: One thing I am very proud of is, during this whole crisis, Prison Watch as an organization has been able to touch the lives of many people under difficult circumstances. For example, we were able to push on the presidency, for the release of over 100 inmates on presidential amnesty. That was one thing the government was not about to do, after the prison riots. Government says 'no, this prison riot has caused a lot of problems in this country, government is spending a

huge amount of money to rehabilitate that institution, and so we are not going to release them.' But you know what? We were able to push government to ensure that, through our advocacy — we went to the television, we went to the radio, we organize advocacy sessions with stake holders in the criminal justice system — prisoners were amnestied. Some of our friends have said to us, 'how did you guys do it?' Even those inmates that are released on early release, because of the outbreak, it's because we pushed for it, and that I am very proud of.

AMJ: Dambie what about you? Your proudest moment of the last six months?

DS: One thing I am proud of is the food supply we got for the children (in the juvenile justice facilities run by the Ministry of Sports and Social Welfare). Because at that time, no food was there for them and no visits for the children, so parents don't come with anything. So, we are very much proud to provide them with food supplies.

AMJ: Finally, do you have any advice for anyone doing what you do? In other countries, for example, what could civil society organisations do to prevent human rights violations in prison? What could they learn from your experience?

AJ: One advice can be that working in the prisons can be a risky environment and you must be mindful of the security setting and implications. One other advice we can give to everybody working in prisons is that it is about being focused, being passionate and being forward looking in the things you do.

Responding to the coronavirus crisis in Chile

Christian Alveal is the National Director of the Chilean Prison Service (*Gendarmería de Chile*). He is interviewed by *Catalina Droppelmann*, Executive Director Centre for Studies on Justice and Society, Pontificia Universidad Católica Chile^{1,2}.

The institution in charge of the Prison System in Chile is Gendarmería. Established in 1911, under the supervision of the Ministry of Justice, it both manages Chilean prisons (8 private and 76 public)³ and aims to contribute to the social reintegration of people serving sentences. With a prison population of 40,131⁴ and an imprisonment rate of 216 per 100,000 inhabitants, Chile has the sixth highest level of incarceration in South America⁵. In terms of its make-up, almost a third of the prison population comprises of pre-trial detainees and prisoners on remand (34.7%); Chile has the second highest female prison population within the region, at 7.1% of the total. The prisons occupancy level is 100.4%, and Human Rights Institutions have reported poor living conditions and systematic deficiencies in access to health services for prisoners⁶.

Chile is one of the countries which has been most severely affected by the coronavirus pandemic⁷. The first case was confirmed on 3 March 2020; from that date onwards, the Government started applying quarantines throughout the country, along with other safety measures such as a curfews. The pandemic really started to strike at the end of autumn and throughout winter (from May to September); by the beginning of August, Chile had the eighth highest number of coronavirus cases registered in the world since the pandemic began, and had the highest number of

infections per million inhabitants, with 19,277 infected people⁸. From the end of June, the peak started to fall and the country's daily cases stabilised, remaining between 1,000 to 2,000 daily cases.

In prisons, the first confirmed coronavirus case was a prison officer on 23 March, followed by a coronavirus outbreak in specific prisons in the capital city and other regions of the country⁹. As of 15 December, there have been more than 2,000 prisoners and 1,650 prison officers infected with coronavirus around the country, of which 17 prisoners and two officers unfortunately died. In response to this health crisis, the Prison Service – in coordination with the Ministry of Justice and the Ministry of Health – has implemented several strategies, such as the development of a Coronavirus Plan, a Health Protocol, a massive vaccination campaign against influenza and a pardon act to release prisoners. Nevertheless, there is still a sense of fear and despair among prisoners and prison staff.

This interview was conducted in November 2020 in the context of the COVID and Prisons Chilean Study, a research project conducted at the Centre for Studies on Justice and Society of the Pontificia Universidad Católica of Chile. The present interview was conducted online using the Zoom platform; it lasted two hours and was recorded. The interview was transcribed, edited and translated into English with the informed consent of the interviewee.

1. This interview was conducted within the COVID and Prisons Chilean Study, a study conducted by the Centre for Studies on Justice and Society of the Pontificia Universidad Católica de Chile (CJS UC), with the support of the National Agency of Research and Development (ANID). For more information, see justiciaysociedad.uc.cl.
2. The following academics contributed to this article: Catalina Droppelmann, Executive Director CJS UC; Pablo Carvacho, Deputy Director CJS UC; Ignacio Borquez, Researcher CJS UC; Amalia Valdés, Researcher CJS UC; Angel Aedo, Lecturer in Anthropology, Pontificia Universidad Católica de Chile.
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5. <https://www.prisonstudies.org/country/chile>
6. Instituto Nacional de Derechos Humanos (2019). Estudios de las condiciones carcelarias en Chile. Available from <https://bibliotecadigital.indh.cl/bitstream/handle/123456789/1180/estudio-general-2016-2017.pdf?sequence=3>
7. By 17th of December 2020, Chile has 578.732 cumulative cases that have been infected and 16.007 have died due to COVID-19 (MINSAL Chile, 2020). According to the weekly update done by the European Centre for Disease Prevention and Control considering 426 countries worldwide, Chile is N° 24 in the world with more cumulative cases, and based on the Lancet COVID-19 Commission report, Chile is one of the most affected countries worldwide (Lancet Commission report, 2020)
8. John Hopkins, 2020 available from <https://coronavirus.jhu.edu/map.html>
9. By April, there were 68 prisoners infected and 81 prison officers in only one prison: CP Puente Alto.

The interviewee is Christian Alveal, the National Director of the Chilean Prison Service (Gendarmería de Chile). Christian has been part of Gendarmería for 31 years. Before becoming National Director, he governed the largest women's prison in the country, introducing several reforms to promote women's reintegration. In 2018, he was appointed National Director by the Chilean President, becoming the seventh non-civilian Director of the institution. He holds a Degree in Business and Administration, and postgraduate studies in management and security.

CD: Have you previously had to manage outbreaks of infectious diseases? What has been the nature and scale of this?

CA: Yes, in 2009: the influenza A (H1N1) virus that was declared a pandemic by the World Health Organization, 153 people died due to the virus in Chile. In the prisons, we managed it with antiviral treatment until the appearance of the vaccine in 2010. During that period, we had no deaths in our prisons. In 2017, the mumps epidemic outbreak was declared as a re-emerging disease, because it existed previously. In the country, the largest number of cases were concentrated in [the capital city] Santiago, with 1,480 infected people – but without deaths. In the prisons, the virus was managed with a clinical approach and isolation measures. Although there was an immunisation programme as a barrier measure in Chile, there was still an outbreak in the general population and among the prison population. As mitigation measures, a vaccination campaign was carried out in prisons for both officials and prisoners between range 20 to 40 years of age. Fortunately, there were no fatalities. None of these infectious diseases were as severe as coronavirus.

CD: How prepared were you for the coronavirus outbreak? Did you have contingency plans in place?

CA: The reality of infections in other countries had alerted the National Health authorities to the imminent possibility of the arrival of the virus in Chile, therefore a plan of measures for its containment and mitigation was initiated. However, it is necessary to point out that living conditions in Chilean prisons considerably differ from those outside; thus, the recommended measures –

such as isolation and social distance, among others – were practically inapplicable in our prisons. For this reason, a contingency plan was developed in accordance with the prisons' reality, with the implementation of gradual restrictive measures for each particular prison in the country. In January, before the first case appeared in Chile [3 March 2020], and according to the first guidelines given by the Ministry of Health, we sent instructions to all the prisons of the country detailing measures to face a probable epidemic outbreak and to handle suspected cases. On 28 February, we generated a protocol to manage prisoners with symptoms of coronavirus with instructions for

both officials and prisoners. Simultaneously, we purchased personal protection items and hygiene supplies to be distributed to all prisons. The first prisoner case emerged in the Puente Alto Detention Centre on 28 March. The first staff case emerged in the city of Ñuble in the south of the country on 23 March. In the same month, the protocol was modified according to new instructions from the Ministry of Health. In April, other protocols were developed: a protocol for the elderly and chronically ill prisoners, a protocol for handling deaths and a protocol for admissions and discharges of prisoners in areas that were in confinement.

CD: When did you start to consider that this may be a significant issue for you? How did you feel at that time?

CA: The global situation showed us that the crisis was imminent for all citizens – but when international prison systems began to experience riots, massive escapes and deaths, we realised that this could not take us by surprise. Therefore, we initiated a strategic operational plan that included humanitarian, security and health aspects. From the beginning, all national institutional headquarters were summoned to prepare for the most critical scenario, requesting the greatest support and commitment from all of our prison officials in the development of proposals and in the event of facing complex situations, similar to those that occurred in other countries. Since the beginning of the health emergency, The Minister of Health has always been specific and direct about the possible consequences that the pandemic could have on the Chilean prison system, and about the need to adopt drastic measures

The global situation showed us that the crisis was imminent for all citizens – but when international prison systems began to experience riots, massive escapes and deaths, we realised that this could not take us by surprise.

as soon as possible – which implied important restrictions for the prison population, such as the suspension of all kinds of face-to-face visits, prison programmes and interventions.

Since I took over as director, I have been affected by various issues: strikes, mobilisations, the social outbreak¹⁰ and now coronavirus. And what I felt from an emotional point of view when the pandemic started was, “Why has everything happened during my administration?”. It has been hard not being able to advance on the issues that I always claimed I wanted to change. In the prison system we always have urgent matters to attend to, and so never have time to change the things that are important to change. I did not want to become director to manage emergencies, but to make changes. Nevertheless, now due to coronavirus, everything is one hundred times more urgent than before. With a global pandemic and the threat that thousands of prisoners would die, and their relatives would blame us for their deaths, the situation was awful from the beginning.

CD: Where there any forecasts of the potential impact in prisons? What was the situation you thought you would be facing?

CA: The international situation was terrible: the studies and recommendations made by international organisations spoke of a “time bomb”, and our authorities anticipated a fairly high mortality from coronavirus. Faced with this discouraging scenario and with responsibility for more than 49,000 prisoners, we were committed to protecting them from the pandemic. Actually, I will never forget a prisoner saying to a prison officer, “please don’t let us die”. Immediately I thought that most probably all our prisoners were thinking the same. We prepared ourselves for the worse-case scenario, preventing the possible impacts on the prisoners, their families and on the prison officers. Based on the first approximations, we expected a higher level of contagions and thousands of deaths. Nevertheless, the situation has been correctly managed – and, to date we have had a regrettable, but significantly smaller, number of deaths:

In the prison system we always have urgent matters to attend to, and so never have time to change the things that are important to change. I did not want to become director to manage emergencies, but to make changes.

17 deaths of prisoners with previous health issues, and two prison officers.

CD: What action did you take in order to manage the risk of infection spreading?

CA: During the pandemic, the main concern of Gendarmería has been to safeguard the lives of prisoners and prison officers, which is why we have taken all the prevention measures suggested by the World Health Organization. Firstly, we have suspended all face-to-face visits. Physical distancing is one of the most effective measures to minimise the risk of contagion. To comply with this, it is necessary and essential to reduce the number of people per square metre living in the same space, which within any prison seems a difficult alternative to implement. For this reason, one of the first measures was the suspension of visits to the prison population in prison facilities. This was first applied to the units circumscribed to the quarantined counties, and later it was implemented across all prisons throughout the country. Secondly, we implemented a rotating shift system for the staff, in order to reduce the chances of contagion among the prison officers themselves, and the transfer of the virus to the prisoners, also restricting the entrance of other people into the prisons. Thirdly, the Ministry of Justice and Human Rights presented a Pardon Act, which

benefited 1,602 prisoners, who had the opportunity of serving the rest of their sentence at home. Additionally, we have offered early release permissions to those prisoners who have shown significant progress in their social reintegration process, and 1,588 prisoners were released under parole¹¹. Fourthly, in order to continue with the prisons’ decongestion, an efficient distribution operation of the prison population was also carried out, for which 3 essential dimensions have been considered: sanitary, humanitarian, and security. The sanitary aims were to allow physical distancing, hygiene, sanitation, and adequate and necessary ventilation in the prisons’ premises. The humanitarian aspects were to grant prisoners decent treatment and living conditions (bed, food, shelter). Finally, the greater the overcrowding, the

10. Civil protests that have taken place throughout Chile since 2019 in response to a raise in the Santiago Metro’s subway fare, the increased cost of living, privatisation and inequality prevalent in the country.

11. Twice a year, prisoners are released under Parole in Chile, independently of the COVID situation.

greater the friction between the prisoners due to the dispute over space, affecting the internal security of prisons. Given the need to improve the living conditions of the prisoners in the most overcrowded prisons, we opened two new prisons, adding 1,992 available places in the Arica Women's Penitentiary Center and in the Complejo Concepcion el Manzano.

CD: What was the reaction of prisoners to these measures? Did you face resistance, or increased distress?

CA: At first, prisoners were concerned for their relatives; they felt unsafe and hopeless. The prisoners felt that they had two options: either they stayed in prison and resigned themselves to dying infected, or they were going to try to get out of jail, not with the logic of escaping, but with the intention of saving their lives. Therefore, we started to bring doctors and nurses into the prison, we listened to the prisoners' concerns, letting them know that we were together. We were all inside the prison, so we tried to tell them: "if you get infected, I get infected too".

In time, due to the socialisation and dissemination of sanitary measures, they started to trust us. We had strong support from the Minister of Justice, who coordinated the collaboration with the Ministry of Health, the Medical College and other specialists. We implemented what we called the "white apron"¹² strategy, which consisted of face-to-face visits to the penal units by medical personnel and prisons' authorities, who interacted with the prisoners, providing care and orientation. In addition, prisoner mentors were trained by the health personnel in preventive hygiene and control measures to reduce the risks of spreading the virus. These prisoners delivered information regarding health measures to the rest of the prison population. In relation to the visits, there were a large number of prisons in which the prisoners themselves voluntarily requested the suspension of visits, due to concerns about their family and their own health. However, there were high levels of distress in the first months, which generated four riots and different violent actions, that were controlled efficiently without any loss of human life.

CD: What was the reaction of staff to these measures?

CA: This question is very important, since, without the commitment of our staff, the management of this health crisis would not have been the same. Each of them, prison officers and civilians, have done their best to keep the prisons operational, even at the risk of their own contagion. Many of them stopped seeing their families, for fear of transmitting the virus. Although we implemented rotating shift systems to reduce the chances of contagion, the staff doubled their efforts to maintain control of the prisons and provide sanitary measures to contain and prevent the spread of the virus. Several measures were implemented in order to

protect the mental and psychological health of our staff, such as training, monitoring, face-to-face visits by psychologists to isolating prison officers, application of PCR tests and telephone monitoring of prison officers who were positive for coronavirus.

Prison officials were feeling a lot of fear and insecurity about how to deal with the pandemic at the beginning. What I did was to act with conviction, firmly. I went to prisons where there were problems and greeted prisoners and officials normally, to give them a sense of normality. I did a video conference call with all the prisons' managers, where I pointed out that the most important thing was to keep the pandemic as a health issue in

prisons and to avoid the situation escalating into a security crisis. There were many reasons to think that this was going to end in a security crisis, because we did not have enough space, there were not adequate living conditions, and we did not have enough paramedics or doctors. In other words, we had lots of reasons to be scared, but what we had to be focused on was management and taking charge of the problems. We also had some staff that refused to cooperate at the beginning, but they quickly understood that we, as prison officers, are mandated even to risk our own lives in order to protect the prisoners. We are mandated to keep order even in dangerous situations: we face riots, fights, and now we cannot be afraid from a bug like coronavirus. The fact that I have been a prison officer for 31 years, and that I have worked directly with

We listened to the prisoners' concerns, letting them know that we were together. We were all inside the prison, so we tried to tell them: "if you get infected, I get infected too".

12. "White apron" is a metaphor used to symbolize the medical intervention in the prisons.

prisoners like all the rest of the prison officers for several years before becoming Director, also helped to enforce cooperation. Also, every time we have had an emergency or a riot due to coronavirus, I have never stayed here at my desk, I always have gone directly to the prisons to solve the problem and support the prison staff.

CD: How were prisoners' families impacted by the measures put in place?

CA: All citizens were subject to the same health measures implemented due to coronavirus: the quarantines were massive, restricting all types of displacement, and were not only for those related to the prison system. However, considering the frequent previous contacts prisoners used to have, undoubtedly families were strongly affected by the suspension of visits. To reassure family members, given the lack of visits and the increase in coronavirus cases at the national level, the Under Secretariat of Human Rights requested the development of a communication plan via WhatsApp, where family members were informed daily of the coronavirus situation in their relatives' prisons. These messages also included the schedule for mail and package deliveries, and information regarding the preventive health measures implemented.

CD: How did you try to mitigate the impact of the measures put in place? Did you develop any new processes or use new technology?

CA: Our first concern in restricting visits was to create an alternative communication system that would allow prisoners to maintain contact with their families. Since the situation outside became more critical every day, the prison environment became strongly stressed. We implemented video call connections and we allowed the entrance of mobile phones provided by the relatives of the prisoners. These mobile phones are controlled by the administration, and are regulated through a protocol of use and operation. Through the Ministry of Justice and Human Rights, a "Humanitarian Calls" project was promoted through the donation of telephone chips, which allowed prisoners isolated due to coronavirus to communicate with their friends and relatives.

CD: What was the impact of coronavirus within the prison system? How did it compare to the forecasts?

CA: Although there were very complex times with massive infections in some prisons, we have experienced great performance and control of the pandemic. All prognosis and even international analysis pointed to a chaotic scenario and of total lack of control in infections and deaths due to the levels of overcrowding. Although the impact was high, by comparison to what was predicted it was substantially less than expected: to date, 17 prisoners have died due to coronavirus. It is important to note that all the deaths were in hospitals, which indicates that they had access to the public health system. While the fatality rate due to coronavirus in the general population in Chile is 2.8% (17 November 2020), among the prison during the same period it was 0.89%.

CD: How did you start to plan to move on from the initial response and start the process of recovery?

CA: We have developed a strong team effort with the support of specialists who have altruistically supported the Prison System during the pandemic. Undoubtedly a collaborative project, where the contribution of each area has added actions to build forceful responses to get ahead in this crisis. International recommendations, instructions from the health authority and the previous experience of our teams were combined to draw up a comprehensive coronavirus contingency plan. We are currently carrying out joint projects with different institutions to implement a protocol for re-establishing prison visits, and we have already implemented a protocol to prevent coronavirus in our National Headquarters.

CD: Have you had to maintain any restrictions or adaptations in order to manage the risk on an ongoing basis? How long do you judge that such restrictions will have to be in place?

CA: To date we have maintained the protection measures among prison officers and prisoners. We are strongly supervising compliance with the protocols, and we are carrying out a permanent delivery of health supplies in all the prisons. We have maintained the coronavirus inter-institutional technical table, and we

All citizens were subject to the same health measures implemented due to coronavirus: the quarantines were massive, restricting all types of displacement, and were not only for those related to the prison system.

are permanently training prison staff and prisoners on preventive measures. With the support of the Undersecretary of Public Health, we are implementing permanent PCR testing in all prisons in the country (active search for cases). Regarding the external reaction, there has been an increase of inquiries from political authorities regarding the measures we have taken, which is understandable considering their supervisory role and concerns for the prison population. The measures will be maintained as long as necessary, and until the health authority determines that they can be removed.

CD: What have you learned from this pandemic? What would you do differently if there were further outbreaks?

CA: From every crisis there is a learning process. If we do not consider anything that we could have done better, it means that pride has invaded us. In our Prison Service, there is always the humility of learning and wanting to do things better. Undoubtedly, what has most impacted us is the need of the prisoners to keep the contact with their families. Therefore, if a new outbreak leads to confinement of citizens again, we will have to reinforce actions to give more fluidity to the contacts and to the process of parcel deliveries into prisons. This situation has reinforced our belief regarding the relevance of prison work. We work with people who have been somehow excluded from society, but they have not lost their citizens' rights.

CD: Is there anything you have learned from this that you believe will shape how you operate in the future?

CA: I have learned the importance of firmness, but also of closeness. Firmness in not compromising on what is intractable, and closeness in being empathetic with fear and anguish – both of prisoners and prison officers. I also reaffirmed the importance of being present in prisons; of talking, communicating and exchanging opinions – of being there to see what prisoners were feeling.

Technology has also shown us an immense potential for collaboration within the criminal justice systems. A great example is its use to carry out judicial hearings by video call with courts, which made it possible to reduce the displacement of prisoners and to avoid contagions due to transfers, but also to reduce the probability of escapes and to reduce transports costs. It is very likely that parts of these practices will be institutionalised in the future, due to the benefits that they entail in optimising time, resources and risks of all

kinds. I would also like to highlight the importance of the sanitary protocols, particularly in the prison context, as they are the basis for protecting the health and life of our prisoners.

CD: What are you most proud of in the response to the pandemic?

CA: The commitment and professionalism of the Prison Service staff. The work of each Chilean prison officer who has helped fight the pandemic, ensuring that workplaces are safe and healthy, has been crucial to containing the spread of the virus, and protecting the health of workers and the prison population. I'm very proud of the courage, commitment, responsibility, empathy, professionalism and resilience shown by each of the prison officials when facing the effects of the pandemic.

Concluding remarks

The former interview offers interesting insights regarding the way in which the prison system responded to coronavirus in a developing country. Prison systems in Latin America are strongly affected by overcrowding, poor living conditions and lack of access to social protection services, that severely challenge their capacity to respond to emergencies. Nevertheless, it is noteworthy how the Chilean Prison Service has managed to implement several strategies to prevent a massive spread of coronavirus among people deprived of their liberty. These strategies have brought together carceral, health and public policies logics that have converged interestingly with the prison culture. This interview puts together the experience of the National Director of the Chilean Prison Service during the pandemic, learning from his lessons and fears. It reflects the point of view of someone who has been deeply immersed in the prison culture and logic for more than thirty years, and shows how coronavirus has challenged some of the ways in which prisons are organized, and power and security are negotiated. Future research on coronavirus and prisons should also investigate the way in which actors outside the realm of prisons have helped to control the pandemic in prisons and how prisoners have experienced these difficult circumstances. Although dramatic, this pandemic will shed new light on prisons studies, forcing us to move our gaze beyond the traditional borders of carceral settings. Moreover, it will open the way to think differently about prisons, to generate innovations, and to critically assess the way prisons are managed and conceived.

Responding to the Coronavirus in Mexico City Prisons

Hazael Ruíz Ortega is the Head of the Mexico City Prison System, and Pedro Aguilar Cueto, the Director of a pre-release prison within the Mexico City Prison System. They are interviewed by Dr. Ruth Armstrong, Senior Research Associate at the Institute of Criminology at the University of Cambridge.

Translation by Rolando Carmona Aldunate.

Mexico is a federal republic made up of 31 distinct states and one federal district, Mexico City. In the country as a whole there are 284 prisons, designed to hold over 220,000 people, but with an official population of just below 214,000 in August 2020. Mexico's imprisonment rate is 165 per 100,000 (based on a national population of just under 130 million in August 2020). In comparison to the two other main jurisdictions in Northern America, it is much lower than the USA, at 639 per 100,000, but somewhat higher than Canada at 107 per 100,000. Just over 5% of people in prison in Mexico are women and just under 5% are children. Mexico City has 13 prisons, with capacity to hold 27,549 people. Nearly 22 million people live in the Mexico City metropolitan area, and in his interview below Hazael Ruíz puts the prison population in October 2020 as 26,953. This means the imprisonment rate in Mexico City is about 123 per 100,000.¹ The budget per person per day in Mexico City prisons is \$130 Mexican pesos, which is equivalent to about \$6.50 US dollars (£4.85 GB pounds or €5.31 euros) per day. For an idea of the comparable cost of imprisonment, the minimum salary per day in Mexico City is less than the cost of keeping someone in prison, at \$123.22 Mexican pesos per day.

As a country, Mexico has been badly hit by the coronavirus pandemic. At the time of writing (first week of Dec 2020) there have been nearly 1,300,000 cases identified across Mexico and just over 115,000 coronavirus related deaths.² This makes it one of the worst effected countries globally, but with notably lower infection and mortality rates than its northern

neighbour, the USA, with over 16,000,000 confirmed cases and over 300,000 coronavirus related deaths.³ In Mexican prisons, as of 8 December 2020, the National Human Rights Commission reported 2,838 confirmed cases and 242 confirmed coronavirus related deaths in custody, and three prison riots related to responses to the pandemic.⁴ In a report prepared by the Secretaría de Gobierno (Home Office – 'SdG') and seen in preparation for this paper, within Mexico City prisons as of 6 December 2020, 15,149 coronavirus tests had been taken, 1552 of which were positive and 12,639 of which were negative.⁵ Of those identified with coronavirus, 1444 had recovered completely, 50 people had been released, one person had been moved to a prison in another jurisdiction and 21 people had died. There had been a further 38 deaths suspected to be coronavirus related but without the test evidence, so 59 suspected coronavirus related deaths in total. The Mexico City prison system was dealing with 36 other confirmed cases at the time of writing, while Mexico City beyond the prison estate had been declared a red zone due to a high number of infections and only essential travel was allowed.⁶

The backgrounds of both interviewees illuminate different professional trajectories into prisons work in Mexico. Hazael Ruíz Ortega comes from a legal background with post-graduate qualifications in penitentiary law (studied in Argentina) and criminology (studied in Spain). He also has a master's degree in educational planning and management⁷ and has been a visiting professor in several Mexican universities. He has over 20 years' experience in the prison system. He began his career as a criminologist⁸ in the Reclusorio

1. Source: <https://www.prisonstudies.org/world-prison-brief-data>

2. Source: <https://covid19.who.int/table>

3. Source: <https://covid19.who.int>

4. Source: https://www.cndh.org.mx/sites/default/files/documentos/2020-07/IE_COVID19_Penitenciarios.pdf and information tweeted by @CNDH on 14 December 2020.

5. 319 results were pending and 638 were repeated tests.

6. <https://covid19.cdmx.gob.mx/comunicacion>

7. His previous publications include a chapter on Mexico in the book *Trends in corrections: Interviews with correction leaders around the world* published by Routledge in October 2012 (2019).

8. In Mexican prisons the Criminology Department is made up of different professions including psychology, education and social work, all of whom interact to support prisoners during their sentence. Criminologists conduct life interviews of people deprived of their liberty on arrival so that individual and social factors contributing to offending can be understood and appropriate courses and support options can be offered. Criminologists will also design and run these courses. For example, in the pre-release prison we discuss in this paper, courses on offer include intra-family violence, crime prevention and parenting courses. Mexican prisons also have a Legal Department, supporting prisoners with the legal progression of their cases and managing their sentences. The Criminology Department will complete interviews and reports so their colleagues in the Legal Department can submit these to the judges.

Preventivo Varonil Oriente (a remand prison in the east of Mexico City for men). He progressed to direct that department and others in the prison, and then to direct (govern) both male and female prisons within the Mexico City prison system. He moved on from this to lead different areas of the whole prison system for Mexico City, including as the Director for Crime Prevention and Social Rehabilitation, and as the Director of the Youth Treatment System, until, on 1 November 2013, he became the Subsecretary (Director) of the whole Mexico City prison system. In this role, he is responsible for the management of all 13 prisons in the country's capital (11 male, 2 female) imprisoning up to 27,000 people, 95% of whom are men, and 5% of whom are women.

Pedro Aguilar Cueto comes from a background in communication sciences and psychology and holds a master's in communication and culture studies. He has been a public servant for 28 years, 18 of which he's spent in the prison system where he has worked with both young people and adults. He is a qualified therapeutic counsellor for drug addiction and engages practically and academically with cross cutting psychological and criminological matters. He has been a visiting professor at the Universidad Autónoma del Estado de Mexico, sharing his work on psychopathology and the prison system in several national and international forums. He has also been a visiting guest lecturer as part of a panel on Latin American prisons for our Masters of Studies students in Applied Penology, Criminology and Management at the University of Cambridge. He currently directs a pre-release prison, annexed to a very large male prison for sentenced prisoners in Mexico City (El Centro de Ejecución de Sanciones Penales Varonil Norte – Anexo Norte). In January 2019 his leading work in this prison was recognised through accreditation for compliance with the American Correctional Association standards and in June 2020 he was awarded a certificate from the Instituto Nacional de Ciencias Penales (INACIPE) for compliance with the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson

Mandela Rules). In the transcription the Spanish names of the prisons have not been translated – 'Reclusorio' is prison, and in Mexico City the prisons are named according to their location in the north (norte), south (sur), and east (oriente).

RA: What are the aims, vision, and mission of your prison system or the prison you direct?

HR: The aim of our prisons for people who are held both on remand and under a sentence, is organised on the basis of respect for human rights, work, training, education, health and physical activity

Our vision is to be a prison system that respects the human rights of those deprived of their liberty, giving them access to the tools they need to effectively engage in the psychological, criminological and sociological support

as ways to support successful reintegration back into society and prevent recidivism.⁹ Our vision is to be a prison system that respects the human rights of those deprived of their liberty, giving them access to the tools they need to effectively engage in the psychological, criminological and sociological support we can offer, in order to change or neutralize the factors that have influenced their offending behaviour, helping them to understand their actions, the effect on their victims and to be successfully reintegrated into society. Our mission is to safeguard people deprived of their liberty within the prisons of Mexico City through providing a safe and ordered prison system with effective security that

guarantees human rights and provides access to technical programmes that strengthen the process of reintegration, while ensuring coordination and verification of all legal processes in order to avoid any action that would contravene the law.¹⁰ Our official values include always working in ways that are recognised as appropriate to maintain security and discipline for all people deprived of their liberty in our prisons.

RA: Can you describe the day-to-day realities of running a prison in Mexico City?

HR: Mexico City's prison system consists of 13 Prison Centers (11 for males, and 2 for females), as well as an Administrative Sanctions and Social Integration Center. As of 25 September 2020, it can hold 27,549

9. In accordance with National Penal Law.

10. As mentioned above, and discussed below in relation to Mexico City particularly, there is a very high remand population in Mexican prisons. Within prisons there is a legal department dedicated to overseeing the movement of cases through the conviction and appeals process. Some of the challenges of this system are depicted in the brilliant film *Presunto Culpable*, from 2011 detailing the case of an innocent man held in prison for many years in Mexico https://www.imdb.com/video/vi1309016601?ref_=tt_pv_vi_aiv_1.

people across all 13 Centers. There are currently 26,953 people in prison (25,434 of which are men, and 1,519 women). Of these, 24,326 are sentenced for local offences (Fuero común) and 2,627 for a federal offences (Fuero Federal). Of this population 18,504 are already sentenced, while 8,449 are awaiting sentence on remand. Of those incarcerated, the most common crimes are theft (41%), homicide (19%), kidnapping (13%), sexual offenses (8%), crimes against health (6%) and carrying a firearm (6%). In terms of age groups, 25% of our population are between 18 and 29 years old, 36% are between 30 and 39 years old, 25% between 40 and 49, and the rest are 60 or above.

In terms of education, 23% of the people in our prisons have only completed primary school, 48% secondary school, 18% secondary school with job training (bachillerato) and 6% have tertiary studies. The remaining 5% includes those who are illiterate, those who only know how to read, and those with graduate studies. Before coming to prison 38% were in skilled employment (white collar workers), 28% worked in commerce and informal sales, 16% were employees, 4% worked as construction workers, 2% stayed at home, and the rest worked in other areas.¹¹

As a system, we have to look after a portion of the imprisoned population that belong to diverse vulnerable groups: of the current population 853 people are over 65 years old, 403 have a recognized form of physical disability, 528 have documented psycho-social disabilities, 181 have HIV-AIDS, 419 are indigenous,¹² 212 are members of the LGBTQI+ community, 287 are foreigners, 4 are pregnant women and 52 minors (20 girls and 32 boys) live with their imprisoned mothers within our prisons.¹³ Until all of the contingencies as a result of coronavirus, around 110,000 people visited the city's 13 prisons each month to see imprisoned family members. This number has dropped so much that during September there were only 38,000 visits recorded.

PA: In my prison, the daily budget per prisoner is exactly the same as in other prisons in Mexico City, at

130 pesos per day. This year our population is below capacity. As of 31 October 2020, we have a population of 102, which is less than half of the capacity of the prison, which is 250. This means there is no overcrowding in my prison, which has many benefits for the population – because we are not currently overpopulated conditions are optimal, dignified and clean, everyone sleeps in a bunk and has access to communal areas and spaces specifically designated for eating. Just like other prisons in Mexico City, we have a selection criteria in my prison. We only hold people who have been sentenced, and do not hold people still on remand (not yet sentenced). Most people serving their sentence are sent here by the 'juez de ejecución' (sentencing judge). The average stay in Anexo Norte is 8 months, but people can stay a maximum of two years. Due to the nature of the regime and what we can offer here,

which includes compliance with planned activities, good behaviour, and the potential to make plans for life post release, which we understand as part of the right to a future, 80% of those who serve time here are granted parole and released early. During their time with us people deprived of their liberty are offered the chance to begin or resume their studies, from learning to read and write to completing their secondary education. We currently have one person learning to read and

write, eight in primary level education, 30 in secondary level education, a further 54 in 'preparatoria' (preparing for a career in work or university) and nine people who have completed their undergraduate degree.

Coronavirus has impacted our links with the community. Because of the general restrictions on movement across Mexico City, people in prison are now only permitted visits once per week. From March 2020 we brought in video calls or 'virtual' visits, which can be from 15 minutes to one hour long. Now we have installed specially equipped booths so these visits are more comfortable and have better audio and visual quality, and prisoners can choose their preferred platform: Skype, Google Duo, Facetime, Zoom and

Because of the general restrictions on movement across Mexico City, people in prison are now only permitted visits once per week.

11. There isn't really a concept of 'unemployed' in this answer, there is formal and informal employment, self-employment (e.g. in commerce) or being 'employed' (working for someone else), is white collar 'skilled employment' and blue collar 'construction workers'. There are very few people who 'stay at home' (are unemployed).
12. Mexico has the largest indigenous population in Latin American countries at over 15% (nearly 17 million people) of the population. Indigenous people are included in this section as 'vulnerable' because there are many ways in which they are marginalised. Indigenous people often don't speak Spanish, the dominant language, but speak one of the other 364 dialects related to the 64 languages spoken across Mexico. Indigenous people's life chances and expectancy are low, with high infant and maternal mortality and malnutrition rates. Many high profile assassinations and disappearances have related to those campaigning for the rights of indigenous people in Mexico. Source: <https://www.iwgia.org/en/mexico.html>.
13. Children live with their mothers in Mexico City prisons until they are 5 years and 11 months old.

WhatsApp. Prisoners can have one in-person visit and several 'virtual' visits per week, which can be arranged according to their family's schedule. People in prison who have coronavirus can still continue to have virtual visits. Conjugal visits¹⁴ were paused for six weeks at the height of the pandemic. Before the pandemic prisoners were entitled to four conjugal visits per month. They have now resumed, but are restricted to once a month.

RA: Have you previously had to manage outbreaks of infectious diseases? What has been the nature and scale of this?

HR: In 2009 there was a pandemic generated by the influenza virus (A/H1N1). Extraordinary measures were taken within the prisons in Mexico City which included closing them to external visits. Although this contingency only lasted for a few weeks, this decision led to a series of violent riots across prisons.

Although this Covid pandemic has been the worst episode of a public health issue faced by Mexico City's prisons, it has not been the only one. In 2007, 2008 and 2009 there were also scabies outbreaks on the Reclusorios Sur, Oriente y Norte, which were swiftly controlled.^{15 16}

Most recently, in early March 2020 there was an outbreak of measles in the Reclusorio Norte, which generated a vaccination campaign including the whole population of the prison, staff and visitors, to control the spread.^{17 18}

RA: How prepared were you for the coronavirus outbreak? Did you have contingency plans in place?

HR: Because of our prior experience referenced above, when news started to circulate about the appearance of coronavirus, we immediately began to prepare to face this threat and contain the impact within prisons, thinking about the health and wellbeing of the staff who work here, as well as those deprived of their liberty and all those who enter the premises, whether as a visitor or as a supplier of goods and services.

On 28 February 2020, well before the first positive case was confirmed, under the direction of the Chief of Government, Dr. Claudia Sheinbaum and the then Government Secretary, Rosa Icela Rodríguez, the Protocol of Action in Penitentiary Centers of México City for SARS-COV-2 was drafted, with the guidance and supervision of the local Secretary of Health and the

local Commission for Human Rights. This protocol was enacted on 16 March 2020, after an exhaustive analysis in coordination with the individual prison directors and across the prison system.

PA: Honestly, we were not prepared. We built the new measures and the contingency plan on a daily basis, following guidelines and procedures that were established by the City Government and the Health Secretariat. Happily, today we have a plan to address the contingency, which runs from Monday to Sunday, 24 hours a day.

RA: When did you start to consider that this may be a significant issue for you? How did you feel at that time?

HR: In Mexico City's prison system, we got busy preparing to face this new illness from the beginning of 2020. This period allowed us to have a clearer view of what was to come and what to expect. This is why it was important to seek advice from sanitation experts and to lean on Mexico City's Department of Health, who established the parameters within which we had to act to successfully face this challenge.

PA: The moment I saw the significant increase in the number of people who were bedridden and relying on ventilators, I thought that this was going to be a big problem, and that it would go on for months. I felt worried and concerned because the virus was advancing quickly, and we did not have enough clarity regarding the protocols and contingency plans for both staff and prisoners.

RA: What actions did you take in order to manage the risk of infection spreading?

HR: The Protocol for Attention to face coronavirus was enacted on 16 March 2020, and a series of measures came into force across prisons in Mexico City. I will try to detail them, in rough chronological order, below.

Initially health and hygiene measures were put in place to ensure regular temperature checks and use of anti-bacterial gel. Cleaning and property sanitization initiatives were also started. Information flyers were distributed in three versions: one for people deprived of their liberty, one for their visitors, and one for staff working inside the prisons. All three provided information about measures that had to be taken in order to prevent the spread of coronavirus.

14. This is called a 'visita íntima'.

15. Yáñez G, Israel, «Nuevo brote de sarna en el Reclusorio Norte», La Crónica, 13 de febrero de 2008, disponible en: [<http://www.cronica.com.mx/notas/2008/347280.html>], consultada en: 2020-07-25.

16. Bolaños, Claudia, «Reportan brote de sarna en reclusorio», El Universal, 02 de abril de 2009, disponible en: [<https://archivo.eluniversal.com.mx/ciudad/94755.html>], consultada en: 2020-07-25.

17. Foro TV, «Brote de sarampión en CDMX pudo haber surgido en Reclusorio Norte», Televisa News, 5 de marzo de 2020, disponible en: [<https://noticieros.televisa.com/ultimas-noticias/brote-sarampion-cdmx-reclusorio-norte/>], consultada en: 2020-07-25.

18. Siete24TV, «Controlan brote de sarampión en el Reclusorio Norte», 9 de marzo 2020, Siete24TV, disponible en: [<https://siete24.mx/mexico/cdmx/controlan-brote-de-sarampion-en-el-reclusorio-norte/>], consultada en: 2020-07-25.

People over 60 years of age, pregnant women and minors below the age of 18 were prohibited from entering the premises, and family visits were scaled back, with the aim of reducing visiting numbers by 50%.¹⁹ Visits were later suspended entirely.

Testing was introduced for those who were new to the prison and isolation units established for those who were infected. Eight tents were installed in six prisons, to be used as additional lodgings in case the number of people infected with coronavirus increased. Fortunately, to date they remain unused. To protect and care for those who were healthy but vulnerable to infection, 115 prisoners were transferred from the Reclusorio Preventivo Varonil Oriente (eastern male remand prison) to the Centro de Ejecución de Sanciones Penales Varonil Oriente (eastern male sentenced prison).

The use of facemasks was made compulsory for every person deprived of their liberty, and reusable masks were handed out on two occasions to every person in prison in Mexico City. During this time, protective gear was also given to security and custody staff, and all other staff working inside prisons in Mexico City including face shields, facemasks, and gloves.

PA: In so far as it is possible, we have endeavored to make our response to the pandemic one of shared ownership, highlighting the need for us all to work together. The Director and his staff kept prisoners informed on a daily basis, communicating information in a truthful, timely and transparent manner. Information was shared every day at 18.00 hours in the biggest courtyard in the prison, while complying with social distancing and using facemasks.

As discussed above, visitation was reduced from four days per week to only one day on a weekend. Prior to the pandemic most people in my prison worked or studied during the week, so they would have visitors all day on Saturday and Sundays, and up to five people visiting each day. Now they can have only one visitor on one day. We have also significantly reduced activities within the prison involving prisoners and staff in closed spaces. In this prison the rooms and dormitories are unlocked at 06.00. They close again at 19.00 but if prisoners want to stay out past this time, they can watch the communal television in the dining area. This closes at 22.00 and everyone must be in their room at this point. Breakfast is served at 08.00, lunch at 14.00 and dinner at 18.00. This routine has not changed during the pandemic. Face to face education provision has stopped, but students are continuing their studies remotely, with materials delivered by officials, who now only come into the prison for scheduled exams.

We work with industrial partners that produce paper bags and sandpaper, and with the Prison Art

project to produce high end leather goods.²⁰ These workshops closed for one month while we established the necessary safety protocols but have reopened and continue to operate following the agreed safety protocols. Similarly, cultural, sport and other recreational activities have not stopped, on the contrary they have increased in order to provide meaningful distraction from the pressures of the pandemic. In this prison we have continued to offer football, volleyball, basketball, boxing and weights, all with safety protocols in place. We also participated in the recent Day of the Dead celebrations by making our 'ofrenda'. This was especially important this year as it was a way to come together to remember friends and family members we have lost, including five colleagues whom we have lost to Covid.

In addition, I made the personal and voluntary decision to move into the prison and live here without leaving for four months, in order that I could keep an eye on any need or situation that may arise and put the health of my staff or those in my care in jeopardy.

RA: What was the reaction of prisoners to these measures? Did you face resistance, or increased distress? How did you monitor this? Did you change anything as a result?

PA: In el Anexo Norte, people deprived of their liberty and staff both underwent a process of adaptation to living in this 'new reality'. The reactions have been good because all of the actions have been aimed at the common good. Every time el subsecretario, Hazael Ruíz Ortega has visited, he has publicly endorsed our phrase "tu me cuidas, yo te cuido" ("you take care of me, and I'll take care of you"), with reference to the use of facemasks, constant hand washing, regular cleaning and sanitizing and each person's commitment to reporting any illness or symptoms immediately.

There has been constant monitoring. The authorities have not only come to the prison to visit, they have been present in the prison every day engaging with everyone. Together we have been a whole team working towards the same goal: to prevent infections and keep everyone in good health amidst this pandemic. The stressful nature of the pandemic cannot be denied because the responsibilities are real and lives are on the line, but we have not faced resistance. At the end of the day, this is an unprecedented situation for everyone, and we have faced it together in a professional and sensible manner. The psychology department has also continued to work in order to provide therapeutic support to people in prison during the pandemic, especially to those who have lost loved ones.

19. To achieve this the number of visitors per visit was reduced, and the number of visits permitted per week was also reduced.

20. <https://www.prisonart.com.mx>

RA: What was the reaction of staff to these measures? How did you monitor this? Did you change anything as a result?

HR: In Mexico City, like everywhere else, everyone whose work commitments did not require their physical presence was instructed to work from home. However, most public sector workers in the prison system, particularly security staff, play a vital role within prisons and they need to be physically present.

I have to acknowledge the effort and commitment that was put into this undertaking, day after day. For more than the half a year of this pandemic, prison staff have kept working hard to make sure all of the new measures are well implemented. They have not dropped their guard and have kept their spirits high. Thanks to everyone's commitment, from cleaning staff to the directors, and especially the security and custody staff, we have produced good results.

PA: Each person is their own universe of reactions and emotions. The impacts of this pandemic have been sudden and have impacted everyone's routines. In my prison we have faced some people who are incredulous, others who are distrustful, have not taken the changes well or others who have resisted new protocols. Some have fled.

In different moments, communication has been a key element among those who have stayed and worked. It has been important to make space for people to be able to express their feelings about how we can face this situation, losing people that are close to us, incorporating uncertainty into our daily lives, accepting that our everyday activities have been altered in terms of families, social lives, and work. It has certainly not been easy because of the stress, annoyances, general bad moods and uncomfortable situations which we are learning to adapt to as time goes on. Our mission, undoubtedly, is to fulfill and carry out all the guidelines given by the competent authorities, including the health sector, not simply to comply, but also to incorporate them into our daily routines and learn how to live in new ways.

RA: How were prisoners' families impacted by the measures put in place?

PA: First, we have to consider that for most people it is not pleasant to visit a loved one in prison. Families gradually transform this activity into a "necessary obligation". Over years families adapt their lives to fit in with the prison system, modifying their schedules, priorities, and activities in order to spend time with those in prison. Evidence from the pandemic in this prison makes us certain that families have benefitted from only being able to visit once a week, and actually most are only visiting once or twice a month. As a result, visits have become something positive, rather than an obligation. It feels more like family time, allows visitors to also take care of other family members, they

save money on transportation, and minimize the chance of infection, protecting both their wider families and their incarcerated loved ones.

RA: How did you try to mitigate the impact of the measures put in place? Did you develop any new processes or use new technologies?

HR: Across all prisons in Mexico City we continued to allow family members to bring personal hygiene items, food, clothes, utensils and other personal items for people deprived of their liberty any day of the week, and we also enabled video calls. We always announced any restrictive measures before they were applied and made sure that all people deprived of their liberty were kept informed.

PA: Without doubt the implementation of "virtual visits" has been a valuable and useful communication tool between people deprived of their liberty and their families in my prison. It has encouraged many people to re-establish ties with those who have not been able to visit them in prison for a long time due to illness or physical distance. Virtual visits have meant people in prison have been able to be part of special family reunions, some have even begun helping their children with their homework. It is a way to mitigate the negative effects of the pandemic and it makes perfect sense to keep it and have it available for people deprived of their liberty for as long as they are in prison.

RA: How did you start to plan to move on from the initial response and start the process of recovery?

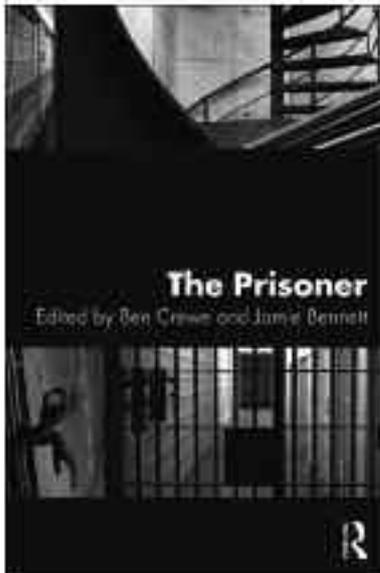
HR: The health authorities are in charge of dictating the general guidelines that determine the 'new normal'. A 'sanitary traffic light' was put in place for the country: in Mexico City we advanced from red to orange, but have since returned to red. This 'traffic light' will establish the framework through which we will gradually restart activities, as well as reestablishing the appropriate restrictions.

Activities inside prisons in Mexico City were never completely suspended, only limited to the extent necessary so that they could be executed while ensuring social distancing. Once the 'sanitary traffic light' is back to green in Mexico City, we will resume our general activity inside prisons.

RA: What are you most proud of in the response to the pandemic?

PA: I am most proud of the commitment and union shown by of all the staff. It has been truly special to lead all the efforts from March, without letting our guard down at any moment. I feel happy with the collective effort because despite the fear of coronavirus, I have always seen their disposition to do their best, whether it is an eight-hour shift, 12-hour shift, or 24-hour plus 48 rest hours shift. They have all reflected the highest standard of public service in our prisons.

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