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**Special edition:
Recovering from the COVID-19 Pandemic**

Contents

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The Editorial Board wishes to make clear that the views expressed by contributors are their own and do not necessarily reflect the official views or policies of the Prison Service.

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Editorial Comment

The production of this special edition of *Prison Service Journal* illustrates the uncertain times in which we live. It was initially commissioned in the summer of 2021, a moment of some optimism that the threat of coronavirus was receding. The roll out of vaccines was proceeding successfully and on 19 July 2021, legal restrictions introduced to respond to the coronavirus pandemic were lifted and life for many people appeared to be returning to some normality. In contrast, the edition was finalised during the winter of 2021-22, in the midst of the rapid spread of the omicron variant of coronavirus, which although resulting in less hospitalisations and deaths than previous waves, did see the re-introduction of some legal restrictions and significant disruption across the country. Prisons found themselves again reducing regimes for prisoners, introducing more rigorous health protection measures including additional testing, and managing the impact of increased staff absenteeism. By the time this edition is published in March 2022, it is likely that the latest wave will be receding and again activities in the community and in prisons will be increasing.

The focus of this edition is ostensibly 'recovery from the coronavirus pandemic', which as Flora Fitzalan Howard and Dr Helen Wakeling describe in their opening article, is 'the process of providing for the needs of the community following a disaster or crisis, while also dealing with the consequences'. The experience of the coronavirus pandemic is that managing the pandemic and initiating recovery are not discrete processes. Crises including pandemics do not have a neat start and end point, instead the processes of response and recovery are interconnected and overlapping. This edition attempts to explore the experiences of simultaneously living with and recovering from the coronavirus pandemic.

This special edition explores these questions by drawing upon a range of perspectives and approaches. There is a combination of literature review, empirical research and interviews. The edition opens with an article by Flora Fitzalan Howard and Dr Helen Wakeling, which sets an important context by defining 'recovery', summarising the research drawn from a range of contexts, and articulating the principles and practices that can most effectively be deployed in prisons. Professor Nick Hardwick, Professor Rosie Meek and Paul Crossey report a study undertaken at HMP The Mount. This research was conducted during the initial waves of the pandemic and traces the shifting experiences and

responses. The article draws lessons not only for responding to crises but also about how the response can inform everyday prison management. The third article focusses on vaccine roll out in prisons, a vital element of response and recovery. This article reports research into effective vaccine programmes and the lessons from prisons. This is an excellent example of how evidence can be developed and reported in order to inform practice.

Interviews are not a conventional way of accessing and presenting knowledge in peer review journals but are regularly used in *PSJ* and in some cases, such as this edition, form the main body of the content. Interviews can be a way of accessing expertise by summarising or reporting research, evaluations and other empirical findings; they can also illuminate the lived experience of people in an authentic way with all of complexity and messiness, and; they are an accessible and engaging way of presenting knowledge. The interviews in this edition feature people who work in the prison system, including operational leaders, a leading international public health expert and a distinguished youth justice specialist. These interviews attempt to convey both the strategy and activity undertaken as well as the emotional experience of working through such a critical time. Interviews with Paula Harriott and Sarah Burrows are intended to provide access to the experience of prisoners and their families, drawing upon their research and work supporting these people. The interviews with the Chief Inspectors of England and Wales, and Scotland offer insights from inspection findings, providing an independent assessment of the challenges and successes of how the prison system has responded. The interview with Dr. Emma Palmer draws upon her expertise in the uses of technology, including in prisons. Many in prisons and the community have suggested that the pandemic has accelerated trends in the use of information technology, and this interview is an informed insight into how this might shape prisons in the future.

This special edition of *Prison Service Journal* reflects the long-standing aims of integrating research, evidence and practice. It is produced in real time, in the midst of recovery from the coronavirus pandemic, a process that is not linear and neat but instead is messy and protracted. The intention is to capture learning; offer a critical and questioning perspective; amplify a range of diverse voices and experiences, and; inform effective and progressive practice.

Recovering from disasters or crises: What can we learn from prior research to help us recover from the COVID-19 pandemic?

Flora Fitzalan Howard and Dr Helen Wakeling are Evidence Leads in Her Majesty's Prison and Probation Service's Evidence-Based Practice Team.

The COVID-19 pandemic has been an unprecedented crisis from which we are in the early process of recovery. In order to maximise the recovery journey, it is important to see what can be learned from recovery from previous disasters or crises. Is there learning that can help us determine how best to recover from this pandemic?

Recovery is the process of providing for the needs of the community following a disaster or crisis, while also dealing with the consequences. It involves restoring, or improving, people's livelihoods and health, as well as the economic, physical, social, cultural and environmental assets, systems and activities of an affected community. The aim of a recovery effort is to 'build back better', and to avoid or reduce future disaster risk. In coming to terms with the impacts of an event, people can find new ways of living or working. The impacts of a disaster or crisis can be profound, long-lasting and life changing. Disaster recovery is just one part of 'emergency management', which includes also the broader components of prevention, preparedness and response. But emergency

management is not simply a linear process where we pass from one phase to the next; indeed recovery processes are best considered even before a crisis occurs and should continue to be a focus during the response and rebuild phases.

Within this paper we aim to summarise existing literature on effective community-led recovery approaches, and features that may enable communities to recover to a better state than before a crisis. Within Her Majesty's Prison and Probation Service (HMPPS), the term 'community' could mean individual prisons, probation areas, a cluster of prison or probation teams, or the entire estate or service. The community could include HMPPS staff and partner agencies (e.g. healthcare, education providers and faith services) and their families, as well as the people in our care and their families.

We have drawn on fourteen papers in relation to recovery, published between 2004 and 2019, which included research studies, literature or outcome reviews, and handbooks, operational materials, special features or descriptive pieces.¹ The majority of the

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1. Aldrich, D. P., & Meyer, M. A. (2015). Social Capital and Community Resilience. *American Behavioral Scientist*, 59(2), 254-269.
Australian Emergency Management Institute. (2011). *AEMI Master Class Report. Facilitating community-led recovery.*
Australian Institute for Disaster Resilience. (2018). *Australian Disaster Resilience Handbook Collection. Community Recovery Handbook 2.*
Bradbury, S., Buchanan, J. (2008). Communities Campaign for Resident-Led Recovery. Bringing Human Rights Home with the Gulf Coast Civic Works Act. *Social Policy Special Feature*, 20-29.
Coles, E., & Buckle, P. (2004). Developing community resilience as a foundation for effective disaster recovery. *The Australian Journal of Emergency Management*, 19(4), 6-15.
Cretney, R. M. (2018). Beyond public meetings: Diverse forms of community led recovery following disaster. *International Journal of Disaster Risk Reduction*, 28, 122-130.
Dibley, G., Mitchell, L., Ireton, G., Gordon, R., & Gordon, M. (2019). Government's role in supporting community-led approaches to recovery. *Department of Health and Human Services, Victoria.*
Gibbs, L., et al. (2014). Core principles for a community-based approach to supporting child disaster recovery. *Australian Journal of Emergency Management*, 29(1), 17-24.
Leadbeater, A. (2013). Community leadership in disaster recovery: a case study. *Australian Journal of Emergency Management*, 28(3), 41-47.
Lisnyj, K. T., & Dickson-Anderson, S. E. (2018). Community resilience in Walkerton, Canada: Sixteen years post-outbreak. *International Journal of Disaster Risk Reduction*, 31, 196-202.
Owen, C. (2018). How can governments enable and support community-led disaster recovery? *Australian Institute for Disaster Resilience*, 33(1), 66-69.
Ramsbottom, A., O'Brien, E., Clotti, L., & Takacs, J. (2018). Enablers and Barriers to Community Engagement in Public Health Emergency Preparedness: A Literature Review. *Journal of Community Health*, 43, 412-420.
Ryan, R., Wortley, L., Ni She, E. (2016). Evaluations of post-disaster recovery: A review of practice material. *The Australia and New Zealand School of Government. Evidence Base* (4), 1-33.
Tambo, E., Chengho, C. F., Ugwu, C., Jonhson, J. K., & Ngogang, J. Y. (2017). Rebuilding transformation strategies in post-Ebola epidemics in Africa. *Infectious Diseases of Poverty*, 6, 71-77.

papers come from Australia, but there were also contributions from New Zealand, the United States, Africa, Canada and Europe. The majority focused on natural disasters, but two looked at recovery from health events (Ebola in Africa, and E-coli in Canada).² No research from prison or probation settings was found.

What emerges is that there is no set way to do 'recovery', as every crisis and its impacts are different. However, the evidence we have drawn on and synthesised, from various settings and across different types of extreme events, points to some common principles for how to conduct community-led recovery.

We could not find any solid evidence-base for 'building back better', however, there are individual areas of research related to this concept that we could draw on. For this part of the review, we drew on six additional papers, published between 2010 and 2020 that included research studies and literature reviews,³ together with the aforementioned community-led recovery research,⁴ and an organisational learning/reflection tool.⁵ These resources collectively provide an evidence-informed view for how organisations may make changes for the better, in particular after a crisis.

What is community-led recovery and what do we mean by 'building back better'?

Historically, models of recovery proceeded through a series of set phases; these have been heavily criticised for their assumption of linear progression through time and a presumed orderly and inevitable rollout. Participatory and community approaches have become the main focus of recovery efforts in recent decades. It is now generally accepted that communities recover best from disasters when they manage and lead their own recovery, with support and help from central Government. This approach enables a community to

reach an understanding of their own needs, what they want to achieve and how they will go about it. It is an opportunity for connectedness and builds capacity for a community to do what they need and want to do, which in turn, builds resilience. The term 'building back better' was coined by technical experts some decades ago in relation to natural disasters; initially it was meant literally, for example, adopting better engineering standards so buildings were less likely to crumble in earthquakes. 'Building back better' has since become a term applied to organisations and communities too. In this context it describes what they ultimately want to achieve as they recover from a crisis and how they might do this. It means that instead of snapping back, organisations can create a 'new normal', taking the opportunity to be better than they were before (such as

having less inequality, being fairer, or being more productive or effective), and in doing so make themselves less vulnerable to future crises. The overwhelming impacts of a crisis, despite being fraught with anxiety and uncertainty, can create a break from the past, enabling us to abandon status quo behaviours, and creatively transform our systems and processes into something that has the potential to work better for all.

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Principles of Community-Led Recovery

Recovery following a crisis is complex, involving multiple players with competing priorities and expectations acting in highly stressful situations. In such times, people may want a step-by-step 'template' or 'blueprint' for how to recover, however, the evidence suggests that this is not the best approach to take. Instead, as recovery will look and happen differently for individual communities, 10 principles for guiding and facilitating community-led recovery have been identified from the evidence-base (table 1 provides

2. See Lisnyj, et al. (2018), and Tambo, et al. (2017).
 3. Annulis, H., McDonald, J., Higgins, G., Ritchie, J. B., Stout, B., & Thompson, R. (2013). Change Leaders' Reflections of Hurricane Katrina: A Qualitative Review. *Change Management: An International Journal*, 12(2), 1-10.
 Dibley, G., Mitchell, L., Ireton, G., Gordon, R., & Gordon, M. (2019). Government's role in supporting community-led approaches to recovery. *Department of Health and Human Services*, Victoria.
 Duchek, S. (2020). Organizational Resilience: a capability-based conceptualization. *Business Research*, 13, 215-246.
 Helliwell, J. F. (2011). Institutions as enablers of wellbeing: The Singapore Prison Case Study. *International Journal of Wellbeing*, 1, 255-265.
 Leong, L. (2010). The Story of the Singapore Prison Service. From Custodian of Prisoners to Captains of Life. A case study. *NS World*.
 Ntontis, E., Drury, J., Amlôt, R., Rubin, G. J., & Williams, R. (2020). Endurance or decline of emergent groups following a flood disaster: Implications for Community Resilience. *International Journal of Disaster Risk Reduction*, 45, 101493.
 4. See footnote 1.
 5. Collaborate CIC (April 2020). Learning from COVID-19: A tool for capturing insights now to shape the future.

recommendations for how these principles may be translated into practice).

1. Taking time

People, organisations and governments can feel under pressure to 'do something' and recover quickly. Speed and efficiency may be needed in the immediate aftermath of a disaster (e.g. to get services up and running again), but the recovery phase is more complex. Recovery seems to happen best when communities are given the opportunity, time and support to determine when and how they make decisions about their future, rather than decisions or priorities being imposed or rushed. People need time to take stock and make sense of what they have endured, individually and collectively. The process of recovery, once it begins, should also not be rushed. Recovery can be a long process. There is no clear indication in the evidence-base for how quickly progress can or should be made, however, imposed benchmarks and timelines are unlikely to be helpful.

2. Active and deliberative community engagement

Community-led approaches to recovery require the active engagement of the community, to identify needs, consider a range of actions and solutions, and empower the community to make decisions. Successful processes to community engagement appear to be characterised by: *influence* (the engagement process should be able to directly influence policy and decisions, rather than be tokenistic), *inclusion* (the engagement process should be representative, inclusive and encourage equal opportunity to participate), and *deliberation* (the engagement process should provide open discussion, access to information and movement towards consensus).

For example, 'open house' meetings, focus groups and surveys were used in the aftermath of disasters such as Hurricane Katrina and the Cedar Rapids floods, enabling the community to be firmly at the heart of recovery planning. This type of engagement work can also help build community resilience by strengthening social networks and partnerships (see later principle on social capital), knowledge sharing, and understanding risk and vulnerability. Whilst there may be an overarching and agreed framework for planned arrangements, the timing, shape, range and

commitment to activities should be determined by the community, and be flexibly altered as needed. Recovery that is determined or fixed externally should be avoided; this is likely to be shaped by external priorities, rather than those of the specific community. There is evidence of continuing stress, resentment and disempowerment experienced when some form of deliberative engagement process is not applied.

3. Effective interaction between government and community

The interaction between government and communities needs particular attention. In previous research, the arrival of 'help' from government has been perceived by communities as an interference which can potentially fracture relationships, albeit inadvertently. Government and central teams need to develop their own capacity to engage with communities in ways that maximise community leadership, self-efficacy and capability.

The evidence suggests that governments should provide the 'scaffolding' for community-led recovery, offering experience and expertise but recognising that communities will be better informed about their own needs and relationships with local support providers, and so they should be the ones driving recovery. Government and central help may be best offered

and accepted when it 'sidles up alongside the community', and where proactive collaboration helps develop trusting relationships between parties. Trust is a prerequisite of community engagement; if community leaders lack trust in central staff, they may decide to disengage, and if central staff lack trust in community leaders they may become more directive rather than collaborative and empowering.

Establishing a centrally located dedicated taskforce that brings together different departments to improve knowledge and coordination between existing services, may help communities access services and support. There is a need for real clarity on decision-making authority, accountability, and availability of funding where needed. Reporting processes and policies that are overly bureaucratic may slow progress and cause frustration.

4. Building local recovery capacity and capability

Although communities will already have existing knowledge, skills, credibility and connections vital for

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their recovery, they may need additional support and guidance during the recovery process. They may need training to become owners and advocates of the recovery process, and implement practical supports to enable their participation. Government and agencies may helpfully serve by facilitating access to consultation, training and logistical support rather than delivering the services themselves. It will be important to identify the knowledge or skills that are needed, be sensitive to the distress that people are feeling, offer support, and help the community develop structures so they can begin to deal with the broader issues themselves.

The effectiveness of mechanisms to engage people within the community (such as by forming community recovery committees) may also depend on their capacity to mobilise the community to provide information about views and needs, discuss ideas and make shared decisions. Good governance (such as being inclusive, having authority to act/make decisions, and accountability), resourcing (including financial and staffing) and sufficient time and space are important.

5. Developing local leadership

A community's recovery appears to be best facilitated when local leaders are central to this, as they are more knowledgeable about their own community's needs, perspectives, resources, connections and initiatives. Their pre-existing relationships with the community also mean their relationships may already be more trusting and legitimate. Leaders come in many forms, including those within existing leadership structures. However, as recovery needs are identified, bespoke roles may be best filled based on people's experience, skills or other relevant qualities, rather than pre-existing formal positions.

The evidence suggests it is vital that leaders receive support and help to foster their personal resilience. Not only have they also endured the crisis but during recovery they can be faced with other community members' grief, anger and stress, and may themselves face blame. Leaders can also face ethical and moral dilemmas when faced with decisions or being unable to prevent actions that may go against their values, which they will need space and support to discuss. Good leadership during these times appears to rely in part on

perceptions of their empathy, availability, and supportive attitude; their own resilience; and their vision of the restored community they are helping all to work towards.

6. Ensuring diversity, inclusion and representation

Community engagement will need to take into account the span of people affected and allow for potential differences in the effects felt by different groups within communities. Community diversity appears to have an important influence on how communities recover from crises, use resources to best meet their needs, and their ability to develop their resilience. As such, it is important that the voices and perspectives from all parts of the community are heard, to inform decisions about the priority needs and interests of the community, and how best to respond to them and ensuring equality. Establishing a community advisory group, and using existing practices that hear people's voices, are two ways to bring together a range of people, generate discussion, understand and acknowledge the embedded community culture and values, and work through how to meet individual and collective needs.

7. Collaborating with community organisations

Small non-government agencies and emergent organisations may be better suited to providing adaptive support services post-disaster, as long as they are supported with technical and financial resources. International research on recovery highlights the importance of both strong local government capacity, and a cohesive system of public, private and volunteer groups integrated into the community. A strong network of local contacts can help to maintain routine service delivery, to activate and empower a range of groups to work collaboratively and effectively use community resources. Local community organisations may also have greater ability to remain adaptable and flexible in response to changing needs and growing insight into community problems.

8. Developing social capital and focussing on people

Social capital refers to the relationships, social support and networks that people have to draw on. Social capital can help recovery in bonding people together, promoting a shared sense of belonging and

Community diversity appears to have an important influence on how communities recover from crises, use resources to best meet their needs, and their ability to develop their resilience.

identity, and it has important implications for people's health and wellbeing.

Research into disasters suggests that communities with higher social capital and community leadership showed the highest satisfaction with community rebuilding and quickest recovery. From the available evidence there is some indication that this plays a greater role in recovery than some other features, such as infrastructure damage, or the amount of aid received. Activities that help to develop social capital, that develop social cohesion and trust within communities and with those in power, may have positive consequences for the resilience and recovery of individuals and communities.

It can be a challenge to keep the focus of recovery on people when it may be easier to focus on getting *things* 'back to normal', but the needs of the community are central to the recovery process. The most successful recovery will integrate physical infrastructure recovery with the social and emotional recovery of the people.

9. Effective communication

Communication in recovery needs to be consistent, honest, trustworthy, and readily available through a range of channels and media that reflect the impacts and loss of infrastructure that can be caused by a disaster, and the challenges created by trauma and grief. Importantly, communications need to cater for the

different rates at which people will move through the various stages of recovery and be more or less receptive to the communications coming through to them.

Drawing on a wider evidence-base, communications about decisions that are made, or processes that are applied, that are perceived to be procedurally just are more likely to be trusted, respected, and accepted by recipients.⁶ Decisions are more likely to be perceived as being procedurally just if recipients have had a voice in the decision, understand how the decision was reached, believe the motive behind the decision was trustworthy, and feel they are being treated respectfully.

10. Building in flexibility and review

The recovery process is more of a 'journey' than a step-by-step linear process. The evidence suggests that communities need the 'adaptive capacity' to enable recovery. This is achieved by having flexible governance arrangements, institutional learning before and after disasters, strong community engagement, and building good relationships between the institution, government and community. There needs to be a continuing review of needs, issues, capacity, activities, effectiveness, governance and so on as recovery progresses, as this enables changes to be made as needed and approaches to be adapted over time. Ideally this will be a collaborative process between communities and agencies or regional and central government.

Table 1: Evidence-informed recommendations for community-led recovery

Taking Time	<ul style="list-style-type: none"> ● Take time to regroup, come together, take stock and make sense of the experience ● Avoid rushing decisions or the recovery process ● Take time to understand the community's needs and best way to meet these, keeping in mind the long-term vision of what the community wants to achieve
Active and deliberative	<ul style="list-style-type: none"> ● Establish a community recovery committee
community engagement	<ul style="list-style-type: none"> ● Encourage people to identify their own needs and priorities ● Empower everyone to take an active role in their own and each other's recovery
Effective for interaction between government and community	<ul style="list-style-type: none"> ● Recognise that different communities, and groups within these, will have different needs and may require different responses ● Actively listen to, respect and draw on everyone's views and expertise ● Avoid a pre-defined 'blueprint' and instead create an overarching and flexible strategy community recovery ● Collate and share the services and support available for communities, and be ready to respond to requests for help ● Avoid mandating actions, and instead empower communities to make their own decisions, supported by central teams ● Consider modifying existing audit, benchmark or policy requirements during recovery phase

6. Fitzalan Howard, F., & Wakeling, H. (2020). People in Prisons' Perceptions of Procedural Justice in England and Wales. *Criminal Justice & Behavior*, 47(12), 1654-1676.

Building local recovery capacity and capability	<ul style="list-style-type: none"> ● Develop mechanisms for identifying community strengths, and knowledge gaps ● Central teams can facilitate access to consultation, training and logistical support, rather than service delivery ● Establish good governance processes, and provide relevant resources and time for communities ● Devise proactive, not just reactive, plans, and encourage community members to take responsibility for these
Developing local leadership	<ul style="list-style-type: none"> ● Identify suitable recovery leaders, based on their knowledge, skills and relationships within the community ● Leaders can be those already in formal hierarchies, as well as new emerging leaders identified as having the right capability to meet identified needs, and who are trusted by the community ● Recognise the strain placed on leaders, and ensure support is in place to protect and develop their resilience and wellbeing
Ensuring diversity, inclusion and representation	<ul style="list-style-type: none"> ● Include all groups in understanding needs and deciding on recovery activities, for example, staff and service users, vulnerable and disadvantaged groups, and families ● Ensure an inclusive and representative approach is taken; take care not to only hear the loudest voices in the community ● Establish community advisory groups, and use existing schemes (such as staff and resident forums, or feedback systems) to hear people's voices
Collaborating with community organisations	<ul style="list-style-type: none"> ● Identify local partners and stakeholders who are able to offer support ● Involve community partners in collaborative planning, and continue this as recovery progresses and needs alter
Developing social capital and focusing on people	<ul style="list-style-type: none"> ● Ensure communication and collaboration with those inside community, their wider community networks (e.g. family and friends) as well as with leaders and decision-makers ● Include multiple people in decisions as much as possible ● Keep the focus of recovery on people, rather than just trying to get things 'back to normal'
Effective communication	<ul style="list-style-type: none"> ● Ensure people have a voice in decisions, understand how decisions are reached, believe the motives behind decisions are trustworthy, and feel they are being treated respectfully ● Ensure communications are getting to the right people at the right time ● Use verbal and written communications, that are tailored to the literacy and cognitive needs of recipients
Building flexibility and review	<ul style="list-style-type: none"> ● Ensure governance arrangements are flexible and learning is made along the way ● Remember it is ok to change direction or decisions if they are not achieving what was hoped for ● Make review processes a collaborative activity between communities, partners and central teams/government

Features of Building Back Better

As with community-led recovery there is no research evidence on what building back better looks like specifically in a prison context, but there are areas of research related to the concept which we can draw on (see footnotes 3-5). This evidence tentatively suggests that building back better following a crisis may be achieved by focusing on four features (table 2 provides ideas for how these principles may be translated into practice):

1. Leadership and Vision

Leadership is a key driver of an organisation's ability to cope and adapt to change, including building back better after a crisis. Leaders can support a shift in culture to spot and create opportunities for development and togetherness, and trigger sustainable change.

2. Shared Identity and Togetherness

The evidence suggests that constructive and supportive new community identities can be formed through experiencing a common fate and collective

trauma. A positive shared identity can foster communication and togetherness, aiding recovery, well-being and social capital. However, after a crisis this shared identity and unity can sometimes dissipate, old problems and divisions can re-emerge, and the benefits of collective identity can disappear; it is therefore important that action is taken to protect against this, and to sustain the unity that the crisis has prompted.

3. Organisational Resilience

We know how important it is that we safeguard and promote the resilience of individuals in our communities; but the evidence is growing that the resilience of the organisation itself is critical — in coping with the unexpected, bouncing back from crises and fostering future success. The evidence suggests that

with enhanced organisation resilience, we can expect to emerge from a crisis stronger and more resourceful, with more efficient and effective processes and capabilities.

4. Learning and Reflection

Organisations with a commitment to learning, that protect time to reflect and encourage innovation are more likely to develop successfully. This is particularly important during recovery from a crisis, where some previous ways of working may have been challenged or restricted, and innovative solutions to problems emerged. The evidence suggests that experimenting with new approaches helps people and organisations to think more creatively, imaginatively and resourcefully, and readies them to adapt to new ways of thinking and behaving.

Table 2: Evidence-informed recommendations for communities building back better

<p>Leadership and vision</p>	<ul style="list-style-type: none"> ● Be completely and repeatedly clear about purpose and vision. Using this as an opportunity for renewed purpose and hope, clarity and direction for the future. ● Communicate clearly, honestly and authentically, and demonstrate credibility, to build trust between leaders and staff and bring everyone with them. ● Demonstrate willingness to change themselves and the way they lead, and listen to people in many roles as to what changes will improve the organisation, and positive changes that have been made during the crisis should be retained. ● Demonstrate a commitment to recovery and belief that the organisation can flourish, whilst acknowledging that this will take time and should not be rushed. ● Celebrate success and when innovations don't work as hoped, use these as learning opportunities, avoiding blame. ● Encourage staff autonomy to make necessary decisions, empower people to share ideas, and resist solely relying on traditional hierarchical structures for decision-making.
<p>Shared identity and togetherness</p>	<ul style="list-style-type: none"> ● Plan moments to come together. Put energy and effort into finding times routinely for the community to gather or connect. Keep up the provision of social support and reinforce those systems put in place during the crisis that showed the care and concern people have for each other. ● Do things for each other as this can improve well-being and social engagement. ● Celebrate the community, connections, achievements and anniversaries, and commemorate the lives lost or trauma experienced during the crisis. ● Actively share experiences and concerns about the recovery process to enhance a sense of unity. Provide opportunities and forums for people to share their stories. ● Ensure equality and fairness in the support provided, activities offered, and decisions made about people, leaving no group behind, in order to avoid triggering resentment and prior group divisions re-establishing. ● Maintain a climate of trust, through the way we communicate decisions with everyone in our community, and in how we treat each other. Trust matters enormously, and trustworthiness tends to be underestimated.

Organisational resilience	<ul style="list-style-type: none"> ● Identify and sustain the positive changes made during the crisis, to develop and strengthen a new 'norm' for future practice. ● Question and reflect on our past ways of working, in a way that's open, free of denial and nostalgia. ● Use to best effect the skills and knowledge throughout the organisation, by creating new networks of learning, innovation and ideas. ● Overcome resistance to change and new ideas through good communication, engagement and respect, based on the principles of procedural justice. ● Effectively coordinate services, changes and their implementation, as well as the resources required in order to achieve better outcomes.
Learning and reflection	<ul style="list-style-type: none"> ● Carefully and critically reflect on past practices, decisions and policies as well as emerging changes that have been implemented to cope with the crisis. ● Listen to and collaborate with as many people as possible to gather learning and prompt reflection on positive changes made, and those still needed. True collaboration goes beyond simple consultation exercises, and involves actively engaging different parts of the community so that they work together effectively. ● Capture the changes that have happened in one place, identify those that work, share success stories so that local changes become national learning. ● Be alert to unintended consequences, such as changes that were intended to do good potentially backfiring, or changes that we expected to create possible difficulties actually providing benefits. ● Ensure the learning and reflection gathered translates into action, or we miss the opportunity to build back better.

Conclusion

Whilst the evidence within this summary is not specific to a prison or probation context, the principles of community-led recovery and features of building back better are all relevant when considering recovery within HMPPS. Recovery following a crisis is complex, involving multiple players with competing priorities and expectations acting in highly stressful situations. Recovery will look and happen differently for different communities. The evidence suggests that approaches to recovery that are led by communities themselves are likely to be most effective. A number of principles for

guiding and facilitating community-led recovery have been identified, although we do not yet know the best way to operationalise these or have rigorous evidence for the impact of these on eventual outcomes. Crises also provide an opportunity to develop ways of working and being that can be better for everyone in the longer-term; the evidence suggests that features of leadership and vision, shared identity and togetherness, organisational resilience, and learning and reflection can help with this. Whilst our synthesis of evidence has not been specific to criminal justice context, it would be prudent to consider this in our recovery from COVID-19.

A Society of Captives locked down: A study of Her Majesty's Prison The Mount during the COVID-19 pandemic

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Introduction

'It is not solitude that plagues the prisoner' wrote Gresham Sykes in his seminal work The Society of Captives — 'but life en masse'.

The COVID-19 pandemic tested Sykes' proposition almost to destruction. Across the prison system in England and Wales a severely restricted regime or 'lockdown' was imposed to limit the spread of the virus with most prisoners locked in their cells for 23 hours a day and most activities halted. The prison system moved quickly from 'life en masse' prior to the pandemic to an imposed 'solitude' as lockdown was imposed — and a critical question now is to what extent prisons should move back to life 'en masse' as the pandemic restrictions are eased.

What appears to have happened across the prison system over the period of lockdown and the effects this had on prisoners was certainly more complex — and surprising — than many, including the authors of this paper, predicted at the start of the pandemic. It was expected that the lockdown would adversely affect prisoners' mental health and, as we shall see, there is plenty of evidence this did happen. However in the male estate, the number of self-harm incidents — one indicator of mental well-being — fell during the periods of most severe lockdown and rose as lockdown was eased². This paper attempts to understand this

phenomenon in one prison, Her Majesty's Prison The Mount, during the COVID-19 pandemic from March 2020 to July 2021 and reflects on the possible implications this has for the future management of the prison and, perhaps, the wider prison service.

This paper has been developed from a report commissioned by the Governor of The Mount into the wider issues of how the pandemic was managed in her prison. That report used unrestricted access to prison documentation to build an initial picture and those interim findings were used to design an independent prisoner survey and interviews³.

It is important to be cautious about our findings. HMP The Mount is just one prison amongst 117 adult prisons and there appear to have been wide differences in self-harm rates between them during the pandemic⁴. It is a male prison and there is some evidence that the pandemic affected women's prisons differently^{5 6}. The internal staff and prisoner surveys we had access to and our own survey and interviews took place at different stages of the pandemic and are likely to reflect prisoners' views at the time a particular survey was undertaken and the level of infection and degree of restrictions in place in the community and the prison at those times. We relied heavily on the prison's own contemporaneous records of what happened during the pandemic to build our initial account as the external members of the research team were unable to get access to the prison during this time.

1. Sykes, G. (1958) *The Society of Captives*. Reprint. Woodstock, Oxfordshire. Princetown University Press, 2007. p.4
2. Ministry of Justice (2021). *Safety in custody quarterly: update to June 2021. Safety in custody summary tables to June 2021*. GOV.UK. [Online] <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-june-2021> (Accessed 02.12.2021) Table 6
3. The authors are grateful to Amy Cooke, Maisie Laslett and Anthony Quinn for their research assistance.
4. Ministry of Justice (n.2) Table 9a
5. Ibid and see for example The Prison Reform Trust and Prisoner Police Network (2021) *Women's experiences of prison during the Covid-19 lockdown regime*. The Prison Reform Trust [Online] Available from: http://www.prisonreformtrust.org.uk/Portals/0/Documents/CAPTIVE4_women.pdf (Accessed: 02.12.2021)
6. HM Inspectorate of Prisons (2021) *HM Chief Inspector of Prisons for England and Wales Annual Report 2020-21*. HC 442. London. The Stationery Office. [Online] Available from: https://www.justiceinspectors.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2021/07/6.7391_HMI-Prisons_Annual-Report-and-Accounts-2020_21_v6.1_WEB.pdf (Accessed 02.12.2021) pp.67-69

However, despite these caveats, the unrestricted access we were given to this documentation does provide an uninhibited view of life in the prison at a time when access was impossible for most other researchers and inspection bodies. In the final stage of the research we were able to conduct our own independent prisoner survey and interviews to understand how they had experienced what the documentation described.

Permission to conduct the research was obtained from Her Majesty's Prisons and Probation Service (HMPPS) National Research Committee and the Royal Holloway University of London ethics committee.

From 'Life en Masse' to 'Solitude' — The Prison System

In October 2019, the House of Commons Justice Committee described the prison system as being in the midst of an 'enduring crisis of safety and decency'⁷. Data published by the Ministry of Justice itself^{8 9} and reports from the Chief Inspector of Prisons¹⁰ on self-harm, assaults, overcrowding, time out of cell and reoffending support this judgement.

Unsurprisingly, these conditions led to real concerns about the impact the pandemic would have on prisons and the spread of infection from prisons to the community^{11 12 13 14 15}. In the event, as we shall see,

the prison service worked hard to keep prisoners safe and as at October 2021 the worst predictions for the prison death rate had been avoided although Braithwaite et al argue that the death rate in prisons is higher than that in the community¹⁶. One hundred and fifty nine prisoners had died whose deaths were related to COVID-19¹⁷; in 133 of these cases, the death was confirmed or suspected of being caused by COVID-19¹⁸.

Most commentators have recognised limiting the number of deaths as a success. The House of Commons Justice Committee stated:

*'The Ministry of Justice, Her Majesty's Prison and Probation Service and wider stakeholders deserve praise for the vital work done. In particular, front-line prison staff have adapted well to the current climate and continue to protect those in their care and the public.'*¹⁹

The committee were however 'concerned about the effect severe restrictions will have on prisoners'²⁰. Other authors and commentators, whilst also recognising the work that has been done to save lives, have suggested that the prolonged and severe lockdown in prisons was exacting too heavy a price^{21 22}. In February 2021 the Chief Inspector of Prisons published a report based on interviews with 72 prisoners in six prisons which found that the

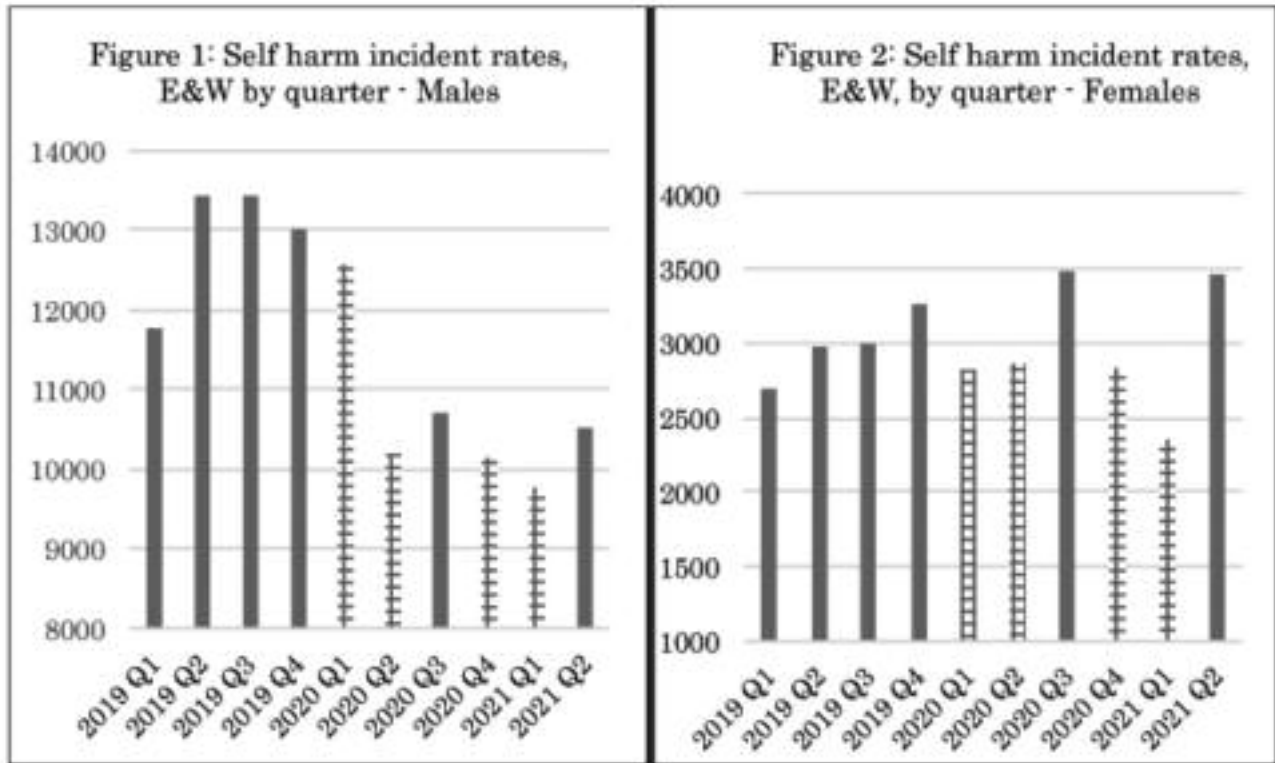
7. Ministry of Justice (2020). Safety in custody quarterly: update to December 2019. *Safety in custody summary tables to December 2019*. GOV.UK. [Online] Available from: <https://www.gov.uk/government/statistics/safety-in-custody-quarterly-update-to-december-2019> (Accessed 01.06.2021)
8. House of Commons Justice Committee (2019) Prison Governance, 29 October 2019, HC 191
9. Ministry of Justice (2020). *HMPPS Annual Digest: April 2019 to March 2020. Chapter 2 Tables – Prison crowding*. GOV.UK. [Online] Available from: <https://www.gov.uk/government/statistics/hmpps-annual-digest-april-2019-to-march-2020> (Accessed 01.05.2021) Table 2.5
10. HM Inspectorate of Prisons (2020) *HM Chief Inspector of Prisons for England and Wales Annual Report 2018-19*. HC 856. London. The Stationery Office. [Online] Available from: https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2020/10/HMI-Prisons_Annual-Report-and-Accounts-2019-20-WEB.pdf (Accessed 01.06.2021)
11. Coker, R. (2020) *Expert Report: COVID-19 and prisons in England and Wales*. Prison Reform Trust. [Online] Available from: http://prisonreformtrust.org.uk/portals/0/documents/COKER_Report_HL_PRT.pdf (Accessed 25.05.2021)
12. Ioannidis, J. (2020) *Infection fatality rate of COVID-19 inferred from seroprevalence data*. World Health Organisation [Online] Available from: https://www.who.int/bulletin/online_first/BLT.20.265892.pdf (Accessed 01.06.2021)
13. Kinner, S. A., Young, J. T., Snow, K., Southalan, L., Lopez-Acuña, D., Ferreira-Borges, C., & O'Moore, E. (2020). Prisons and custodial settings are part of a comprehensive response to COVID-19. *The Lancet: Public Health*, 5(4), e188-189
14. Mehay, A, Ogden, J. and Meek, R. (2020) *Coronavirus: why prison conditions can be a perfect storm for spreading disease* [Online] Available from: <https://theconversation.com/coronavirus-why-prison-conditions-can-be-a-perfect-storm-for-spreading-disease-134106> (Accessed: 01.06.2021)
15. Tsintsadze, K. (2021) *Lockdown Experience of Ethnic Minority Prisoners*. The Zahid Mubarek Trust (Online) available from: A Record of Our Own: Lockdown Experiences of Ethnic Minority Prisoners - Zahid Mubarek Trust (thezmt.org) (Accessed: 01.06.2021)
16. Braithwaite, I., Edge, C., Lewer, D. and Hard, J. (2021) High COVID-19 death rates in prisons in England and Wales, and the need for early vaccination. *The Lancet*. [https://doi.org/10.1016/S2213-2600\(21\)00137-5](https://doi.org/10.1016/S2213-2600(21)00137-5)
17. Reported deaths include all those where the person tested positive within 28 days of the death or where there was a clinical assessment COVID-19 was a contributory factor in their death regardless of cause of death. The cause of death is provisional until the official cause of death has been determined by the coroner.
18. Ministry of Justice and Her Majesty's Prison and Probation Service (2021) HMPPS COVID-19 Statistics: October 2021. *HM Prison and Probation Service COVID-19 Summary tables, October 2021*. GOV.UK. [Online]. Available from: <https://www.gov.uk/government/statistics/hmpps-covid-19-statistics-october-2021> (Accessed 02.12.2021). Table 1
19. House of Commons Justice Committee. *Coronavirus (COVID-19): The impact on prisons*, 27 July 2020, HC 299. p.3
20. Ibid. p.3
21. See for example HM Chief Inspector of Prisons (2020). *Aggregate report on Short scrutiny visits by HM Chief Inspector of Prisons 21 April – 7 July 2020* Her Majesty's Inspectorate of Prisons. [Online] Available at: <https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2020/08/SSV-aggregate-report-web-2020.pdf> (Accessed 01.06.2021) pp.6-7;
22. Prison Reform Trust and Prisoner Policy Network (2020) CAPTIVE. COVID-19 Action Prisons Project: Tracking Innovation, Valuing Experience How prisons are responding to COVID-19. Briefing #2. Regimes, reactions to the pandemic, and progression (Online) Available from: http://www.prisonreformtrust.org.uk/Portals/0/Documents/CAPTIVE2_regimes_and_progression_web_final.pdf (Accessed: 01.06.2021)

'cumulative effect of such prolonged and severe restrictions on prisoners' mental health and well-being is profound'²³.

Central to the discussion of the consequences of the prolonged lockdown is the effect of prisoners' spending long periods locked in their cells. A range of literature has described the detrimental impact on

prisoners of a lack of access to basic amenities, education, work and exercise^{24 25}.

One indicator of overall well-being is prisoner self-harm rates^{26 27}. Despite the concerns about the effects of lockdown on prisoners' mental health, this paper notes an overall decrease in self-harm rates in male prisons and a less marked but still noticeable relationship in female prisons²⁸.



Figures 1 and 2 show the self-harm rates by quarter for male and female prisons in England and Wales. Self-harm rates overall appeared to fall in the periods of the most intense lockdown in the community (shown in the red cross-hatched bars) and rise as restrictions in the community were eased. In male prisons, the rise in self-harm rates as community restrictions were lifted was still well below pre-pandemic levels; in women's prisons the number of self-harm incidents rose above pre-pandemic levels as restrictions in the community were lifted

There is some data and a range of literature that might offer some explanation for the overall fall in self-harm rates in male prisons. An unsurprising consequence of the prison lockdown was that total assault incidents fell by 43 per cent between the years ending September 2019 and 2021²⁹ which is likely to have reduced the impact of bullying on self-harm rates. In one of the few examinations of self-harm by prisoners in the pandemic, Hewson et al³⁰ agree the data indicates a reduction in self harm incidents but

23. HM Inspectorate of Prisons (2021) *What happens to prisoners in a pandemic?* [Online] Available from: <https://www.justiceinspectors.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2021/02/What-happens-to-prisoners-in-a-pandemic.pdf> (Accessed: 01.06.2021) p.4

24. Leese, M., Thomas, S. and Snow, L. (2006) An ecological study of factors associated with rates of self-inflicted death in prisons in England and Wales. *International Journal of Law and Psychiatry*, 29(5), 355–360; 0

25. Nurse, J., Woodcock, P. and Ormsby, J. (2003) Influence on environmental factors on mental health within prisons: focus group study. *BMJ*, 327(7413), p.480

26. Pope, L (2018) *Self-harm by adult men in prison: A rapid evidence assessment (REA)*. HM Prison and Probation Service [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/739521/self-harm-adult-men-prison-2018.pdf (Accessed: 03.06.2021)

27. Favril, L, Yu, R., Hawton, K. and Fazel, S. (2020) Risk factors for self-harm in prison: a systematic review and meta-analysis. *Lancet Psychiatry* 2020; 7: 682–91. Available from: DOI:[https://doi.org/10.1016/S2215-0366\(20\)30190-5](https://doi.org/10.1016/S2215-0366(20)30190-5) (Accessed: 03.06.2021)

28. Ministry of Justice (n.2) Table 6

29. Ibid. Table 1

30. Hewson, T., Green, R., Shepherd, A., Hard, J., & Shaw, J. (2020). The effects of COVID-19 on self-harm in UK prisons. *BJPsych bulletin*, 1–3. Advance online publication. <https://doi.org/10.1192/bjb.2020.83>

draw attention to possible recording failures and, citing Olson³¹, warn that as in other reactions to disasters, this fall might be a 'honeymoon period' before rates begin to rise again.

The lockdown in prisons, as indeed in the wider community, was imposed by government and, in the case of prisons, by the prison service. Prisoners had no choice but to comply yet the extent to which that happened without disorder, either amongst the prison population as a whole, or by individual prisoners committing harmful acts against themselves or others, could be said to be a result of the legitimacy (or lack of it) with which those restrictions were imposed. As authors such as Sparks et al³² suggest, such restrictions require a degree of voluntary compliance, even in prisons, and so they must be seen to be applied fairly and consistently. Liebling³³ describes this as the 'moral performance' of prisons. Jackson et al³⁴ encapsulated this by arguing that this legitimacy on which the social order of prisons depends relies on 'procedural justice' or the perceived fairness of how the prison is run. Our prisoner survey examined the degree to which prisoner perceptions of procedural justice explained the degree of compliance with, or acceptance of, the lockdown of the prison.

The in depth study of The Mount provided an opportunity to test these different perspectives and the impact of these different national factors in one prison.

From 'Life en Masse' To 'Solitude' — The Mount

Her Majesty's Prison The Mount is a public, male, category C training and resettlement prison in Bovingdon, Hertfordshire which in February 2021 held 1022 men, most of whom were serving long sentences for serious offences. It was opened in the 1980s and has a varied mix of accommodation dispersed over a very large site. Since the end of 2019 or early 2020 prisoners have had access to in-cell phones. Following a very critical inspection in 2018³⁵, the inspectorate returned to the prison in 2019 to review the progress the prison had made and found the prison was on an 'upward trajectory albeit from a very low base'³⁶.

So when the pandemic struck in March 2020, and credible predictions were being made about its impact on the prison system as a whole, at first sight HMP The Mount did not appear well placed to respond. However, the inspectorate had detected the prison was beginning to turn the corner and a new leadership team was in place. The next year would provide them with an unprecedented test.

The prison had three periods of complete lockdown in the period March 2020 to March 2021:

- 23 March 2020 — 13 July 2020
- November — 2 December 2020
- 21 December 2020 — 19 February 2021

There were some small differences in the regime provided in different periods of lockdown and arrangements became a little more flexible as time progressed but in the first and longest lockdown for all but essential workers, prisoners were only allowed out of their cells for an hour each day, seven days a week — thirty minutes for exercise in the fresh air and thirty minutes for 'domestics' (for example a shower). Each spur of each wing, about 30 prisoners, was given their hour out of cell at different times so spurs could not mix. Prisoners who were shielding were only able to leave their cells for basic necessities such as a shower and for thirty minutes exercise on their own once a week. There was no gym or visits and medication was delivered to prisoners in their cells.

The mitigations put in place to support prisoners during lockdown also developed as time passed and experience grew but most of the arrangements below were in place throughout the period. Prisoners already had access to phones in their cells with which they could call a limited and controlled list of numbers. Phone call allowance was increased to £100 weekly and credit for foreign national prisoners was unlimited. Credit of £5 for calls was offered to all prisoners in lieu of visits not completed to maintain family contact. All prisoners were to have access to a TV including those on the lowest privilege level — in effect abandoning the incentives and earned privileges (IEP) system which is normally a central part of the prison discipline. The charge for TVs was stopped. 'Comfort/supplementary food' was distributed. Prisoners who were on an ACCT (suicide and self-harm management plans) received

31. Olson R. *Natural Disasters and Rates of Suicide: A Connection?* Centre for Suicide Prevention, 2014. (<https://www.suicideinfo.ca/resource/naturaldisastersandsuicide/>)

32. Sparks, R., Bottoms, A.E. and Hay, W. (1996). *Prisons and the Problem of Order*. Oxford: Clarendon Press

33. Liebling, A. (2004). *Prisons and their Moral Performance: A Study of Values, Quality and Prison Life*. Oxford: Oxford University Press

34. Jackson, J., Tyler, T., Bradford, B., Taylor, D. and Shiner, M. (2010). Legitimacy and procedural justice in prisons. *Prison Service Journal* (191). pp. 4-10. ISSN 0300-3558

35. HM Chief Inspector of Prisons (2018) *Report on an unannounced inspection of HMP The Mount by HM Chief Inspector of Prisons 30 April–18 May 2018*. Her Majesty's Inspectorate of Prisons. [Online] Available at: <https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2018/09/HMP-The-Mount-Web-2018.pdf> (Accessed: 24.05.2021) p.5

36. HM Chief Inspector of Prisons (2019) *Report on an independent review of progress at HMP The Mount by HM Chief Inspector of Prisons*. Her Majesty's Inspectorate of Prisons. [Online] Available at: <https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2019/05/The-Mount-IRP-Web-2019.pdf> (Accessed: 24.05.2021)

regular support calls from the safer custody team. There were measures to assist prisoner hygiene if they were unable to leave their cells to shower or do laundry.

In periods between lockdowns a limited regime was slowly restored in accordance with national prison guidance³⁷ and prisoners had some access to in-person visits, gym, work, education and longer periods of association. Time out of cell remained limited however and prisoners remained 'cohorted' in small groups.

Impact

Deaths

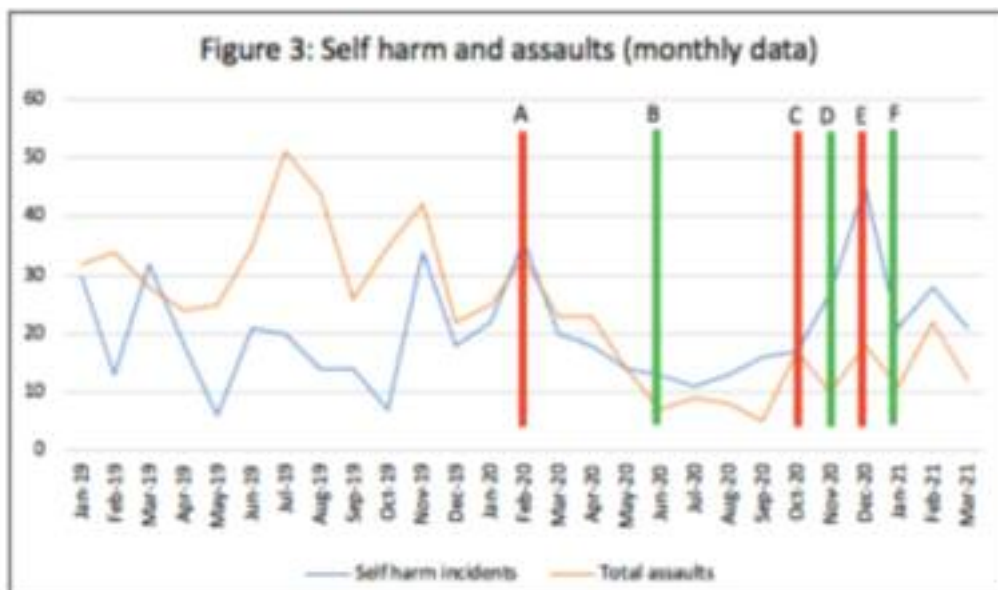
The prison was successful in preventing deaths from COVID-19 at The Mount. No prisoner died whose death was related to COVID-19. Noting the lack of testing in the early days of the pandemic, 168 prisoners had tested positive by June 2021.

Assaults and self-harm

As noted above, self-harm rates may be one indicator of mental distress amongst prisoners. Figure 3 below shows what happened to self-harm and assault rates at the Mount as the prison entered different phases of its response to the lockdown. Overall rates fell when restrictions were imposed and rose when they were relaxed. Rates dropped sharply when the prison

first went into lockdown in March 2020 (A) and rose slowly when restrictions were gradually eased over the summer (B). In an exception to the pattern, self-harm continued to rise during the second national lockdown in November (C) and continued to rise through December (D) when restrictions were eased; assault rates followed the pattern of restrictions in this period. Self-harm rates dropped sharply and assault rates fell again when the prison experienced an outbreak at the end of December (E) and continued to decline during the third lockdown. They rose again as the lockdown eased in February 2021 (F) but in March 2021 fell again.

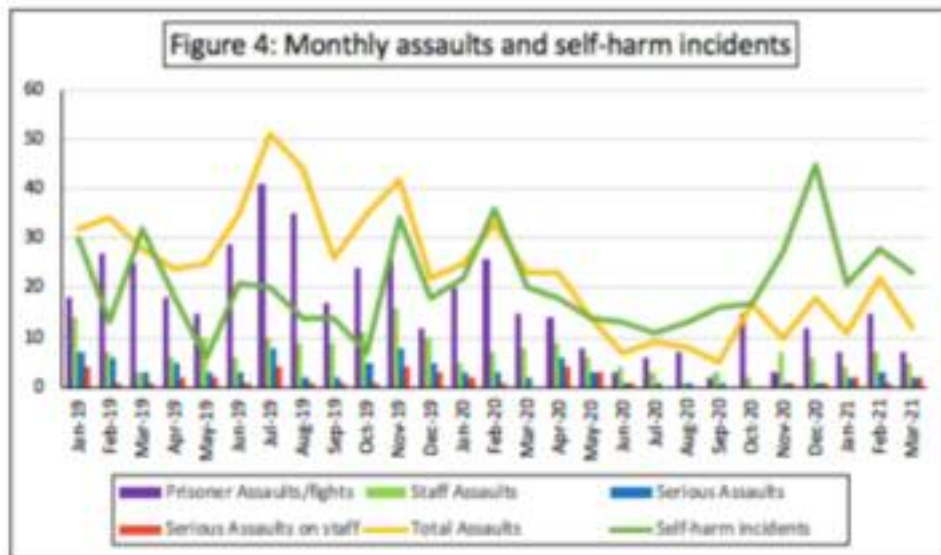
The variations in assault and self-harm rates during the period of the pandemic need to be compared with the period prior the pandemic (Figure 4). The total assault incidents in 2019 were 398 (an average of 33/month) and in 2020 were 192 (an average of 16/month). Total self-harm incidents and monthly averages were 227/19 in 2019 and 252/21 in 2020. The monthly averages for the first three months of 2021 were 15 assault incidents and 24 self-harm incidents. In total there was an overall decrease in assault incidents between 2019 and 2020 but a small increase self-harm incidents in 2020, reflecting higher self-harm incidents in the last quarter of the year. The range of self-harm rates from January to March 2021 is broadly within levels experienced prior to the pandemic.



(Data provided by HM The Mount)

A	23 March 2020	First national lockdown begins
B	13 July 2020	Prison moves to Level 3
C	5 November 2020	Second national lockdown
D	2 December 2020	Second national lockdown ends
E	21 December 2020	The Mount outbreak and prison lockdown
F	19 February 2021	Outbreak ends. Improved regime offered

37. Ministry of Justice and HM Prison and Probation Service (2020a) COVID-19: *National Framework for Prison Regimes and Services* [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889689/prisons-national-framework.pdf (Accessed 26.08.2021)



Data provided by HM The Mount

Self-harm rates are only a crude indicator of prisoner distress and will always vary from month to month. We also examined other measures that might give some insight into prisoner mental health during this period. The number of opened Assessment, Care in Custody and Teamwork (ACCT) care planning processes for prisoners identified as being at risk of suicide or self-harm fell overall by 35 per cent in the period of the first lockdown, rose by 29 per cent over the summer of 2020, and as with self-harm rates, continued to rise in the second lockdown and through December before falling by 30 per cent during the third lockdown and thereafter. Data for the number of in-reach mental health referrals were only available from November 2020. There was a small fall between December 2020 and January 2021, the period of the third lockdown from 76 to 72 referrals and numbers rose thereafter to 123 in April 2021.

Staff

Prisoner wellbeing relies heavily on the quality of support and supervision they receive from staff. This support is of course dependent on staff presence and the prison's data showed staff absences reached their highest levels during the outbreak that affected the prison in December 2020 and January 2021.

We had access to the data from four staff surveys conducted by the prison between May 2020 and May 2021. Surveys were completed by between 141 and 91 staff from a wide range of uniformed and non-

uniformed roles. Despite the concerns revealed in The Mount's staff surveys, results appear more positive than the survey of POA members conducted in January 2021 during the third wave by Memon and Hardwick³⁸. Space prevents a full discussion here but in summary, staff at The Mount appeared somewhat less anxious and to be better supported than staff who participated in the national survey. A fuller examination of staff well-being during the pandemic is an important part of understanding what happened.

Prisoner Survey and Interviews

Methodology

We used the results described above from the first stage of our research to design our own prisoner consultation exercise in order to elicit details about the characteristics and experiences of men held at HMP The Mount. This comprised a prison-wide survey and a focus group discussion which we followed up with individual semi-structured interviews. Surveys were distributed via wing staff and returned throughout June 2021. We received a total of 269 completed surveys, which represents a response rate of more than one quarter of the current population at HMP The Mount. Compared to customary return rates for self-completed prisoner surveys³⁹, we consider this response rate to be excellent⁴⁰. A further 150 participants expressed a willingness to participate in a follow-up interview, and 10 per cent of these (n=15) were selected according to

38. Menon, A. and Hardwick, N. (2021) *Working in UK prisons and secure hospitals during the COVID-19 pandemic*. Centre for Emotion and Law, Royal Holloway University of London [Online] Available from: <http://pc.rhul.ac.uk/sites/csel/wp-content/uploads/2021/05/Summary-of-PO-COVID-19-pandemic-study-for-POA-12052021.pdf> (Accessed: 01.06.2021)

39. Fazel, S., and Danesh, J. (2002) Serious mental disorder in 23000 prisoners: a systematic review of 62 surveys. *The Lancet*, 359, 545-550

40. Prisoners at The Mount have been regularly asked to complete surveys (with a typical response rate of less than 5%) and we were concerned that survey fatigue would lead to low participation figures. With the Governor's permission we were able to offer a £1 phone credit to those who returned a completed survey, as a token of our appreciation

wing and availability, and were interviewed in July 2021. These interviews were supplemented with a focus group discussion with six members of the prison Unity (prisoner rep) group and informal discussions with members of staff, including those representing the prison's Chaplaincy, Healthcare and Education departments.

Survey findings

Characteristics

Our respondent ages ranged from 21-70 years, with an average age of 35 years. 58 per cent identified as White, 16 per cent Asian / Asian British, 13 per cent Black / Black British, 9 per cent mixed and 5 per cent 'other'. 13 per cent reported being a foreign national Just over half (53 per cent) of survey respondent reported having children under the age of 18 years and 6 per cent reported being a Gypsy-Traveller.

Physical and mental health

17 per cent reported having a physical disability, and 18 per cent identified as having a learning disability⁴¹.

In terms of mental health, self-reports indicated a high prevalence of mental health concerns within the population at The Mount and is consistent with the national findings of Wainwright and Gipson⁴².

Specifically, almost one half (48 per cent) of our respondents reported currently suffering from depression, 38 per cent from anxiety/panic attacks, 18 per cent from PTSD, 12 per cent ADHD, 10 per cent Personality Disorder, 8 per cent OCD, 5 per cent from bipolar disorder, 5 per cent schizophrenia, and 5 per cent an eating disorder. Only 18 per cent reported that they had no current mental health problems.

Experiences at HMP The Mount

Mental health and well being

Although more than half of our respondents (53 per cent) reported that on average they had been able to go outside for exercise at least five times per week, access to physical activity and the gym was not surprisingly one of the greatest concerns our participants raised, both in their survey responses and interviews. Being encouraged to exercise in-cell was evidently not an adequate alternative to outdoor and structured exercise, with almost one third of our respondents (31 per cent) reported never exercising in their cell. Furthermore, those reporting low levels of exercise (be it in-cell or outdoors) were more likely to report mental health problems. A further negative correlation could be seen when comparing general health and exercise, with those exercising least reporting the poorest health.

A substantial 38 per cent reported sleep problems as a current mental health problem. On average participants reported 7 hours sleep per night, but this varied significantly ($f = 3.17$, $p < .005$) between wings, with the most disrupted sleep reported from those on the induction wing.

Access to support

In accessing support for mental health, with the exception of the in-reach team, rates were very low and did not correspond with the high levels of mental health needs evident within the population. This was particularly the case for informal mental health support: only four of our participants reported being able to access a Prison Listener, and only 1 per cent ($n=3$) reported accessing The Samaritans while at HMP The Mount⁴³. Just 6 per cent of the sample reported being able to engage with

Being encouraged to exercise in-cell was evidently not an adequate alternative to outdoor and structured exercise, with almost one third of our respondents (31 per cent) reported never exercising in their cell.

41. We encouraged Peer Mentors and Reading Champions to support those with literacy issues to complete the survey but due to restrictions we recognise this would have been unlikely, and therefore those with learning difficulties resulting in literacy issues are likely to be under-represented in our findings

42. Wainwright, L. and Gipson, D. (n.d) *The impact of lockdown on mental health. A summary of patient views*. [Online] EP:IC. Available from: [https://docs.google.com/viewerng/viewer?url=http://epicconsultants.co.uk/onewebmedia/MH%2520Lockdown%2520Summary.%2520PE%2520%2520\(2\).pdf](https://docs.google.com/viewerng/viewer?url=http://epicconsultants.co.uk/onewebmedia/MH%2520Lockdown%2520Summary.%2520PE%2520%2520(2).pdf) (Accessed 18.07.2021)

43. We applied to The Samaritans to review local data as we wanted to explore whether uptake of the freephone Samaritans telephone from The Mount line had increased during lockdown but we were told that this data was not available.

members of the Chaplaincy⁴⁴, 6 per cent from a psychologist or counsellor. However, one quarter of our population (27 per cent) reported receiving help from the Mental Health in-reach team. 11 per cent reported receiving help from a nurse and 10 per cent from a Doctor. Other forms of support were referred to by a minority of our respondents, with single participants referring to the therapy dog, IAPT, and positive mental health input from officers.

Procedural justice

Research has established that the consistent and fair application of rules which are understood and appear legitimate and justifiable are associated with lower rates of violence in our prisons⁴⁵. We assessed perceived levels of Procedural Justice in the prison by asking four different questions, relating to how often staff made decisions about changes due to COVID-19 based on facts, how often staff treated people with respect when making decisions, how often staff explained their decision making, and lastly how often staff gave prisoners an opportunity to voice their concerns or ask questions. Response options to each of these questions ranged from 'never' to 'very often'. Combined, these measures were also summed to create an overall Procedural Justice score, up to a maximum score of 20. The average Procedural Justice score observed across the prison was 9.7: this is below the halfway ('sometimes') point and suggests an overall negative experience of Procedural Justice throughout the prison. Furthermore, perceived Procedural Justice differed statistically significantly according to wing ($F = 2.04, p < .05$). Given that low levels of Perceived Justice are directly correlated with poorer wellbeing and increased likelihood of violence this highlights an area requiring further attention, particularly as restrictions are further relaxed in the community and expectations may be raised surrounding the lifting of prison restrictions.

...how often staff explained their decision making, and lastly how often staff gave prisoners an opportunity to voice their concerns or ask questions.

Contact with family and friends

We also asked prisoners to assess quality of contact with friends and family since March 2020 and under half (45 per cent) of those prisoners we surveyed reported being able to keep in contact with family and friends very well or fairly well. Across our survey respondents, only one third (33 per cent) reported having used Purple Visits.

Changes to the regime as a result of COVID-19 restrictions

The survey also asked participants to identify any changes that were introduced within the prison as a result of COVID-19 that should remain in place after restrictions are relaxed, with an open question 'Are there particular changes that were made to the regime at HMP The Mount that you think should remain in place after restrictions are lifted?'. This elicited some response from the majority of our participants ($n=208$), with the most frequent responses (28 per cent) responding in the negative and in doing so referring to the amount of time in the cell being 'inhumane', 'damaging to prospects', and 'unjustifiable under normal circumstances'. A substantial minority of those who volunteered comments (9 per cent of the total respondents) expressed a preference for the regime to remain, either due to a perceived increase in safety or mental health. Others highlighted the importance of the increased phone/canteen credits and Purple Visits to supplement face to face visits.

Interviews

The final phase of our research involved a series of individual semi-structured interviews ($n=15$) carried out both in-person ($n=10$) and via the in-cell telephone technology ($n=5$), on 7 July 2021. This was two days after the Prime Minister had confirmed most restrictions in the community would end on 19 July⁴⁶ and the

44. This low figure was confirmed in discussion with the Chaplaincy lead who confirmed that in-cell contact was not yet accessible for the Chaplaincy team.

45. McGuire, J. (2018) *Understanding prison violence: a rapid evidence assessment*, London: HM Prison and Probation Service

46. BBC News (2021a) *COVID-19: Most rules set to end in England, says PM*, 5 July. Available from: <https://www.bbc.co.uk/news/uk-57725523> (Accessed: 13.07.2021)

contrast between progress in the community and the lack of it in prisons was particularly sharp. The key themes that emerged from our interviews were, not surprisingly, concentrated on the detrimental impact of the restrictions, free-flow ('I like not mixing with all the other wings ... when you meet people off other wings that's when the problems probably start') and staff relationships: although the quality of staff relationships were largely relayed as negative our interviewees were also able to identify constructive interactions and individual members of staff who had made a positive difference within the prison. Interviews also revealed prominent issues surrounding education and healthcare, concerns that were reinforced in conversations with staff representing these two departments.

Conclusions

No prisoner died at the Mount from COVID-19 related causes and this was a major achievement. The cost of this achievement was high. In order to prevent the spread of infection the prison endured three periods of complete lockdown when most prisoners were unlocked from their cells for just one hour a day and even outside these periods, time out of cell and activities were severely restricted. The lockdown clearly had a detrimental effect on prisoners but the restricted regime also created stability following a troubled period for the prison before the pandemic and the resulting reduction in the drug trade, violence and tension may have been reflected in reduced self-harm rates during periods of lockdown. In addition, the effects of the lockdown were mitigated to some extent by measures the prison took to support all prisoners in their cells and the targeted monitoring and support of the most vulnerable prisoners.

The evidence confirms that up to the end of the period covered by this report prisoners appear to have coped with the lockdown at The Mount better than expected although there were significant frustrations and we found some evidence of inequalities in the detriment prisoners experienced. The reduction in self harm rates in periods of lockdown, although significant, should be regarded with caution. Hewson et al⁴⁷ warn this might be the result of a 'honeymoon

period' and that rates might rise again and Durkheim's theories support this concern. The report of Belong and reference to the work of the mental health in-reach team suggested that lower level prisoner distress was a concern throughout much of the period of the pandemic. Our own prisoner survey and interviews in June and July 2021, over a year since the first lockdown was imposed, suggests that prisoners' mental health and tolerance of the restrictions had diminished since the prison's own prisoner surveys in May and June 2020. Almost half of those who completed our survey stated they had some form of mental health issue and prisoners recorded frustration with the regime restrictions and their treatment by staff.

The experience of The Mount in the pandemic provides important evidence that should inform the development of its future priorities and plans.

Our findings support the senior leadership of the prison's view that there should be no return to very large groups of prisoners taking part in unmanaged free flow and association but there should be a focus on maximising controlled and purposeful activity out of cell alongside measures to improve the quality of time that prisoners spend in their cells and the support available to them there.

There is some evidence from our consultation that the activities most important to prisoners as the prison recovers

are visits, gym and association/exercise. Prisoner views are relatively mixed about continuing to cohort during activities and restricting numbers in work and education. This suggests that gym and visits should be considered as priorities as restrictions are eased and that controlled movement and mixing in 'villages' as the Governor has suggested, might best meet prisoners desire for safety and the ability to associate with others.

Our research suggests that most staff were positive about efforts by the prison's leadership to keep them safe and informed and it is likely this will have had beneficial knock-on effects on staff relationships with prisoners. Our own prisoner consultations suggest variation in the quality of these relationships between staff and across wings and there is a risk that as the urgency created by the pandemic diminishes, and new ways of working become routine, the quality and consistency of these relationships may diminish. There

No prisoner died at the Mount from COVID-19 related causes and this was a major achievement. The cost of this achievement was high.

47. Hewson (n.20)

may be some evidence from our survey and interviews that this is already happening. The important measure of perceived Procedural Justice differed statistically significantly according to wing.

The prison took a number of measures to mitigate the effects of the lockdown. Consideration should be given to maintaining measures such as the closer attention given to prisoners in in distress by the Safer Custody Team, the use of Purple Visits for those who cannot receive visits in person and minimal use of the IEP scheme.

A striking finding from our own prisoner survey was prisoners' low level of access to informal support systems such as Listeners and the Chaplaincy. The availability of in-cell telephones and other in-cell technology creates new opportunities for how these services can be delivered which require creative thinking and the involvement of the services involved. Similarly, it is likely that some activities such as education will be delivered in part in-cell in future and it is important that

the opportunities created by the advent of in-cell technology are used to offer enhanced and individualised provision.

To return to Sykes from whom we quoted at the beginning of this report, prisoners should neither be 'plagued' by 'solitude' or life 'en masse'. They should not be forced to endure the tension and stress of ungoverned, lawless spaces, nor should their mental health be allowed to slowly deteriorate, starved of company and stimulation. The COVID-19 pandemic and The Mount's developing response to it points to a middle way in which prisoners can be engaged in good quality activities whilst being and feeling safe. The Mount is not there yet and the pandemic continues to restrict what is possible. Nevertheless our study suggests it is building the foundations of a better and more positive prison society. We will watch how this develops with interest and look forward to continuing to work with the governor and her team as the prison enters its next phase.



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Overcoming vaccine hesitancy in prisons during the COVID-19 pandemic: A review of practice and our learning about the evidence base

Flora Fitzalan Howard and George Box are registered forensic psychologists and evidence leads in the HMPPS Evidence-Based Practice Team. Dr Karen Thorne is a registered forensic psychologist in HMPPS Psychology Services Group.

'Vaccination is the most important thing we can do to protect ourselves and our families against ill-health. They prevent up to 3 million deaths worldwide each year. However, if people stop having vaccines, it's possible for infectious diseases to quickly spread again'.¹

Vaccination programmes in prisons aren't new; they have been a routine part of healthcare provision for decades. However, the COVID-19 pandemic presented the unique challenge of administering newly developed vaccines to many thousands of people in custody in England and Wales over a relatively short period of time. The vaccine roll-out required substantial efforts and collaboration between the UK Health Security Agency (formerly Public Health England), the National Health Service, Her Majesty's Prison and Probation Service, the Ministry of Justice, and the Department of Health and Social Care.

This article describes some of our understanding of the empirical evidence-base around vaccination uptake and hesitancy before the COVID-19 vaccination roll-out began in English and Welsh prisons, and our learning regarding its application and value in a prison context.

What did we know about vaccination uptake and hesitancy before the prison COVID-19 vaccination programme began?

Whether in prisons or in the community in England and Wales, individuals have a choice about whether to undergo medical treatment, and of course this includes whether they wish to be vaccinated. When COVID-19 vaccination(s) loomed, we began drawing together

existing research to better understand uptake and behavioural drivers, cohorts who may be more or less likely to choose to be vaccinated, and common reasons for vaccine hesitancy. We quickly discovered that whilst there is a good body of evidence on vaccine uptake and hesitancy, almost none of this specifically related to vaccination programmes in prison settings.

Vaccination uptake and behavioural drivers

In October 2020 the World Health Organisation (WHO) published an extremely useful review and synthesis of prior evidence in this area.² Whilst still evolving, the evidence-base provided us with a reasonably good understanding of the barriers and enablers to vaccination, and potentially effective strategies to improve vaccine acceptance and uptake, which went beyond traditional information campaigns aspiring to change behaviours by improving knowledge.

The WHO report is well worth reading in full, but in brief, three categories of drivers of vaccine uptake were identified, which can interact and overlap, depending on contexts.

a) Enabling environment

Environmental factors play an important part in influencing people's vaccination behaviour. For example, what might seem to be reluctance or resistance to vaccination, may actually be a reaction to uptake being difficult to access or too costly for the person. Influential figures have the potential to encourage or discourage vaccination uptake by how enabling they make the environment (such as political leaders, health workers, and the media). Suggested

1. NHS (2019). Why vaccination is safe and important. <https://www.nhs.uk/conditions/vaccinations/why-vaccination-is-safe-and-important/>

2. WHO (2020). Behavioural considerations for acceptance and uptake of COVID-19 vaccines; BPS (2020). Delivering effective public health campaigns during Covid-19

strategies to create a more enabling vaccination environment include:

- Set up safe and accessible vaccination sites
- Make vaccination low/no cost to recipients
- Make getting vaccinated quick and timely
- Make the experience of being vaccinated a positive one
- Provide people with effective and sufficient information on the vaccination and the process of getting vaccinated
- Make getting vaccinated the default expectation

b) Social influences

Social influences play an important role too, in facilitating or acting as barriers to vaccine acceptance and uptake. Such influences include beliefs about what others in one's social group or networks do, or what they approve and disapprove of ('social norms'). Predominant narratives in the media can also skew people's perception of what the majority believe and do. Suggested strategies relating to social influence include:

- Promote social norms in favour of vaccination
- Highlight new and emerging norms in favour of vaccination
- Leverage the role of health professionals
- Support health professionals to promote vaccination
- Amplify endorsements from trusted community members

c) Motivation

An individual's motivation to get vaccinated is usually the result of a combination of factors, such as perceived risk and severity of infection, confidence in vaccine efficacy, values, and triggered emotions (for example, emotional responses to vaccinations and those involved in such programmes such as healthcare services and government authorities). Suggested strategies to influence people's motivation to get vaccinated include:

- Build timely trust and confidence in vaccines
- Leverage anticipated regret in communications (i.e. how a person might feel if they were not vaccinated and then transmitted the virus to a loved one).

- Emphasise the social benefits of vaccination

Differences between cohorts

There is a good body of literature that describes which groups of people are more/less likely to be vaccine hesitant and why, and at the time of our review some (primarily survey-based) studies were beginning to be shared in relation to COVID-19 vaccination specifically.³ Those available to us were limited in some important ways. One particularly important limitation was that the surveys were conducted before an actual vaccine was available, and so people were being asked about their intention to make a choice, rather than actually offering them a choice and seeing how they responded. A second limitation was that some of the studies had yet to be peer reviewed (i.e. they were pre-print manuscripts). Nevertheless, this work, in conjunction with prior research, helped us to begin formulating a picture of people's likely response to a COVID-19 vaccination offer.

In general, the evidence pointed to lower uptake intention/greater hesitancy for people who were:

- female,
- younger,
- from lower income households,
- with lower education levels, and
- belonging to minority ethnic groups.

And lower uptake intention/greater likelihood to decline the vaccination looked to be associated with:

- Low levels of trust in scientists, healthcare, government/state authorities, including distrust of information received from these bodies and from more traditional sources (newspapers, TV), and subsequently being less likely to access this information.
- Misinformation and agreement with disinformation, for example this may be linked to paranoia and conspiracy beliefs, holding anti-lockdown beliefs and beliefs that the threat has been exaggerated.
- The existence of much and conflicting information can leave people feeling overwhelmed, confused, distressed and thus distrustful.
- Beliefs and concerns about vaccine safety/effectiveness/side effects which may

3. Robinson, E., et al. (2021). International estimates of intended uptake and refusal of COVID-19 vaccines: A rapid systematic review and meta-analysis of large nationally representative samples. *Vaccine*, 39, 2024-2034; Williams, L., et al. (2021). Social patterning and stability of intention to accept a COVID-19 vaccine in Scotland: Will those most at risk accept a vaccine? *Vaccines*, 9, 17-28; Sherman, S., et al. (2020). COVID-19 vaccination intention in the UK: results from the COVID-19 vaccination acceptability study (CoVAccS), a nationally representative cross-sectional survey. *Human Vaccines & Immunotherapeutics*, 17, 1612-1621; Murphy, J., et al. (2021). Psychological characteristics associated with COVID-19 vaccine hesitancy and resistance in Ireland and the United Kingdom. *Nature Communications*, 12, 29-44; Neumann-Bohme, S., et al. (2020). Once we have it, will we use it? A European survey on willingness to be vaccinated against COVID-19. *The European Journal of Health Economics*, 21, 977-982; Lockyer, B., et al. (2021). Understanding Covid-19 misinformation and vaccine hesitancy in context: Findings from a qualitative study involving citizens in Bradford, UK. *Health Expectations*, 24, 1158-1167.

be linked to the speed of vaccine development, lack of information about the effects for specific groups/at-risk cohorts, or available information in appropriate formats/languages.

- Perceptions of being low risk of infection, such as if currently healthy and implementing safety precautions.
- Lack of understanding of the benefits of vaccination/low perceived benefits of uptake.
- Lack of understanding about eligibility for the vaccine.

Prison-based vaccination research

Unfortunately, vaccination research within prison settings is scarce. In late 2020 and early 2021 however, a small number of prisons surveyed the people in their care to gauge perceptions of, and reasons for, likely COVID-19 vaccination uptake or hesitancy.⁴ Reassuringly the findings, although not necessarily generalisable across the entire prison estate, seemed very consistent with the non-prison and more established evidence base.

The limited prison-based published work we were able to source focussed primarily on logistical or practical barriers to delivering vaccination programmes in custodial settings, rather than on a person's reasoning for taking up or declining vaccinations.⁵ However, understanding practical barriers in our specific context was still helpful for consideration and planning within HMPPS. The main practical barriers identified included:

- Insufficient staffing numbers for escorting prisoners to, and administering, vaccinations.
- Insufficient vaccination doses available.
- Insufficient space to store and administer the vaccine.
- Cost of vaccination/valid health insurance of prisoners.⁶
- Inaccessibility of up-to-date medical records.
- Language/cultural barriers.
- Conflicting priorities of the organisations/staff (such as health vs. security).
- Transfer between, and release from, prison.
- Lengthy security checks/bureaucracy of processes for additional/external healthcare staff to enter prisons.

Summary

Despite the lack of empirical evidence relating to vaccination in custodial settings, or the COVID-19 vaccination specifically, the existing evidence provided a reasonably solid starting point for the vaccination programme for people living in prison, such as understanding what strategies might best facilitate uptake/acceptance, and who might need particular support to overcome hesitancy and why. Within HMPPS, the evidence and the implications of this were summarised and shared in the form of leaflets (see figures 1 and 2').

4. The prisons included: Maidstone, Send, Exeter, Rochester, Swaleside, Huntercombe, Elmley, Stanford Hill, Grendon, and Spring Hill.
5. Madeddu, G., et al. (2019). Vaccinations in prison settings: A systematic review to assess the situation in EU/EEA countries and in other high income countries. *Vaccine*, 37, 4906-4919; Moore, A., et al. (2019). HPV Vaccination in Correctional Care: Knowledge, Attitudes, and Barriers Among Incarcerated Women. *Journal of Correctional Health Care*, 25, 219-230; Emerson, A., et al. (2020). Barriers and facilitators of implementing a collaborative HPV vaccine program in an incarcerated population: A case study. *Vaccine*, 38, 2566-2571.
6. This is not a relevant barrier in England and Wales but can be in countries with different healthcare service provision schemes.
7. With thanks to Lydia Baxter (HMPPS Evidence-Based Practice Team) for creating them.

Figure 1: Vaccination evidence review: summary of findings and recommendations (front and back of leaflet)

Vaccinations evidence review

Findings and recommendations

Based on scientific evidence from the UK and around the world, we have a good understanding of why people are reluctant to be vaccinated, and what helps to overcome this.

The most common reasons include:

- Low levels of trust (such as in authorities, government and healthcare etc.)
- Concerns or lack of understanding about vaccine safety, potential side effects, effectiveness, eligibility and the speed of development
- Lack of information and misinformation
- Perceptions of being at low risk of infection
- Fear of needles

The strategies that are most likely to help encourage uptake include:

Increasing people's motivation

- Build timely trust in vaccines**
- Respectfully highlight the consequences of inaction** (such as increased risk of becoming ill)
- Emphasise the social benefits of vaccination**
- Help people to understand the risk** of getting and spreading the illness

Develop environments that encourage take up

- Provide effective and sufficient information**
- Use health regulations or mandates**
- Make vaccination the default position**
- Offer the vaccination in a timely manner**
- Remind people to get vaccinated** and help them plan to do this
- Administer the vaccine in safe and accessible locations**
- Ensure people have a positive experience** when being vaccinated

Using social influences to shape behaviour

- Publicise that the majority of people are being vaccinated** or are intending to get vaccinated
- Publicise that people are increasingly engaged with vaccination** as roll-out progresses, including within specific groups
- Use health professionals and management to model uptake** by vaccinating them early on
- Support health professionals to promote vaccination** (making sure they have the right information to share and promote)
- Amplify support from trusted community members**

If you have any questions or would like further information, please contact: Evidence@Justice.gov.uk

Practical recommendations for HMPPS

Communication

- Offer multiple methods and means of delivering critical vaccination information (such as using notices, tannoy announcements, Inside Times, TV, Prison radio, *in addition to in-person conversations*).
- Provide translated materials (for non-English speakers) and support for those with reading, writing and comprehension difficulties.
- Identify and involve trusted messengers/respected others early on to create or deliver briefings and encourage others (this might include health reps, residents, staff, and families).
- Communicate regularly about uptake rates and progress, focussing on numbers completed rather than refusals.
- Use the principles of [procedural justice](#) in all communications.
- Liken vaccine practice to something familiar, like the flu vaccine which is routine and repeated each year.
- Communicate stories from trusted/respected messengers (such as council members, chaplaincy, healthcare, Governors) about their endorsement of vaccination.
- Accurately promote the benefits of vaccination for residents (but be careful to manage expectations).
- Create specific communications and actions about second vaccination doses (due to lower uptake trends for second jabs).

Management

- Have a coordinated and clear leadership message (such as joint support from heads of Healthcare and Governing Governors).
- Encourage a culture where people's concerns are treated with respect, empathised with, and given time for discussion.
- Provide question boxes (or something similar) and named contact(s) for questions and concerns (ideally encouraging in-person conversations).
- Clearly, sensitively and consistently explain the potential health consequences for opting-out of vaccination.
- Coordinate and facilitate security clearances for additional health staff if needed – streamline and make this as straightforward as possible.
- Create plans for post-transfer/release vaccination completion.

Training & staffing

- Create staff briefing materials so they can provide confident, accurate and consistent information (such as written guidance, myth buster and Q&A sheets, videos on intranet, etc.).
- Make sure there are enough staff to provide briefings and answer questions (such as healthcare staff, contact tracing leads and, keyworkers).
- Target special attention on younger people, women, and people from minority ethnic groups who tend to be more hesitant to be vaccinated.
- Have staff issue reminders to individuals about the date and time of 1st and 2nd doses.

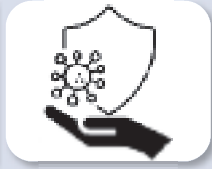
If you have any questions or would like further information, please contact: Evidence@Justice.gov.uk

Figure 2: Evidence-informed leaflet for staff supporting the vaccine roll-out to people in prison.

COVID-19 Vaccine: Supporting Residents

The COVID-19 vaccine has been clinically tested and found to be safe and effective.

It gives us, our loved ones, and the people in our care the best protection possible against coronavirus.



Scientific research tells us that there are lots of different reasons why people might feel reluctant to have the vaccine. These groups of people maybe even more likely to refuse the vaccine:

- Women
- Young people
- People from low income households
- People with lower education levels
- People from ethnic minority groups

Reasons might include:

- Lack of trust in authorities
- Concerns or lack of understanding about vaccine safety, potential side effects, effectiveness, eligibility, and the speed of development
- Lack of information or misinformation
- Perceptions of being at low risk of infection
- Fear of needles

Evidence-based strategies can help us to support residents and encourage uptake during the vaccination rollout:

Reduce or remove any environmental barriers

Provide timely, easy to understand, and relevant information on how they will be vaccinated, and why.

Be responsive to people’s language, literacy, and comprehension

Remind people to get vaccinated and help them plan to do this.

Ensure people have a positive vaccination experience, and that they are treated with kindness, understanding and respect.

Help to increase motivation

Build trust by communicating early, consistently and by answering any questions

Take time to have in-person conversations.

Accurately promote the benefits of vaccination (carefully managing expectations), and normalise the practice by likening it to getting the flu jab.

Respectfully highlight the consequences of inaction (such as increased risk of becoming ill)

Use Social Influences

Remind residents that most people are being vaccinated or are intending to.

Publicise that people are increasingly engaged with vaccination as roll-out progresses.

Ask trusted community members (staff & residents) to voice their support.

For more information or to provide feedback, please contact: Evidence@Justice.gov.uk

What did we learn about how the evidence-base applied to prison settings during the COVID-19 vaccination roll-out?

By mid-May 2021, around 35 per cent of prisoners in England had received their first vaccination dose, and 12 per cent had received their second. Although there was some variation in which age groups were being offered their vaccination (due to differing circumstances, and complications in who qualified for early eligibility), the roll-out in prisons by this point was well through the 40 years plus age group and making inroads into the 30 years plus cohort.

As the roll-out progressed, official data showed some prisons to have higher uptake rates (and lower decline rates) amongst prisoners than in other sites. While some of this may be explained by the types of prison and the populations living there (e.g. gender, age and ethnicity, transfer frequency in and out of the sites, the quality of pre-COVID-19 relationships with staff and the culture of the prisons), we hoped to understand what specific local practices, approaches or efforts may have been helping them. In May 2021 we approached six sites with higher than expected uptake rates to explore their vaccination-related practices and understand what was working for them. These prisons included ones of different purposes, populations and security categories.⁸ The accounts from the prisons (governors, heads of healthcare, operational staff and people living in prison) can be grouped into the nine themes described below and also summarised in figure 3.

1. Robust and detailed administrative planning and coordination

Robust daily preparation and organisation increased efficiency and coverage, avoided a scattergun approach, and ensured no one was inadvertently missed. For example, having a dedicated person or group creating daily lists of names for vaccination (having checked suitability against all contra-indicators,

inclusion/exclusion criteria), a backup/secondary list so that vaccines were not wasted if individuals declined, and recording uptake/decline databases accurately to ensure planning for second approaches could be organised.

Sufficient resources and effective staffing of the process helped with efficiency and accuracy, and continuous review of necessary data and processes (e.g. repurposing offices to have a central planning location, involving people with access to health records, administrative staff, and utilising people on restricted duties⁹).

Clarity around expectations and responsibilities for all staff facilitated effective vaccination delivery (such as operational staff supporting vaccination times at unusual hours or acting as 'runners' to unlock and bring individuals to on-wing vaccination clinics).

2. Proactive and responsive communication

Taking a range of approaches to communication helped to improve effectiveness. For example, sharing specific information rather than everything available (e.g. different leaflets on the same topic) so not to overwhelm or confuse people, using information suited to specific needs (e.g. easy read materials for people with dyslexia or reading difficulties, and translated versions), having

available information for the different vaccines on offer, and using relatable materials/personalised communication (e.g. posters with pictures of similar age groups shown).

Communicating empathically and specifically about the needs and priority concerns of local prisoners enabled teams to proactively address reasons for hesitancy (e.g. concerns about the vaccination and fertility, or religious adherence). Actively listening out for misinformation enabled the prisons to intervene quickly before rumours and incorrect information circulated too widely.

Targeted and routine methods of communication (e.g. in-person conversations, and weekly short

Actively listening out for misinformation enabled the prisons to intervene quickly before rumours and incorrect information circulated too widely.

8. The prisons included: Ford (open prison holding men), Liverpool (category B local prison holding men), Buckley Hall (category C prison holding men), Eastwood Park (women's prison), Brixton (category c resettlement prison holding men), and High Down (category B local prison holding men).

9. Where a person is restricted to carrying out only some of their regular duties (which can be for a range of reasons).

newsletters designed by a Contact Tracing Lead¹⁰ with articles, pictures and a QandA sections on a topical issue/concern) helped to get important information to everyone, with the personal and responsive conversations used additionally for those who were more concerned or hesitant. Using trusted and respected staff and prisoners as primary messengers, alongside dedicated healthcare staff, also worked well (e.g. gym staff, healthcare and gym orderlies, prisoner council members, peer mentors and wing representatives).

Helping people to understand complex information by likening it to something familiar (e.g. breaking down the statistics for the risk of blood clots with the AstraZeneca vaccination, or comparing the risk against the that from using certain illegal substances) combated unhelpful media influence and help people to make informed decisions.

In addition to the main messaging in the early days which focussed on the benefits of vaccination in protecting the community and the more vulnerable, later communications and forums (general and targeted) also focussed on helping people to think through the personal benefits of vaccination/possible cost of not being vaccinated to motivate acceptance/uptake (e.g. sentence progression, taking holidays in the future, being released to a home shared with a vulnerable or older loved one, being released without accommodation and the risks this brings regarding health vulnerability, possible complications with current medication if infected with the virus).

3. Accessibility and flexible timing of vaccination

Administering vaccinations in certain places and at different times made it as easy as possible for people in prison to get vaccinated, and reduced the likelihood of them having to choose between conflicting priorities (e.g. taking showers, making phone calls or attending employment). Altering/being flexible with the timing of vaccinations was appreciated by prisoners also, as it allowed them to not miss other things that were important to them. Examples included: vaccinating on the wings rather than in Healthcare departments,

vaccinating in the evenings and weekends, 'blitz' vaccination days of entire units, and running multiple vaccination clinics at the same time around the prison. Further, these approaches reduced demand on operational staff to escort prisoners to other locations, and when vaccinations were visible to others this could have a social norms effect also.

4. Consistent, knowledgeable and pro-vaccination staff

A sufficient number of staff who had completed training on the vaccine(s), and involving those with a good level of knowledge, meant they could talk about vaccinations and answer related questions or respond to worries in a way that was perceived to be credible and convincing. Such staff were also able to provide ad hoc verbal information on the different types of vaccine (enabling them to overcome spikes in hesitancy when a new one was offered in the prison) without having to rely on written information.

A joined-up service amongst teams (e.g. physical healthcare, mental healthcare and substance misuse services) helped to ensure consistency in messaging, understanding of activities and decisions, and reduced the potential for misinformation.

Having a small core group of staff who administered vaccinations brought consistency in messaging about vaccination and reduced the risk of unintentional misinformation, as well as aiding relationship building. This also enabled easier planning and sharing of incremental learning (e.g. what questions are being asked often so to agree a response to then give proactively in future, reflecting on some terms being more confusing and so to all avoid them, and so on).

5. Staff visibility and relationships

Staff involved in vaccinations (usually from Healthcare departments) being active and visible on the wings outside of vaccination-administration events, having positive relationships with prisoners, speaking often with them (including approaching them rather

Using trusted and respected staff and prisoners as primary messengers, alongside dedicated healthcare staff, also worked well

10. The Contact Tracing Lead was a new role established during the pandemic in each prison: a Band 5 operational colleague supporting their establishment's COVID-19 response, including delivering contact tracing, overseeing COVID-19 testing and promoting vaccination. The role has more recently been expanded (and renamed 'Health Resilience Lead') to also include working with local health teams and supporting staff by offering advice and wellbeing support.

than waiting to be approached), really understanding concerns and respectfully taking time to work through these without feeling rushed, helped to build relationships and trust in vaccination and the prison's motivations, and through this facilitated vaccine uptake.

Ensuring people knew that any adverse reactions would be noticed and acted upon also fostered trust; for example, doubling the number of night-time checks after a person had been vaccinated.

6. Involving and collaborating with people living in prison to support vaccination efforts

Establishing a prisoner working group, and senior staff meeting frequently with representatives chosen by each wing/unit, facilitated the prisons' understanding of primary concerns and worries, provided a chance to respond, and have this channelled back to other prisoners.

Prisoner council members having access to their peers so they could approach them to discuss vaccination, particularly with those who had declined, helped important messages and information to be communicated directly by, and discussed with, trusted and respected peers.

Involving prisoners with good relationships with Healthcare (such as Healthcare representatives and

orderlies), prisoner councils, mentors and representatives helped to support the vaccination drive, engage people who were hesitant, and amplifying the prison's/vaccination team's messages.

7. Quality and timing of first engagement

Giving people advance notice of their scheduled vaccination, and then seeing people in-person the day before or earlier on the day of their appointment to discuss and obtain consent, meant those living in prison did not feel rushed or pressured, gave them the chance to discuss with others, and to speak to staff about worries or questions before making a decision. This helped also with quick identification of people who were hesitant, enabling a concerted and responsive engagement plan to be devised sooner.

8. Careful timing and responsive re-engagement (for people who declined the vaccine)

For those who declined the vaccine, or felt hesitant, repeated in-person conversations to discuss and respond to their specific concerns helped them to feel validated and genuinely cared about, and ensured accurate information was shared with them and myths could be combatted.

Figure 3: Summary of practices aiming to increase vaccine uptake rates

<p>Quality and timing of first engagement</p> <ul style="list-style-type: none"> ● Advance notice of their scheduled vaccination ● Healthcare (or dedicated team) seeing people in-person before or earlier on the day of their appointment to get consent <p>Careful timing and responsive reengagement</p> <ul style="list-style-type: none"> ● In-person conversations to discuss and respond to their specific concerns ● Avoiding second (or repeated) approaches without a personalised conversation ● Choosing the right person for the follow-up ● Dedicating time for the follow-up and time for reflection (before/after) <p>Accessibility and flexible timing of vaccination</p> <ul style="list-style-type: none"> ● Flexible and responsive identification of time and place for vaccination ● Vaccinating on the wings ● Vaccinating in the evenings and weekends ● 'Blitz' vaccination days of entire units ● Running multiple vaccination clinics at the same time around the prison 	<p>Staff visibility and relationships</p> <ul style="list-style-type: none"> ● Vaccination staff being frequently active and visible on the wings ● Proactive and regular conversations with prisoners ● Respectfully understanding individual concerns and taking time to work through ● Ensuring people know that their best interests are being considered, and they will be cared for if they experience adverse effects <p>Proactive and responsive communication</p> <ul style="list-style-type: none"> ● Sharing specific information not everything ● Using information suited to specific needs ● Using relatable materials ● Communicating specifically about priority concerns (including for different vaccines) ● Targeted, routine and varied methods ● Using trusted messengers ● Explaining complex information by likening it to something familiar ● Actively listening for and getting ahead of misinformation ● Emphasising the personal benefits of vaccination/possible cost of not being vaccinated (as well for others)
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<p>Robust and detailed administrative planning and coordination</p> <ul style="list-style-type: none"> ● Accurate daily lists of people to be vaccinated ● Back-up lists to avoid wasted vaccinations ● Detailed recording of data, and planning for people who decline ● Sufficient resources and effective staffing for monitoring and planning ● Continuous review and data monitoring ● Clarity around expectations and responsibilities for all staff <p>Consistent, knowledgeable and pro-vaccination staff</p> <ul style="list-style-type: none"> ● Sufficient numbers of staff who are trained and have good vaccines knowledge ● Joined up service amongst teams ● Consistency in messaging, and understanding of activities and decisions ● Consistent core group of staff administering vaccinations ● Sharing of learning and good practice 	<p>Involving and collaborating with people living in prison to support vaccination efforts</p> <ul style="list-style-type: none"> ● Prisoner working groups ● Frequent meetings with representatives ● Trusted peers having access to prisoners ● Prisoner councils, mentors and representatives giving and amplifying the necessary messages ● Involving prisoners with good relationships with Healthcare <p>Using, reinforcing and modelling positive norms and expectations</p> <ul style="list-style-type: none"> ● Dedicated, clear and consistent drive and messaging from leaders ● Expectations of a whole prison effort to roll-out the vaccine ● Plenty of recognition, reinforcement and encouragement ● Normalising the vaccine as a routine part of public health delivery ● Vaccinations offered with enthusiasm and the expectation of this being accepted ● Vaccinating people where they can be seen by others ● All staff role modelling by getting their vaccinations and communicating and pro-vaccination messages
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Avoiding second (or repeated) approaches without a personalised conversation minimised the chance of people feeling pressured, not listened to, or that their concerns were being dismissed. Carefully choosing the right person for the follow-up conversation, who was perceived to be credible and trustworthy in the eyes of that specific individual, made this more likely to be successful. Dedicating time for these conversations and follow-up, although resource intensive, was felt to be effective in the long run.

9. Using, reinforcing and modelling positive norms and expectations

Dedicated, clear and consistent drive from leaders (e.g. Governing Governors and Heads of Healthcare), conveying expectations of a whole prison effort to roll-out the vaccine, actively recognising efforts and achievements, and repeating the core messages often, helped to motivate everyone involved.

Normalising the vaccine as a routine part of public health delivery no different to any other vaccination programmes (e.g. flu) or health service helped to reduce anxiety and disproportionate thinking.

Vaccinations communicated about and offered with positivity and enthusiasm and the expectation of

this being accepted helped this to be normalised, and could be done whilst respecting a person's right to decline (e.g. 'this is so exciting, and you'll be fully vaccinated before you leave the prison and go back to your family...' vs. 'I'm here to vaccinate you, do you want it?')

Celebrating being vaccinated (e.g. having photographs taken which that person could keep copies of), using plenty of encouragement and reinforcement, and making involvement special (e.g. choosing the best prisoner cleaners to help with the clinics) was identified as helpful. And vaccinating people where they could be seen (e.g. on the wing) could influence others through the power of social norms.

More generally, the wider staffing group helpfully encouraged uptake by role modelling getting their vaccinations and communicating positive, encouraging and pro-vaccination messages (rather than seeing this as the responsibility of Healthcare or discrete groups of colleagues).

Conclusion

Our evidence review and exploration of practice in a small number of English prisons during the COVID-19

vaccination roll-out, indicates that prior research relating to vaccination uptake and hesitancy is transferrable to custodial settings. Although the experiences of the six prisons we spoke with will not account for every vaccination-related activity in all prisons in England and Wales that has helped with uptake, the similarity of these sites' activities and efforts, and the alignment of these with the wider evidence-based suggestions, suggests we can be reasonably confident in their value in our current, and any potential future, vaccination programme. We have also seen that the context in which these strategies are used, by who, when, and in what combination, matters in prisons.

Of course, the COVID-19 vaccination programme in prisons has not been without challenges. Even with these strategies in place, just like in the community, there are people living and working in prisons (including these six sites) who remain hesitant. This includes younger people, who at the time of our investigations were only just starting to be approached with the offer of vaccination.

Finally, in this work we did not explore the possible stigma experienced by people who cannot, or chose not to, be vaccinated. It is vitally important that in our efforts to encourage and reinforce vaccination uptake, we do not unintentionally contribute to, or reinforce, negative attitudes or behaviours towards those who decline.



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Prisons in pandemic and recovery

Ed Cornmell is HMPPS Prison Gold Commander in charge of organising prisons to respond to COVID. He is interviewed by Professor Ben Crewe, who is based at Institute of Criminology, University of Cambridge.

Ed Cornmell is HMPPS Prison Gold Commander in charge of organising prisons to respond to COVID. Prior to this role, he was Deputy Director of the Long-term and high-security prison estate, and governor of HMP Full Sutton. Ed joined the Prison Service in 2000 as a direct entry administrator and then the Accelerated Promotion Scheme. He has worked in a number of different establishments commencing as a Prison Officer at HMP Leeds. He has previously worked in Private Office and was the Governor of HMP Everthorpe overseeing the merger with HMP Wolds to form HMP Humber.

The interview took place in November 2021

BC: How has the pandemic had an impact on the Prison and Probation Service?

EC: I think a fundamental one, really — just so far-reaching. Be it the people residing within prisons, or those people working with them, we've had to almost rip up the rulebook a little bit and look at things afresh to work out how we can focus on some of the very basic challenges of what we can deliver. I would describe it almost like rebooting a computer: we've switched everything off and we're now switching things back on, and it's pretty important that we put the right operating software in.

BC: Can you say a bit more about the main changes that the service had to make and what you've learned from it?

EC: A huge amount really. The main stuff for me was I think it stripped us back to some of the core fundamentals of when we're at our best: that sense of shared humanity and that real sense of, 'actually, we're all in it together' as colleagues with each other, or with regard to staff-prisoner relationships. I think that fundamental focus on life and preservation of life and that shared humanity and fear, actually, that we've all lived through. I think that certainly drove the first half of the pandemic, and probably elicited the response that we got which was far from expected or anticipated.

The level of restrictions that we've had to apply to manage the risk to life was just huge. Even now when I look back to being part of that decision-making back in March 2020, to expect that we would restrict the system as far as we had to do, and equally just

processing what the information was at the time: the public health advice was that, in a reasonable worst case scenario, around 2,500 to 3,000 people would die within our prison system in England and Wales, staff and prisoners. [That] was just an unbelievable thing to get your head around completely.

BC: What has it turned out to be so far?

EC: Across staff and prisoners, all terrible tragedies, 198 staff and prisoners have lost their lives in prison; and three YCS staff and 34 prison staff. The reality — whilst all tragedies — across prisoners and staff has been 10 per cent of the reasonable worst case scenario.

BC: To what do you attribute the fact that those numbers are so much lower than some of the initial predictions?

EC: The reasonable worst case scenario is always with ineffective intervention, that is if we didn't respond and put the right controls in place. I think what it evidences is that we've done the right stuff. And the pain that we've had to live through — and absolutely not minimising the impact on people that the restrictions have had and are still having in many parts of the country — that it's a necessary evil and that we've kept people alive through placing those restrictions in place. We've been agile at putting things in place that we're needing to do, so the testing and the deployment of vaccinations are the same as is happening out in the community, but actually just our way of working, things such as the reverse cohorting and compartmentalisation of staff and prisoners, and infection prevention and control, and the fluid-resistant masks and those kind of mitigations. These are being used out there in the community, but we've had to adapt our way of working within prisons to meet those challenges.

And people complying with that, both those within custody and those working within prisons. Their persistence in following those controls is what's made the difference. People out there working together to do that for their collective good. It's been a superhuman effort from people. The second half of the pandemic involves still having to sustain some of these controls and still being able to function, but to try and move forward as the vaccine levels increase and our ability to

operate more openly increases, but it feels like that fatigue and that kind of weariness, both from a prisoner and staff perspective is now the current challenge.

BC: And what are the things that have been put in place that you think you'll retain even once the pandemic is over?

EC: From a practical side, we accelerated the use of technology in those early stages of the pandemic: the use of iPads and other things as a short-term intervention, and the expansion of new technology for staff use. So the technology's definitely there to stay, including family video calling, video access to legal advisers, the increasing use of technology for independent adjudications, and the way the parole board have used virtual boards to do their everyday work in terms of release decisions.

Practically, the testing, vaccination, and some of the infection prevention control is really valuable for health and wellbeing within our institutions. So it's really important that we keep that in place because that helps us for all the other pathogens and risks that we've got, and obviously there are other winter risks out there that we manage.

In terms of ways of working within prisons, two bits stand out. One is that relationship between staff and prisoners, and our focus is actually quality over quantity. I appreciate it could be seen as almost a defence of keeping people locked up. But it's far from that, actually. It's that sense of what we got at the beginning of the pandemic, that shared humanity and quality of relationships that we all know is what matters. And at our worst of times, it was those relationships that mattered the most to people, on both sides of that relationship. So it's really now magnifying the role of the key worker as we get that switched on properly. The role of properly personalised contact with an individual in custody is the driving force in some of the work we've got planned within wider prison reform changes — much more personalised, and person-centred. And we're much more focussed on quality and the outcome for the individual, rather than a one-size-fits-all approach, which came out really strongly from engagement from staff and prisoners in what they've experienced. We've talked about the balance of safety and sufficiency. And the feedback says that actually some of the restrictions have allowed

people, staff and prisoners, to feel safer in different kinds of settings. It doesn't mean that small is always beautiful and actually small is a risk to sufficiency in some sites. But perhaps in the past, we've had too big a group [of prisoners on association] and we haven't always had the structure that we need. That's not to take away from the need for recreation and downtime, because that is still vitally important to all of us as human beings. But sometimes our mass association was unstructured time which caused fear for a number of people: inappropriate behaviour, criminality and other things took place. So that sense of a balance between safety and sufficiency in getting the right structure to the day and maximising the time within prisons is one of the things that definitely comes out of this for me, and drives a focus on time-well-spent within prisons as we go forward in developing future regimes.

BC: Are there any implications in terms of physical design? That is are there any plans to change the way wings are structured so that there are smaller groups, more separation or anything like that?

EC: Yeah, that absolutely features in the safety and sufficiency question, in terms of reviewing people who are out together. It doesn't mean that the answer is small. Because actually we had many successful and quite safe activity delivery

regimes before the pandemic, and we can return to them, and are doing in a number of prisons. But in others it's going to require a different way of working. We've tried to focus on increasing the structure of wing activity, and also thinking through time-in-cell — accepting that we've had to increase time-in-cell through this period — and how we use that time effectively. And technology is a big part of that: a foundation stone for looking again about what happens when somebody is in-cell.

Of course, we want people out of cell and engaged, utilising that time on wing and not having big periods of unstructured activity, but trying to deliver more meaningful interventions, through third sector partners, through peer-led initiatives, and through prisons staff: more of that extracurricular, broader delivery of activity, alongside existing work and employment, education, and interventions. We're trying to do more in that residential setting than we've done before.

In terms of ways of working within prisons, two bits stand out. One is that relationship between staff and prisoners, and our focus is actually quality over quantity.

BC: What sense do you have of the impact both on prisoners and staff of what everyone has gone through in the last 18 months or so?

EC: It's something I consider every day, because every day for the last two years I've been taking recommendations from outbreak control teams, making decisions as to what we can and can't do. I always go back to, 'What does it mean for the prison officer, the duty governor, the prisoner? Actually, what does it mean for the person?' Right now, we've got a lot of people who are fatigued. People are pretty much fed up of what they've had to put up with. That is a shared space. Because of that fatigue and tiredness, it's quite challenging for people to see a future that moves us forward. I'm absolutely alert to that in what we do. But I think there's also a sense of hope. There's an opportunity that we've never had before to start certain things again, to try and reset and refocus and go back to a better place than where we were previously.

BC: What kinds of things do you think can be reset?

EC: I think there's a whole host of stuff, really. There are the usual challenges of delivery and expectations, and still the same resource envelope to operate within. But we stopped so much. Random drug testing is a good example of it. There's a great deal of consideration of whether that's the best way of detecting and identifying drug misuse and providing that support to people within custody. Is it a punitive thing? Is it a supportive thing? Drug testing is a resource and labour-intensive process that samples a small percentage of the population. And we've resourced that as an area to support substance misuse management and to try to police our prisons. And the question comes, is that right? We have now started to introduce wastewater epidemiology to sample wastewater. We have gone through a pilot. We're hopefully going to launch that in the first 23, 24 prisons with wastewater in place, and that's obviously COVID and infection related. But of course, there's that wider use — an opportunity to do something different.

We've also not mandatory drug tested for a period of time. We need to get back to some kind of metric and measure for this, because that's an expectation upon us to account for what's happening within our prisons. But we could do things differently, and I think it instigates those kinds of conversations. And the regime itself, that is an area where we can look again.

Because of that fatigue and tiredness, it's quite challenging for people to see a future that moves us forward. I'm absolutely alert to that in what we do.

We are building a project around that to see what else we can take from the pandemic and what else we build back. It's just whether we can exploit the timescale, I suppose, and whether we land in the right place.

BC: One of the things that a few practitioners have said to me is that they have a bit of anxiety about relatively inexperienced staff who have mainly been socialised into the job during a period where, although it's been very tough in some ways, it certainly hasn't been normal. What is the service doing to mitigate the risk that suddenly you're going to have lots of fairly inexperienced officers dealing with things that they've just not had to deal with for most of their time in service?

EC: Absolutely, we've got a huge focus on that confidence and competence around staff. I absolutely recognise that. In the last two years, with some of the churn that we've seen in some sites, recruitment and retention challenges, and that turnover of workforce, there are many people who've not worked within a full prison regime. This is new stuff, which requires us to take the right, supportive approach to those staff, the right level of guidance, mentoring and support. The work that the Standards Coaching Team have delivered at those sites that really need that injection of experience and additional support, it's been really positive. Focussing on some backlogs we've had around training and development and time for supervision for our staff is one of the competing challenges in this window of fatigued people and 'building back'. We've got to make sure that we've got national expectations, but also a consideration of local circumstance. One size doesn't fit all. We've got people in different starting places, and we've got some really quite challenged prisons out there, with a very high percentage of inexperienced staff, and they're going to take a lot longer to get to where we want them to be. They're going to need an extra injection of mentoring and support, that extra injection of time.

BC: Is there any concern that there will be some uniformed staff for whom it's actually been quite nice not having to deal with prisoners? Are you getting any sense that there are some establishments where actually getting staff back, re-engaged, getting prisoners out, might be a challenge?

EC: I think there's a balance to it, really. 'Happiness is door-shaped' is a phrase that's thrown around a lot and it's something that is often levelled towards trade unions. I haven't seen that. National trade unions have been really key partners in what we've done over the last two years. There is that sense of prison staff, and prison officers particularly, doing their job and their job is that relationship. I get a lot of feedback from prison officers who joined the service with clear ideals and a desire to do positive, rehabilitative work and a frustration about the ability to get on and do that, asking what can we do to cut transactional work and mundane processes to allow that focus on the quality of relationship. I think that's one of the things that's come out really clearly.

There has been a bit of a deep sigh for some to say, 'Actually, we were on a bit of a hamster wheel before. We've had a chance to take a deep breath. We recognise that things sometimes felt a bit too unsafe, and is there a balance to be had?', hence the structure and the increased level of supervision and that feeling from all people involved in the relationship that we need to get the right balance of safety and sufficiency. So I don't think happiness is door shaped. I think it's trying to find that balance, to give a fulfilling regime for the individual, which doesn't feel overwhelming, and where we've got the control that we need.

BC: You mentioned that you've engaged a lot with the unions as part of this process. When you were having to make these huge decisions about changes to the way you were running prisons, who else was involved?

EC: Certainly, the partnership with health partners and public health partners has been crucial. We have kept very close to the public health advice, as you would imagine. Every night at 5:30pm, for pretty much the last two years, colleagues have got the feedback from every individual outbreak control team meeting across the country. At a national level, we're very closely engaged with public health colleagues- they're very much part of informing the strategy and the response we've had to take. What we've tried to do, and I think it's worked really well, is look at the relationship between prisons and the centre a little bit more. And, we've changed a few things regarding how we can get that decent feedback loop and get voices heard. There's an increasing desire to increase voice and agency across

both the service users and staff, but actually from a staff and prison governor side of things, that's something we did very early on by using a governor reference group, making sure we established a very clear communication and briefing structure, and translating very complicated and regular changes into guidance.

It's felt quite bureaucratic and heavy at times, because of some of the things we've had to fulfil. But we've kept that communication loop going, and it has been really essential to hear feedback from prisoner councils, staff groups and governors. We desperately want to come out of that formal command mode, because it does sometimes signal that there is a lack of autonomy locally, and that's far from the desire. But that channel of communication has been really

important, just to hear what it is like on the ground and to get feedback on new developments and policy initiatives. But we've equally had the Independent Advisory Forum, who have been a great source of advice, and we've fully utilised the RR3 group of third sector partners, and groups such as family service providers who have helped to inform some of the other wider developments, and external parties as well whenever possible, like the Prison Reform Trust's CAPPTIVE work and other voices out there. So we're really trying to make sure that we listen to all of the very different sources of

information there is. I'm absolutely passionate about making sure that we've got active voice and agency from service users and their families and wider partners. I think there's more we can do. We've got more time for that engagement, and it's making sure that we're open. That openness hopefully fosters that sense of trust and that sense of partnership. But we are absolutely alert to what the feedback is.

BC: And what has the feedback been like from families, for example, on Purple Visits and in-cell telephony and things like that?

EC: With Purple Visits, there were clearly at times some technological challenges as we rolled out the system. It was described by many people as glitchy But we also had really powerful accounts of the power of being able to talk to a family member who is sat on the sofa and discussing the decorations of their family home in person. That was really, really powerful and really evidenced why that is such a great advance. I think what's really loud and clear is the impact that restrictions had in terms of contacts, and certainly that

There has been a bit of a deep sigh for some to say, 'Actually, we were on a bit of a hamster wheel before. We've had a chance to take a deep breath.'

early period where we had to switch off social visits and physical contact itself. That's been the challenge, particularly as, with public health advice, we've introduced now testing to support contact on social visits. We appreciate the impact on family members of having to comply with that to be able to have that basic family physical contact. But again, it's been a really appropriate public health measure to make sure we haven't got the incursion of the virus back into the prison in the way that we test staff as anybody, staff, prisoner or visitor is a risk of transmitting the virus into our prisons from the community. Testing for all is therefore essential to manage this.

There's a question around how do we maintain these things, like the compassionate use of the iPad for the really critical stuff such as attendance at funerals, which was really powerful. Family Video Calling (Purple Visits) was a real big step forward, really significant. The continued rollout of in-cell telephony, it's a basic but, actually, we've still got some prisons that haven't got it. And the mobile PIN phones that we deployed in the early phase again were significant in terms of providing that connection to families, that confidence that loved ones were safe within the prisons at that time. It's building on that, really. It's that challenge of how restrictive regimes are, and whether we are still providing sufficient contact. As we get that vaccine level up and sustain our testing, and we move forward with the pandemic, then the risks around social distancing and contacts drop away, we will be able to physically get more people into visits rooms. Technology's helped to mitigate that, but it's an addition and not a direct replacement for physical contact, which of course, is so important in terms of maintaining those family ties.

BC: Do you have any sense that public views about imprisonment have changed as a result of the pandemic?

EC: I would shout out to partners and colleagues in The Butler Trust, really, in terms of the work that's been done around Hidden Heroes. That really did make a big difference. We continue to try and make sure that prison staff are recognised alongside other emergency services and other key public service key workers. I think we managed to move some public perception at that time. The sense of the challenge that we faced has been recognised, certainly in the early stages. I think we're going to have to fight quite hard to maintain that and to get due recognition for those people that work within our prisons. Too many comparisons to cruise ships were made at the start of the first wave because of the public perceptions around what was happening with COVID. But I think people understand the challenge that we've had within prisons to try and keep the virus out but also to keep people safe. So I think there has been a good level of recognition for the great work that people have done, but also the great

patience that people in our care have shown with some of our restrictions. That has been a positive. I think there's a challenge for us to keep that recognition there as we move into a more normalised state, and there is still a sense of care and compassion about what's happening within our prisons.

BC: What have you learnt about contingency planning and responding to extreme events?

EC: I've learnt that actually with a very clear, focused mission — which in this case was to keep people alive and to absolutely focus on safety — that we've got some fantastic people in our system who really will go beyond what you would believe to be achievable to sustain the really important service that we deliver, and show care and compassion to the people we care for. I think that simplicity of mission, and that focus of keeping people alive and safe, and that sense of shared humanity, was probably the most fundamental thing.

BC: How did it feel to be the main person tasked with getting the service through this unprecedented situation?

EC: These things are a team sport, aren't they? Without a doubt, a team sport. I know I've had a leadership role, and I'm very proud to have led people through what's been a difficult time. I have a few memories along the way. One was travelling in towards London into the command suite and being the only person on the entire East Coast mainline, and the ticket collector came down the train to say, 'There's nobody else on the train. We're going to have a 15-minute delay, just to let you know'. And going into a deserted London and headquarters building, getting quite quickly into some of the depths of the risks that we were facing with the potential loss of life. It was surreal, if I'm perfectly honest. And it took a great deal to stay focussed on the work and to work through really complex and ever-changing circumstances and translate that into a prison setting. So I'm proud of that. I'm proud of trying to provide a level of leadership and support to colleagues but I'm just proud of what people have done.

It has been a team of people who have worked consistently throughout this, and very long hours. As we said at the beginning, all of the deaths we've had are an absolutely tragedy. But I still go back to the 2,500- 3,000 people that could have passed away in our system if we'd have not been effective. I'm proud of what we've achieved by preventing those other deaths. I'm just sorry for the deaths that we have had. But I know the enormous efforts that people have put in. And it's every day, coming across individuals who've just toiled and worked hard, which has been brilliant, both prisoner and staff, to keep their friends, colleagues, and peers going throughout a difficult time. That's why we do the job, really. It's all about the people.

A public health approach to pandemic response and recovery

Dr Eamonn O'Moore is the National Lead Health and Justice Team and Senior Responsible Officer for COVID-19 Response in Adult Social Care, UK Health Security Agency and co-Chair for SAGE Social Care Working Group. He is interviewed by Dr Marcia Morgan, Health and Social Care Senior Lead in HM Prison and Probation Service.

Dr Eamonn O'Moore qualified in medicine from University College Dublin in 1991. He is an expert public health adviser to NHS England, HM Prison and Probation Service, the Department of Health and Social Care, the Ministry of Justice, the Home Office, the World Health Organisation (WHO), as well as several national governments, academic institutions, non-governmental organisations and research organisations. He has written national and international guidelines on managing health issues in prisons and other places of detention; established an international research collaboration to promote evidence-based practice in prisons, and supported the development of national and international health data and intelligence systems in prisons and other justice settings. He has led work for the former Public Health England on public health approaches to serious violence prevention, sexual violence prevention and violent extremism.

This interview took place October 2021.

MM: How did the coronavirus pandemic have an impact upon your organisation?

EOM: The team I led in Public Health England has become almost exclusively focused on managing the pandemic and from 30th September 2021, our work has largely moved into the newly established UK Health Security Agency (UKHSA).

MM: How did you change your service in order to continue during the pandemic?

Much of our routine work was stood down or deprioritised, while we became a seven-day service with on-call, after hours and weekend and bank holiday working.

Teams were responding to outbreak control day and night. This substantially increased the hours people were working and impacted on all sorts of things, like the ability to take leave. While the team aimed to stay ahead of the curve, all too often it was about firefighting. There were many things going on that meant we needed a team dedicated to the pandemic

above all other priorities. It has been a huge part of our lives for the last 20 months.

MM: What did you learn from this?

EOM: We have been learning from day one. We swiftly realised that we need to continue to have an array of skills within our public health teams that enable people to have the scientific expertise and clinical expertise to effectively respond to the challenge of a pandemic. This has led to very specific considerations of staffing levels, skill mix and making sure we have got those right.

We have looked at how we prioritise areas of work, with an enhanced focus on health protection and health security. As a result, and reflecting the creation of UKHSA, health improvement functions are transferred to The Office for Health Improvement and Disparity within the Department of Health and Social Care.

The team I now lead has a renewed focus on health protection and health security and this is a team with an appropriate skill mix to make sure we can respond to both the current and any future threats.

This has highlighted how we think about ways to work more effectively with others, whether that be academics, other parts of government, international partners or other stakeholders to ensure we get the best scientific and other evidence to support our work. This will ensure we are able to commission and deliver research to inform our work more effectively, and we also learn from the experiences of others.

MM: Is there anything that you will continue to do that you had started during the pandemic?

EOM: Yes, for sure. We were already doing a lot of work with academic partners and scientists and we will continue to build on these partnerships. The sort of science that informs the modelling of infectious disease impacts on settings like prisons will be vital, and further research into what infection prevention and control practice for these settings need to be will flow from the learning we have had during the pandemic.

We always worked with international partners through the World Health Organisation (WHO) and will

continue to build on that good work. People look to the UK for public health leadership in the area of prison health and we will continue to enhance our leadership role as the UKHSA.

We are continuing to develop our surveillance capability, both nationally and internationally. This will help us understand better any new infectious disease threat on the prisoner population, a population all too often excluded from national surveillance systems. As part of national preparations and national surveillance systems, we have all learnt the lesson that prison populations are both part of the problem and may be part of the solution.

MM: Was there anything that you lost during the pandemic that you felt was particularly valuable?

EOM: We all recognise that because of the priority of the pandemic, some of the public health programmes we have been working on up to that point were deprioritised, for example around hepatitis C. Before the pandemic we were sending in teams known as High Intensity Testing and Treatment Teams or HITT Squads into prisons, to diagnose and then rapidly access treatment for hepatitis C. The programme was making a real contribution towards elimination of hepatitis C, not only in the prisoner population, but also contributing to our national ambition around eliminating hepatitis C by 2025.

The programme was completely impacted by the pandemic and we are trying to bring the programme back on stream.

Similarly, we had to stop work which we had developed before the pandemic, equivalent to the NHS Health check, known as the Physical Health Check for prisons.

In March 2020, we held a meeting with Leicester City Council about how we improve access to this programme for people in prison, bearing in mind cardiovascular disease is one of the biggest killers. This programme was designed, among other things, to find early signs of problems and intervene before they became harmful. There were also things we had been doing around screening programmes for cancer and non-cancer conditions impacted by the pandemic. We are thinking about how we can most effectively reboot these programmes, potentially using lessons learned from our pandemic work.

Similarly, we had to stop work which we had developed before the pandemic, equivalent to the NHS Health check, known as the Physical Health Check for prisons.

While with hindsight we might have done certain things differently, it is vital to remember that at the time people are dealing with the information currently available at that time. So, on a personal basis, of all the things I lost, I lost a lot of sleep! I lost track of time and I remember often thinking 'what day is it?'. I literally couldn't remember what day of the week it was, as every day increasingly blended into the next during the response.

But we also gained. We have had a huge sense of our value affirmed; we saved the lives of people in prison; we have developed a whole range of relationships and knowledge which will add benefits to our prison work in years to come. Undoubtedly, the interventions we delivered collectively across the prison service with the NHS, Public Health England/UKHSA, our prison families,

people in prison; and with our staff, saved lives. At the start of the pandemic we predicted about 2000 people potentially dying from COVID-19 in our prison system. While unfortunately there have been some deaths — and every one of them was a real tragedy — thankfully the number has been much less than our worst-case scenario. Recent data suggests around 150 people in prison died as a result of Covid-19.

MM: How are you planning for the future?

EOM: We are really focused on two things: One is continuing to respond to the pandemic and secondly, we are considering the

added challenges of responding to a second Covid winter when we know we will have more than Covid to deal with. We will also need to deal with flu, which can be a challenge.

Our clear objective of getting through this winter means we need to prepare the system. In the longer term, and as we look beyond the pandemic into the post pandemic period, we have got the ambition to — as a currently fashionable phrase would have it — 'build back better'.

We are looking forward to a period of our collective action to put into practice the lessons we learned about surveillance systems, whether about testing protocols, infection, control measures, or guidance, but particularly around getting the science to answer those questions for us, and sharing practice internationally. This is important both for UKHSA and personally, as someone who has worked for many years with the WHO.

MM: Do you expect that the vaccination programme will end the need for further measures?

EOM: The vaccination programme is a hugely important way to reduce the risk of an infection with significant consequences, including hospitalisations and deaths. But as we have seen during this pandemic and other diseases, vaccination alone may not completely reduce the risks. We need to be mindful some measures may be required, continuing forward into what might be the new normal. That could be around things we continue to do with regards to testing people for evidence of infection, or could be about some of the infection prevention and control measures.

Most measures may substantively be stood down, but with flexibility to perhaps be stood up very quickly in response to detected outbreaks. Our efforts will move towards a steady state, where we have minimal measures in place, but the ability to detect an emergent infection that could be the sign of an outbreak, and get on top of that quickly, and for time limited periods only.

MM: Do you think there has been a culture change as a result of the pandemic?

EOM: I think so much has changed in response to the pandemic, some things better than others. Some things we have learnt to do will be things we should continue to do in some way going forward. For example, communicating with a virtual platform, and telemedicine sessions in prisons, have enabled prisoners to have access to our health care specialists in a more accessible, flexible way that doesn't require them to leave the prison. But we also need to get back to a time when people who need to see a doctor face to face can do. We will certainly want to ensure a good balance.

We have also seen benefits to people from virtual visits, helping reduce the impact of a lack of contact with their family in a physical way. Virtual visits mean access to visits more easily, with interaction with their children, and even seeing their normal place of residence as benefits which improves the quality of life in prison and helps to make people feel less isolated.

The national partnership agreement defined our shared ways of working and the way we work together. The pandemic has highlighted the importance of effective partnership working across organisations, reinforced this culture and I think people have seen the value, and I expect it to continue going forward.

MM: What changes do you think will be made to the services that prisoners receive?

EOM: In general, more personalised approaches to healthcare, physical, mental health and other needs of a person and their social situation. There is more focus on what happens beyond the prison gate, as well as what happens within the prison walls as part of our total package of care.

We will see increasing recognition of the importance of maintaining social relationships, whether between parents and children, between partners, or between other family members, which is part of the rehabilitative journey.

MM: Have prisons become slightly over cautious and will they limit the types of activities that prisoners can do because of the pandemic?

EOM: The prisoner population is much more complex now. Therefore, our prison environments need to change to meet the complexity of needs. I hope that rather than seeing the pandemic and that experience as limiting access to prison regime going forward, it is a good place for us to start to talk about reform, and what a well-run and clean, healthy prison looks like. Not only for infection control, but for developing environments where prisoners

feel safe and secure.

I hope this will be a time of great reform. Buildings will have to be much more resilient to infection and this will reflect on how the prison population is managed. How the physical space is managed, and the way it is maintained, the facilities provided to enable people to look after themselves, and their cleanliness and hygiene. These are ideas pioneered long ago by Florence Nightingale.

MM: There have been concerns that the pandemic has intensified social inequality and equity. Have you observed this in prisons?

EOM: Prisons are by their nature, places where people experience health inequalities prior to incarceration and sometimes during incarceration.

There have been some examples of how prison can also be a health opportunity. Sometimes it is sad to say, but prison may be a place where people get better access to structural care through primary and specialist care than they would in the community. There is

The vaccination programme is a hugely important way to reduce the risk of an infection with significant consequences, including hospitalisations and deaths.

evidence that this is the case for some young men who come into prison.

In prison we can screen people for blood borne viruses or sexually transmitted infections, look at diagnosing underlying mental health needs that can then be treated, and make progress addressing physical health needs, like checking blood pressure and cholesterol and so on. Structured health and social care provide opportunities to address health inequalities that existed prior to prison.

The fact that prisons are what they are sometimes meant they have had to experience things differently to the community. You and I may have some choices about how we access Covid testing or Covid vaccination and this is not available in the same way to people in prison. But I firmly believe people in prison should not be structurally excluded from accessing vaccine or testing, or any health and social care services that can be accessed in the community.

There is an opportunity, particularly with the vaccine programme, to really address one great inequality, which is the differential uptake of vaccine across the population reflected in prisoner populations.

We can work with people to engage with them in ways that they find meaningful and make community services part of the solution. There is great benefit in peer workers being part of the solution and exploring how we engage with people in prison. Involving the people who live in that space, who are part of that community, often have the solutions to the problems.

Our mission when working with prisoners is to address health and social care inequalities. We work our

hardest to give people opportunities to address health needs, whether covid vaccination or testing, or anything else they really need to get sorted in their lives. We support prisoners by talking to them about vaccines with peer workers who they respect, and they are generally more engaging and open to discuss their experience and views.

MM: From your personal experience, how has this whole journey of the pandemic affected you?

EOM: I have worked harder during the last 20 months than I have ever worked in my life. It has certainly been hugely demanding on me, my family and my life. My partner and I really do not take anything for granted now, some of which I may have done in the past. In ways I never would have imagined I have sometimes found it incredibly emotional and demanding.

The pandemic has also given me renewed energy to really push forward the work about addressing the health needs of people in prison. It has given me extra insights into the ways we might be able to do things going forward. Partnerships have always been there, and I felt really supported by people within my organisation and by people outside of my organisation.

The prison and the public health systems have learnt important lessons that we can never take things for granted. Worlds can change overnight and as systems and individuals we need to be prepared for the unexpected.

Prisons, prison governors and leading prisons through pandemic and recovery

Andrea Albutt is the President of the Prison Governor's Association (PGA) and a former Prison Governor of multiple prisons. She is interviewed by Paul Crossey, Deputy Governor, HMP The Mount.

Andrea Albutt was a former military nurse in the British Army and has worked in Her Majesty's Prison and Probation Service (HMPPS) for over 30 years. During this time she has governed four prisons and was the national operational lead for the smoke free project, implementing the smoking ban across prisons. She was elected to the PGA National Executive Committee in 2006, becoming Vice President in 2009 and President in 2015. The PGA was founded in October 1987 to represent the higher operational managers in the Prison Service in England and Wales and has around 1000 members. It exists to represent the interests of its membership, which include Governors, Deputy Governors and other 'governor grades', and promote and support continuous improvement within the criminal justice system.

The interview took place in November 2021.

PC: How did the coronavirus pandemic have an impact upon the prison service?

AA: The service was not ready for the pandemic. We had developed communicable disease contingency plans, but we just not prepared for something on this scale. The service is normally a slow moving machine but we had to move at pace to respond each new direction coming from the Government, often with little or no warning prior to a press briefing announcing each change. This was something new to the service because even though we can respond well to individual incidents, this was a whole service approach at incredible speed. Additionally, these changes were made in consultation with unions and that process was significantly improved at pace.

PC: How else did the service change in order to continue during the pandemic? What did you learn from this? Was there anything that you would now continue to do? Was there anything that you lost during that time that was particularly valuable?

AA: I believe we are still within that time period, so this is an evolving picture. However, the prison service

went into command mode and everything was incredibly centralized from that point. I understand why that happened, but, immediately prior to the pandemic, 'freedoms' for governors (their scope of control over key aspects of the operation of the prison) were tentative to say the least. I think that has now been completely lost. The organisation has always had a very directive approach and there was much work in the HR sphere to address that and balance the style of leadership. However, within this crisis it is our natural default position and that is what we have reverted to. However, governors are telling us that they are exceptionally frustrated that they have very little freedom to make decisions around their prisons and that they want to be released from these shackles. They are physically and mentally tired having managed through a really difficult time and this lack of autonomy adds to their tiredness and stress.

PC: How are you planning to shape the future? Who is involved in this?

AA: As I have said I think the consultation and engagement with unions has been amazing and my focus is on ensuring that it does not return to the way it was before the pandemic, where it was a formality rather than authentic. I think HMPPS are starting to realise the impact of effective consultation when they are delivering new initiatives. My members are the experts who can translate some of the blue sky thinking of Headquarters into a reality, as well as ensuring changes are of use on the ground floor where outcomes will be felt.

PC: What are your expectations on the impact of coronavirus and other health threats over the coming years? Do you expect that the vaccination programme will end the need for further measures? Do you anticipate living with some of the public health measures for the foreseeable future?

AA: I think there will be some form of public health measures for the foreseeable future. Winter influenza and other viruses have often caused significant issues within individual prisons and they are

a greater threat at the moment following restrictions being eased in the community. We have learned some very valuable lessons from coronavirus around the management and prevention of outbreaks that can be applied to any viral threat. In particular the extra focus on hygiene in prisons is invaluable. However, I do not think there will be an ongoing need for reverse cohorting units or other similar more severe restrictions in prisons.

PC: How has the pandemic changed the way that staff work and how have they been affected? How are working practices changing? How are you helping colleagues to adapt to change?

AA: The prison service is still in the midst of this pandemic. Right now, most of our prisons still have some form of restrictions in place. I think we need to wait and see if working practices change or if we return to the way it always was. The politics of the situation as well new ministers arriving will cause uncertainty. We have learnt some lessons which need to be applied to future regimes. Prisoners and staff felt safer with smaller numbers out. Gone are the days, for example when I was at HMP Bristol, when the workforce planning benchmark suggested an entire wing should be unlocked for association with four staff. It was unsurprising that it resulted in absolute carnage. That is why we had record breaking terrible safety statistics, quarter on quarter. Getting as many prisoners out of their cells, for as long as possible, is not necessarily the best or right thing for anyone. There is a more nuanced position between heavy restrictions and excessive uncontrolled and unsafe, unlock. If people are feeling unsafe, they are not going to engage with the regime and it is not going to be rehabilitative. We need to ensure safety and then look to suitable key performance targets (KPTs), not the other way around. Time out of cell as a KPT is an incredibly blunt tool.

PC: How has the staff culture changed and what effects do you expect from altered ways of working?

AA: Working in a safer, albeit still a difficult, environment staff would have felt less fraught. However, there are a number of staff who have never worked outside of the pandemic restrictions. We are also seeing high levels of turnover, as with many sectors. Therefore, I think it is probably too early and

too much in flux to make a judgement on the impact of staff culture at the moment.

PC: What have been the effects on prisoners of prolonged public health measures?

AA: At the beginning of the pandemic there was an understanding from prisoners that they had to be safeguarded from the virus as much as possible. There was a legitimacy to the restrictions because it reflected life in the community at the time. However, now there is a growing frustration when they see normal life restart in the community and hear that reported by friends and family. My members are telling me that it has just gone on too long and they are keen to start running better regimes, but they need the freedom to make that happen.

PC: Have there been any developments in technology for prisoners introduced during the pandemic? What has been learned from that?

AA: It is amazing that the prison service was able to move at such phenomenal speed to deliver technological solutions such as virtual visits. That is a brilliant innovation because clearly if people are held in custody a long way from their families and friends, which limits their ability to visit, this is a great alternative to maintaining those relationships. The prison service is normally slow, bureaucratic and

very risk adverse with these types of ideas. I think the key lesson we have learned from that is to adjust the service's views on all the reasons why we cannot introduce these things outside of the pandemic. A member told me that they were trying to introduce video calls for foreign nationals for a number of years with little success due to the slow moving nature of the service. However, everywhere managed to introduce them within months of the beginning of the pandemic in a safe, secure and decent manner. In the future, prisons need to remain technologically astute because technology improves everyone's quality of life.

PC: How might these changes in health threats, regimes and technology alter the prison or prisoner culture?

AA: The success of using technology to maintain family contact should just be the beginning. We should be considering technology to assist us with every task. For instance, we should make better use of technology to provide health appointments, in the same way as I

We need to ensure safety and then look to suitable key performance targets (KPTs), not the other way around. Time out of cell as a KPT is an incredibly blunt tool.

may have a video call with my Doctor instead of attending my surgery. The issue will be funding for these kind of endeavours but ultimately it makes prisons a better place, especially when health and wellbeing is so crucial to prisoners.

PC: How have relationships between prisoners and their families been affected? What was put in place to help? What has been learned from this?

AA: I was interviewed on the radio during the pandemic, once we had video calls in place across the service. I had spoken about the positives of video calls. However, the interview included three families of prisoners, all of whom disliked video visits. They had found video calls very upsetting because although they could see the prisoner, they were unable to have physical contact with them. They felt it was more stressful than not having any type of visit. That is the same with physical social visits — many prisoners found it more difficult to have a visit where they were unable to touch their loved ones, than avoiding it all together. This particularly impacted on those with very young children. I think families have been very worried both in general across the pandemic, but also when prisons had outbreaks and increase in time spent locked in cells. I think that remains a concern for those families.

PC: There have been concerns about the period of the pandemic intensifying social inequality, including based upon race, sex and economic inequality. Have you seen this in prisons? How might this shape the future?

AA: I have spoken to a number of my members about this. They have not experienced this yet in prisons due to the restricted regimes in operation. They anticipate that prisons will eventually feel this inequality coming through. However, at the moment, as in the community, it is largely younger and ethnic minority prisoners who are refusing the vaccine which may have longer term impacts in this field.

PC: What have you learned about contingency planning and business continuity? How can prisons better respond to extreme events?

AA: I think we have learned a great deal about contingency planning for the entire prison system. There has never been a time when the entire service was placed into command mode to deal with a crisis.

This allowed us to move at pace and respond appropriately across England and Wales. This has shown that we can be well prepared for any nationwide extreme events in the future.

PC: How might prison be physically designed for a post-pandemic world?

AA: The new prisons currently being built have been designed with much smaller units. Some of that came from consulting prisoners who identified that they much preferred smaller populations on each unit. That has been borne out during the pandemic where smaller groups have felt safer and produced better results. These small units are the future and will inadvertently prepare us well against future pandemics. The real issue for us is our current estate which is not fit for purpose. I am concerned that post-pandemic we will have a two tier prison service where you will serve a very different type of sentence depending on where

A number of those police officers are coming from the prison officers we have employed and everyone now knows that HGV drivers can earn £50,000 per annum, which far outstrips the current prison officer salary. That is why prison officer applications have reduced by 40 per cent in recent times

you are located. The other issue is that we are running out of spaces against the projected increase in population. The new prisons will not come on line quickly enough and we will have a serious issue as soon as 2023. The service is working hard to find every available space it can in current prisons, which will add to the pressures of crowding in those prisons, but it will not be enough. The government has a mandate to be tough on crime and with the increase in 20,000 police officers plus thousands of court cases in the backlog the problem will get quite acute. A number of those police officers are coming from the prison officers we have employed and everyone now knows that HGV drivers can earn £50,000 per annum, which far outstrips the current prison officer salary. That is why

prison officer applications have reduced by 40 per cent in recent times and we have the highest levels of staff attrition we have ever known.

PC: Do you have any sense that public views about imprisonment have altered as a result of the pandemic and the widespread experience of confinement?

AA: Absolutely not. There will always be families and groups that lobby the government but the general public care about health and education. I had an interview with LBC radio host Nick Ferrari. I explained that it was important for a whole prison approach to improving vaccine uptake with a wider public health benefit. Both Nick Ferrari and a succession of callers angrily felt that it was wrong that prisoners were even getting the vaccine. My argument was not focused on individual prisoners receiving the vaccine, but rather the fact that prisons exist within communities and the wider impact on public health of lots of prisoners who end up hospitalised and the conditions where the virus

could mutate and become more deadly. This fell on deaf ears, so I don't agree that there has been any change in perceptions.

PC: What have you personally learned over the pandemic? How have you changed the way you do your work?

AA: I have learnt that using technology, whether it is Microsoft Teams or video calls or in cell technology, can make a huge difference and keep the prison system operating effectively. We can respond far quicker to issues and meet easier to make decisions on progress. Where these things save on travel for example, they can also have an important impact on our organisational carbon footprint. I would also say that once again the shining lights throughout the pandemic are our governors and their teams in prisons. They have responded amazingly and I know that when there is a crisis, that is when those people are at their best, showing fantastic leadership. They deserve recognition for that.

Leading a local prison in pandemic and recovery

James Lucas is the Governor of Bristol Prison and is interviewed by William Payne who is an independent member of the editorial board of the PSJ.

HMP Bristol is a local prison which currently holds up to 505 prisoners. James Lucas was appointed to this post in 2019 shortly after the Chief Inspector of Prisons had issued an 'Urgent Notification' to the Secretary of State for Justice identifying his great concerns about the prison. In the eight years before this appointment, James governed three prisons: first, The Verne, then Portland and before his move to Bristol, Guys Marsh.

The Urgent Notification procedure was established under a protocol agreed between the Prison Inspectorate and the Ministry of Justice in 2017. It is the means by which the Chief Inspector can, exceptionally, raise significant concerns about a particular prison. The protocol requires the Secretary of State to respond to those concerns within 28 days and to set out a plan of action to address them. The Urgent Notification the Chief Inspector issued about Bristol in June 2019 described the prison as 'suffering the effects of years of drift and decline' with 'chronic and seemingly intractable failings'¹. Particular concerns about safety, high levels of violence, squalid living conditions and poor training and education were identified; and this was in spite of the prison having been placed in 'special measures' by the Prison Service following a very critical inspection in 2017.

Following a Scrutiny Visit of Bristol prison in September² 2020, the Chief Inspector reported that 'Strategic and partnership meetings and various initiatives had not been suspended at the start of regime restrictions as we have found in some other prisons...a dynamic and motivated management team had...taken the opportunity to innovate.' He noted that during the visit 'We witnessed many positive interactions between staff and prisoners. These observations were reflected in our survey where 72 per cent of prisoners said that staff treated them with respect,' and the Chief Inspector concluded that 'at

long last there had been important changes at Bristol. Not only had the response to the pandemic been very well managed...but strong and energetic leadership had kept work going during this period to improve the prison. We found a more purposeful, safe and decent establishment than at the time of our previous inspection despite the regime restrictions.' The report also noted that all the prison's workshops had remained open during the pandemic and that no confirmed cases of Covid infection in prisoners had occurred.

WP: You appear to have achieved a great deal in spite of the pandemic, how did you approach what must have seemed a really formidable challenge?

JL: The achievement isn't mine but ours — it really has been a collective endeavour. We have done well, although safety remains a concern and there is more besides to do but we now have the momentum. The approach we adopted comprised a set of strategic priorities and a means of achieving them which was based upon leadership throughout the prison, at every level.

The priorities were, first and foremost, safety which remains our top priority today; secondly, procedural justice, which sounds high falutin' but which we understood as fairness; and thirdly, a relentless focus on the basics. Altogether this meant taking care, meeting structured and legitimate expectations and, in the context of the institutional routines, giving confidence that fundamental services would be delivered consistently and justly. These weren't separate, discrete initiatives or projects: each supported and was supported by the others.

WP: And what was your approach to developing leadership at all levels of the prison?

JL: The approach was neither novel nor complicated. Embedding leadership at all levels isn't

1. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/808337/un-bristol-13-june-2019.pdf
2. Available at <https://www.justiceinspectorates.gov.uk/hmiprisonswp-content/uploads/sites/4/2020/10/Bristol-web-2020.pdf>

some management gimmick but characterises many really good organisations. It's based on the recognition that people who do the work — those who know their job and understand what it entails — are often best placed to know how best to do it and how best to make adjustments and respond to pressures. The idea is to give staff a sense of ownership so that they can take the initiative, that's true empowerment.

One of the best accounts of the effectiveness of this approach is provided in a book called *Turn the Ship Around* published in 2012 which was written by L. David Marquet, a US Submarine commander³. In it he relates how he took over the command of one of the most operationally dysfunctional submarines in the US Pacific fleet and turned it around to become one of the best performing. And he did this not by adopting a strong 'leader-follower' approach to leadership or by trying to be a 'hero leader', which some think typical of the military, but by making leaders of all his crew, by giving them control of what was within the ambit of their roles.

WP: Perhaps you would talk more about that in a moment, could you first say more about what Governing Bristol was like during the pandemic and with the legacy the Inspectorate had set out in its damning 2019 report?

JL: As I said, the priorities we established were more than another 'action plan'. They were the building blocks of how we worked, on what we worked, and how together we gained confidence to being able to make progress.

As a Governor I have always said we mustn't mess with what's within our control that is really important to residents: social visits, canteen and time in the open air. What's more I have always approached change incrementally, not cautiously but by recognising that for change to really take place and to be lasting it's rarely revolutionary or done quickly. Covid forced me to rethink because at a stroke the lockdown that was imposed did mess with social visits, canteen and time in the open air, and it did it immediately not gradually and without warning.

WP: In practical terms what did you do?

JL: On the morning of the lockdown we had an extended Covid-safe full staff meeting to discuss what we would do, how we would handle the situation.

Although it was sudden, I think the crisis Covid-19 caused actually helped Bristol because it forced us to identify what really matters and to get that right.

This is my language but we were agreed on the need for a resolute focus on human rights and respecting the dignity of those in our care. These were issues fundamental to addressing the problems the Inspectorate had identified in its 2019 report as well as fundamental to our operation during the pandemic.

WP: How did this approach sit with what you were required to do — the Prison Service appeared to revert to a heavily centralised approach which, one would have thought, would have left little room for local discretion.

JL: Inevitably the Service needed to ensure consistency in managing a crisis of those proportions, it was really potentially life and death. However, instructions and guidance even in this peculiar situation aren't black and white. In the complex world of running a prison there is always room for discretion, particularly when what is important is how you do what you are required to do.

I think it is fair to say that at Bristol we took a middle way with the Covid-19 restrictions, we didn't lockdown as tightly as some other prisons did. We did all that was required but found ways of working which were right for what Bristol needed to do to change as a prison and right for the residents. The arrangements we put in place were brokered with line-managers and with Public Health England, and they turned out to be more liberal than what many other prisons, and particularly local prisons did.

WP: What did you do?

JL: We took the precautions that every prison, indeed everyone everywhere, was required to take: we had cohorting, regime bubbles, social distancing and mask-wearing, and we were diligent about cleanliness — Covid-19 is a respiratory disease, it was pretty clear what we needed to do to minimise the risks. We particularly prioritised mask compliance and testing as the main ways to mitigate the risk of running a more open regime. What we did every day, which was really important, particularly in terms of decency and restructuring and then meeting residents' expectations, was to ensure every resident had time in the open air

Inevitably the Service needed to ensure consistency in managing a crisis of those proportions, it was really potentially life and death.

3. Marquet, LD (2012) *Turn the Ship Around!: A True Story of Building Leaders by Breaking the Rules* London: Penguin

every day, had a shower every day and had three meals — one served at the cell door and two from the wing servery. These were the daily fundamentals. That may not sound much but it enabled us to feel we were doing the best we could in a very challenging situation.

WP: Culturally, was this difficult to achieve?

JL: In certain respects, it wasn't. Although Bristol is an inner-city local prison, the city's culture is quite liberal. It has a multi-cultural demographic, which is broadly reflected in the staff profile. And the staff themselves are instinctively concerned with the potentially brutalising effects of imprisonment, they wouldn't have found a complete lock-down comfortable. So, although serving meals in the way we did sounds limited, it did provide a chance for us to see and speak to every prisoner every day. It was a welfare check of sorts.

This attitude of staff also enabled us to keep the vital workshops open — obviously with fewer numbers of residents. What was culturally difficult, given where we'd come from with high rates of self-harm and violence, was giving staff the confidence, which is why leadership at each level was important.

WP: How difficult was the consequence of Covid infection among staff?

JL: We were fortunate, unlike in London and the South-east where the infection rates among staff were high and staff absences too, we were less badly affected. Had the rates of infection among staff been high, it would have been tougher.

WP: Returning to the leadership at all levels dynamic, tell me more about how you enabled this.

JL: It starts with engaging staff properly, listening carefully and being candid. And let me be clear, as well as engaging staff we engaged residents throughout both individually in the way that we could and through an elected council. What was also important was to distinguish the leadership aspects of my role from the other parts of the governor's role: for example, there's a lot that governors have to do that's essentially administration, which isn't about leadership. So it's important to be clear what we mean by leadership — at times the culture in the Service can appear to equate leadership with compliance.

WP: There must be risks associated with your approach too, aren't there?

JL: Yes, there are risks with the approach I've adopted but so far they have proved low level. Sometimes staff have got things wrong, as have I, but the benefits of truly empowering staff outweigh the risks.

WP: What sort of benefits are you talking about?

JL: A good example is the Bristol Pride event we held in the prison this summer. The idea wasn't mine, and I admit it wasn't one that I thought would work — and initially I resisted it — but it was a great success. This was more than a one-off tokenistic display: it was

an authentic celebration of diversity and LGBTQ+ culture. It was an exceptionally positive day. Each of the functional managers in the prison has responsibility for leading on one of the protected characteristics. The idea and the energy for the event came from a committee of staff at Bristol with the support of the wider community. It was their idea for a celebratory event and was implemented in an authentic and meaningful way which made it very powerful.

WP: Are there other examples of how your approach affected the more routine aspects of the prison's operation?

JL: We were the first prison to reintroduce social visits after the first period of national restrictions and one of the first after the second period of restrictions over Christmas 2020. We were also the first prison to reintroduce face-to-face education — us, a local prison! And the Chief Inspector's report of his Scrutiny Visit last year (September 2020) reflects that as a prison we had a thoughtful attitude to providing a regime and, to quote from his report, 'appropriate care was taken to balance the risks of the virus against the impact on prisoners' mental well-being of a very restricted regime.'

WP: Broadly speaking, the Prison Service appears to have managed the Covid-19 crisis pretty well. Is there a risk that this success could create pressure not to 'open up' regimes again but only allow limited activities so as to prevent a return to the high levels of violence and drug-taking which were rightly a cause for great concern before the pandemic?

We were fortunate, unlike in London and the South-east where the infection rates among staff were high and staff absences too, we were less badly affected.

JL: That will be a challenge but I can only speak for Bristol and here I am confident we will recover from the pandemic and from the difficulties which beset the prison prior to it.

WP: What problems has Covid itself caused, notwithstanding your achievements during the pandemic?

JL: Before the pandemic we had a really large self-harm problem, and it is a concern that rates of self-harm appear to be rising again. Undoubtedly the pandemic and the lockdown it enforced will have baked-in some significant mental health problems. Let's not forget that the pandemic disproportionately affected disadvantaged groups. It's very important that we return to a level of regime activities which not only reduces the likelihood of mental ill-health but enables us to help address the causes of those disadvantages and other difficulties residents face.

The high prevalence of mental ill-health among the prisoner population is well-known. It will do nothing to alleviate or diminish the difficulties mental ill-health can cause to lock residents up more than is advisable. As it is said, there is no health without mental health.

WP: Do you think that the developments in IT and the provision of in-cell activities could justify longer periods of lock-up and thereby mask the sort of difficulties to which you refer?

JL: There is a balance to be struck. I welcome the introduction of IT and its greater use by residents — the pandemic actually forced us to introduce video visits (video visits) more quickly than we might otherwise have done. There are real benefits to enable residents to undertake activities which IT could enable in cells but it mustn't become a pretext for locking them up for longer.

WP: Has the pandemic seen a change to the profile of the prisoner population at Bristol?

JL: Probably the largest change is the increase in the proportion of the residents on remand. About 40 per cent of residents here are on remand. The pressure of the backlog of cases in the criminal courts, caused by the pandemic, will continue to be a concern for some time.

WP: Looking ahead, what other challenges do you foresee?

JL: As I have indicated, I think the way we have responded to the challenges of the pandemic will help us through the next stages of the prison's recovery. But to answer your question more broadly, I don't apologise for asking for more resources, however old-hat that sounds. The fact is that with a modest increase in resources we could do so much more, and given that residents are some of the most disadvantaged and vulnerable, there is much that really needs to be done just to prevent those disadvantages and vulnerabilities causing greater difficulties later.

WP: Is this a plea for more healthcare?

JL: It's more than that. While greater and quicker access to healthcare would be good, there are other things which could help too. As we have seen at Bristol in the pandemic, the low-level support which pro-social relationships with prison staff can provide could do a lot to address particularly mental ill-health.

A continuing, longstanding problem is the need to staff prisons effectively. Statistically, the proportion of time my staff are operationally unavailable (technically 'non-effective') through sick absence, training and holiday is considerably higher than the 20 per cent we are resourced for. It is often the

flexible tasks that are first to be dropped meaning important work like key worker and education can be inconsistent.

WP: And where else would you direct additional resources if they were made available?

JL: Staff need supervision and leadership close to where they are performing their roles: their work is often complex, and supervision and leadership are necessary supports. There is an established body of literature about the discretion prison officers have and its importance in determining the culture of the prison. In order to exercise their discretion, staff need confidence and the sort of supportive, coaching supervision and leadership to help manage the many grey areas they encounter in their work.

At present Custodial Managers, the first tier of managers with line-management responsibility for

It's very important that we return to a level of regime activities which not only reduces the likelihood of mental ill-health but enables us to help address the causes of those disadvantages and other difficulties residents face.

other staff, have spans of control of 18 to 20. That's impracticable to provide the support and supervision that's required. The additional resource which the investment in key workers provided has really helped but more is needed. There is also a strong argument for professional supervision for Prison Officers, in the same way that Probation Officers and Social Workers, for example, need and get. To do the task we ask of Prison Officers, they need that support too. Team leadership with the capacity to engage, with realistic spans of control, are really important.

WP: The Inspectorate report in September 2020 also highlighted the positive use of prisoners as peer mentors. Is there scope to develop that to help address some of the problems you identify?

JL: Of course, we are far less conservative now in recognising the potential residents themselves may have to assist other residents. In addition to the number of formal mentoring roles which have been established in most prisons, there is an opportunity to realise the potential that residents have to support one another positively.

WP: What about the physical infrastructure of the prison?

JL: There is a well-known maintenance backlog in prisons — which is unsurprising given the age of parts of the prison estate. As well as addressing that I would

like to see a proper discussion about crowding — or 'over-crowding' as it is sometimes misleadingly called. There was a debate in the 1990s following the Woolf report which got rid of 'slopping out': we need a similar debate today about ending the use of a cell designed for one person to accommodate two.

An even larger debate within society about the purpose of imprisonment — and particularly about stopping the use of short custodial sentences — is also needed. Some of the problems prisons like Bristol face are caused by being a sort of criminal justice back-stop, a 'when all else fails' option.

WP: Thank you, this has been a really interesting discussion about Bristol prison and its recovery. Is there anything you would wish to emphasise about what's important to you and the prison next?

JL: There's no one thing which is most important but I would say that the importance of understanding what leadership is and how to engender and embed it is going to be key. This isn't a one-off thing, its cultural and it needs to be worked at and sustained. It definitely isn't top-down, even if the governor has a key role in enabling it. The potential of our staff to think about their work and to bring energy and commitment to it needs to be tapped. When its starts working well, it's good for morale and it's good for what prisons are or should be all about: being thoroughly decent, purposeful and helping to turn the ship around.

Prison officers and role of the Prison Officers' Association during the pandemic

Mark Fairhurst is National Chair of the Prison Officers Association. He is interviewed by Martin Kettle, an inspector with HM Inspectorate of Prisons.

Mark Fairhurst has worked in prisons since 1992, serving most of his career at HMP Liverpool. Throughout his career, he was active in union matters throughout his career and in 2015 was elected to the National Executive Committee of POA, the professional trades union for prison, correctional and secure psychiatric workers. In 2017, he was elected as National Chair of POA and re-elected to that position in 2021 for a five-year term.

The POA is the largest union in the United Kingdom representing uniformed prison officers and staff working in secure forensic psychiatric care. It has over thirty thousand members.

MK: Could you talk me through the impact of the pandemic? Did you have any previous experience to go on when it started?

MF: No, it took everybody by surprise and I don't think anybody thought that the situation would be as serious as it turned out to be. Way back in March 2020, when Boris Johnson announced to the nation that we all had to stay home, he was going to lock us down, the Prison Service wanted to carry on as normal for as long as they possibly could, without reacting at all — which we vehemently opposed. Credit where credit's due, the Director General Phil Copple came back to me within 24 hours and we agreed that we had to lock all our prisoners down. That was the day I put all our differences aside and said we need to work together to get through this because we just don't know how severe it was going to hit us.

There were no contingency plans in place for a global pandemic, it was a matter of adapting as we went, in the best interests of everybody. Back then, it was absolutely horrendous. The national POA representatives were told we could have full-time facility time, that we could work from home, because HMPPS needed us to be available 24/7. I actually phoned my governor up at my home establishment, HMP Liverpool, and said 'Look, prisons are going to go into lockdown, we don't know what the effect is going to be'. There was obviously a lot of concern about that time because of the disorder seen in Italian prisons, that

we may see similar here. I said, 'I'm here, if you want me to come in tomorrow, if you're short of staff, let me know and I'll come in' — and the governor said to me 'You stay where you are, you're needed where you are'.

I remember sitting at home on my laptop for between 14 and 16 hours a day, for at least three months, because all these emergency policies and documents and regime management plans were flying through to us and needed to be consulted on and agreed to get things done. It was horrendous for staff on the front line, because staff were self-isolating — back then it was 14 days if you had symptoms and you couldn't get a test. We had no personal protective equipment (PPE). We highlight concerns about PPE, and we'd actually asked for staff to be wearing face masks at the very least. We were told that Public Health England had advised our employer that the mitigations were adequate, and we didn't need PPE. Of course, we know now that the reasons we didn't get PPE was that it was all directed to the NHS, and there just wasn't the availability — that's the real reason. We pressed the issue strongly, and I'd personally held a meeting with the then Secretary of State Robert Buckland. Credit to him, he got us the PPE, but that didn't come in until the October 2020.

It was just a horrendous time. Getting on for 14 per cent of our staff were self-isolating at one stage, and it was just 'all hands on deck'. Looking back, everybody who works in the prisons, whether it be front-line prison officers, managers, civilians, support staff, they should all be extremely proud of what they've done. The modelling from the experts told us to expect at least 2,700 prisoner deaths, with no estimate for staff. As I sit here now I think the latest figures are 165 for prisoners and 37 for staff. That shows the lengths that my members have gone to in order to keep those in their care safe, while putting themselves at risk.

As a union we can be very proud of what we did for our members. When the first wave hit, we sourced free accommodation for them. If they didn't want to live at home, maybe because their parents were clinically extremely vulnerable or they wanted to be away from their partners or children because they were scared of the risk of bringing something home, we

actually sourced free accommodation for all POA members, and we utilised Centreparks sites throughout the country. What an ethical company Centreparks are, I can't praise them enough for what they did for us.

MK: You spoke of putting aside differences. Did that spirit continue as things developed?

MH: Yes, I can say that at this moment in time industrial relations have never been so good, that we are working in partnership, that we are working collaboratively, we are getting positive results and we're trying our best to keep COVID out of our prisons and to make our prisons safe for future regimes.

MK: Do you think there are any measures that were particularly effective? There was debate for many months over wearing masks and about social distancing, whether you could do that in prisons?

MH: You can certainly wear a mask in prison, but it's impossible in our environment to socially distance, I'm afraid. The measures that have worked are, surprisingly, the measures that the experts who have never worked in prisons, and the psychologists, told us would be a disaster: and that was prisoners spending more time locked up. That has actually been a success in preventing COVID from spreading in our jails. At the time when people thought there would be a reaction to that, self-harm reduced, and violence reduced; so, if it was having such a big effect on prisoners, self-harm would have increased. In every jail, that has not been the case. There's been an increase in self-harm in the female estate, but that's understandable because many women are reliant on family contact, especially if they have children. But in the adult male estate, self-harm reduced. We've got to learn from that. I believe that men felt safer because they were unlocked in small groups rather than unlocked into a full wing with hundreds of prisoners, where they could feel under threat and where there was the opportunity to bully and intimidate people. That's a learning point we've got to take forward for safe regimes in the future

MK: So the reduction in violence and self-harm, do you feel that has continued throughout the period?

MH: It continued during lockdown. As we've started to progress regimes and unlock a bit more, the

violence has started to creep up, and that is a concern. What we've got to move away from is full wing unlock. Let's just unlock smaller numbers of prisoners, so there are more staff around, and if violence erupts, we can quell it. We can engage with prisoners and get to know them better, so when they get frustrated we can calm them down. That's what it used to be like in the 1990s, when we had higher staffing ratios.

MK: So the unlocking in smaller bubbles, which began in the 'reverse cohorting units' to keep new arrivals safe — you feel we have learnt that that is a good way to operate generally?

MH: Yes. As with every industry there's what I call 'rogue governors', who think that we need to go back to pre-COVID regimes and unlock large numbers of prisoners for hours upon end just for the sake of unlocking people. Well, that's not productive, it's not constructive, it's certainly not purposeful. It doesn't encourage anyone to reform. When you unlock somebody, there must be something purposeful for them to do, whether that's a remote digital visit, or a therapy group, or getting charities in, anger management courses, AA, NA, support mechanisms, address their offending behaviour. We should invest in workshops that give people work skills, so when they leave our care, they've got a chance of employment. I love it

There's been an increase in self-harm in the female estate, but that's understandable because many women are reliant on family contact, especially if they have children.

when reform groups criticise me and think I'm some sort of draconian prison officers' association leader who believes in banging people up and throwing away the key. Nothing could be further from the truth: I'm more of a prison reformer than the reformers. I don't believe in locking people up for long periods of time, unless they're persistently violent. My vision for prisons is let's get them in workshops, or in classrooms, where they can pick up skills that can increase their employability. Also, in workshops, why are we not paying prisoners the minimum wage? For example, DHL have warehouses in several prisons. Why are they not paying prisoners the minimum wage? If you're paying prisoners the minimum wage, a third can go to the Victims' Charter fund, a third to their savings for when they are released, and a third they can spend while they're in prison. Instead of that small discharge grant, with the savings they could go out with a couple of thousand pounds. They're also leaving a work skill so not only can they get a job, but they can get away from all the negative peer pressure, maybe put a deposit

down on a flat in another area and start afresh. We're giving people hope, we're giving people an opportunity to change.

MK: So pay prisoners in closed prisons in the same way that in open prisons people can earn a wage outside and have a levy taken from it?

MF: Why not? A private company coming in doesn't have recruitment overheads — they can just come in and pay them a flat rate, and they'll still save money, and you're encouraging a work ethos with prisoners. I've seen it work in Israel when I visited prisons there.

MK: Some groups like the Howard League have been arguing that for years. And is that POA policy?

MF: No, that's just my personal opinion as a prison officer with 30 years' experience.

MK: So there's no benefit in unlocking a whole wing?

MF: What's the point of unlocking a whole wing, just for time out of cell, when all they do when they're out of their cell is play pool, table tennis, or smoke drugs or act violently towards staff or other prisoners? That doesn't help rehabilitation. The only reason it happened is because governors are scared of getting a negative report out of the Chief Inspector of Prisons, who consistently complains about too many prisoners being banged up. But they wouldn't be banged up if someone would invest in workshops and education, that actually encouraged them to do something positive with their time.

MK: So you have a lobby here, such as HMIP, whose expectations look for 10 hours a day unlock.

MF: 10 hours a day to do what? To do nothing! 10 hours a day in a workshop learning to lay bricks, or plaster a wall, or paint and decorate, while being paid a decent wage for it, is more constructive and rehabilitative than anything.

MK: So unless we can go back to a time, if there was one, when it was normal in a Cat C trainer for people to work full-time and gain

qualifications, you think we shouldn't push for a full day unlocked. That takes investment. So, do you think that in spite of the attempts to increase staff numbers in recent years, after the deep cuts of the years before that, we still need more staff in prisons?

MF: Since 2010 we lost over 7,000 from my staff. We're losing staff at a rate that we've never experienced before. The attrition rate is running at 12.5 per cent. As quick as we recruit we're losing them. In the last 3 months we've had more resignations than we've had new recruits. We can't continue in that vein.

It's all down to wages. If you don't pay what we're worth, if you don't match other public sector bodies, you will not retain staff. If I join the police today, in 7 years' time as a policeman on the beat I'll be earning at least £37k. If I join as a prison officer today, in 7 years if I'm still a Band 3 prison officer I'll be earning £25k. Even the top rate of pay for a custodial manager is £38k. And in the private sector, they'll pay you £1500 just to start a job, in a much safer environment.

MK: Is improving staffing levels relevant to recovering from the pandemic? We can only do it on the basis of more staff?

MF: Without a doubt. At the moment we're about 3000 frontline prison officers short, and with attrition we'll never get

back up to that level. In a recovering economy more and more jobs are becoming available, with higher wages to attract the right candidates. Right now we can't compete. Only government can fix that.

MK: We can't compensate with new high-tech prisons?

MF: The problem with building new prisons is that, if you build them, you'll fill them. Why have we not looked at sentencing policy? The sentencing policy of this government seems to be 'bang them up for longer'. But what about those who are serving short sentences, 12 months and under? Could they not serve that time in the community?

MK: The POA has generally stayed out of sentencing policy.

In the last 3 months we've had more resignations than we've had new recruits. We can't continue in that vein. It's all down to wages. If you don't pay what we're worth, if you don't match other public sector bodies, you will not retain staff.

MF: We have. And the reason is that we are there to enact the sentence of the court, so it would be wrong for us to interfere and have an opinion on that. We're the middle men, but as a prison officer what do you expect me to do with someone who's serving three months? I'll never rehabilitate or reform them. Would they not be better doing a community sentence which is robustly managed and supervised?

MK: So in recovering from the pandemic we have to get the staffing right, and the regime right. Anything else we have learnt?

MF: We have learnt that we can do things differently, and still be successful. We've learnt that trade unions and employers can work constructively together despite their differences. It's OK to disagree, but you can still work positively together.

MK: In some ways the position of the POA has been quite influential in this period?

MF: We have influenced a lot of policy, we've influenced regimes, and we've influenced how our prisons are beginning to come out of COVID. It's been a massive positive not only for our members, but for prisoners as well because I know that they feel safer, and they get to know staff better, which can only be a positive. What we're desperately trying to influence is government, to pay us more so that we can retain staff.

MK: Do you have any reflections on healthcare, and the way COVID-19 has been handled by healthcare providers?

MF: I feel sorry for healthcare providers now, because healthcare provision is all out to tender, and it's not NHS-run. So you've got all these private firms with profitable contracts but they can't live up to the expectations because they're struggling to recruit staff, as nobody wants to work in a prison. In relation to the pandemic, they've done as much as they possibly can with the difficulties they're facing, which includes their staff self-isolating. I would like to see prison healthcare run by NHS trusts; and I would like to see us bring back what we had in the 1990s, hospital officers — prison officers who were sent away for three years to do a nursing degree, paid for by the employer, so they are both a prison officer and a nurse.

MK: You spoke a while ago about 'rogue governors'. What do you think we have learnt

during COVID-19 about management capability within the prison service, if anything?

MF: There are too many senior managers who want to make a name for themselves to the detriment of staff, and certainly to the detriment of safety. During the first lockdown we had example of governors unlocking prisoners for social activities. It's unacceptable. Just do the right thing. There'll be plenty of time to unlock people when it's safe to do so, but when you're in the middle of a pandemic, why would you risk people like that?

MK: For staff, it's been a torrid, testing time, and you've been supporting them. For the wellbeing of prison staff, other than what you've said already, are there any things the prison service should be focussing on as we come out of the pandemic, to reduce the risks and the pressure on prison staff?

MF: I've never been so proud as a POA leader, to represent such a fantastic body of staff. I can't praise them enough. They're at the stage now where they're burnt out, they're stressed out, they're now anxious about the fourth wave. As we come out of COVID it's so important to allow those staff to take leave when they want to take leave; and if that means you have to

close down regimes because your staff want to take some time off, then I'm afraid that's what you're going to have to do. On support, we don't have enough support in place onsite to deal with the mental health issues among staff. It's all right talking about peer care teams, but I'm talking about professional support for staff — mental health nurses and counsellors in every site, available for staff in the core day.

MK: Do you think there is too much reliance on telephone support services?

MF: You can't assess someone over a telephone. To be honest I don't want to call a freephone number and talk to someone who's on the minimum wage, who's not a trained counsellor or a trained mental health nurse. I want to be able to stay in my workplace, access someone in an office in my workplace, and offload and then get back to work. That makes more sense to me — face to face. We're seeing more and more PTSD, and we're picking up the pieces of that. We offer a rehab centre, that we share with the firefighters — there are three centres around the

In relation to the pandemic, they've done as much as they possibly can with the difficulties they're facing, which includes their staff self-isolating.

country, available to POA members. It covers physical and mental conditions, so you can go there if you need physical treatment, or if you've been assaulted at work and have mental health needs, if you've suffered trauma — we've got trained psychologists on site, all the rehab facilities. You stay there at our expense for a week, and the employer may give you special leave to attend. My question is, why don't the employer have something like that for their staff? The police have it, for their staff. These people have just been through 20 months of anxiety, stress, worry and monotony — because it is monotonous, with the regimes so

restricted. They're burnt out, they're stressed, and they are struggling to take leave because of absences. I get that, but your staff are your most important asset. Without them you can't unlock and if you don't look after them, you're not going to have those staff.

MK: You see that in the resignation rate?

MF: In October we had the highest resignation rate ever known in the service. 422 resignations in one month. That's on top of the fact that, because the economy is now recovering, 44 per cent less applications to the job — that tells me a story.

Children in the custody during the pandemic and beyond

Neal Hazel is Professor of Criminology and Criminal Justice at University of Salford, and also a member of the Youth Justice Board. He is interviewed by Dr Jamie Bennett who is a Deputy Director in HMPPS.

Neal Hazel is Professor of Criminology and Criminal Justice at University of Salford, and also a member of the Youth Justice Board. Professor Hazel has led more than 25 funded research projects in youth justice, inclusion and family support. He was formerly HM Deputy Chief Inspector of Probation for England and Wales. The Youth Justice Board (YJB) is the non-departmental public body responsible for overseeing the entire youth justice system in England and Wales. The YJB's vision is for a youth justice system that sees children as children, treats them fairly and helps them to build on their strengths so they can make a constructive contribution to society. The mission of the YJB is to drive improvements that increase children's positive outcomes and prevent offending, leading to safer communities with fewer victims.

The interview took place in December 2021

JB: How did the pandemic change the number of children entering the criminal justice system, including the secure estate?

NH: During the pandemic, there's been a reduction in the number of children coming into the system and that has been particularly pronounced for custody, which has seen the numbers drop to historic lows. At the end of October there were 449 children in the secure estate. Obviously, everybody wants to see how this could be maintained and reduced further moving forward.

We know that there are likely to be pressures the other way, to raise numbers up. People have speculated about the effect of the increase in police numbers. There are also some demographic changes that are likely to happen in the population. Additionally, there is the action to address the backlog of court cases and what effect there will be after the pandemic. But we have shown that it can be done, that the numbers can be brought down. Keeping children out where possible restricts the negative effects of custody. We'd be looking for policy makers across the system to contribute to maintaining this.

There is, however, a particular concern about the high numbers of children remanded to custody. Almost half of the people in youth custody are on remand and that number seems to be growing over the years, and disproportionately includes children from particular ethnic groups. We know that of those children who were on remand, only about a third go on to receive a custodial sentence. That shows that a large majority of children in custody on remand don't need to be there. That risks creating all the trauma, damage to their identity and the stigma that custody entails. It is likely not just to impact on their outcomes as children but also increase criminogenic factors that then leads to unnecessary risk for the general public.

JB: What are the circumstances and experiences of children entering the criminal justice system? How might their lives at home or in the care system have been affected by pandemic? Do those experiences vary between different groups for example people from minority ethnic communities?

NH: At the moment we are limited in what we know about the experiences of children during the pandemic. There's a lot of research going on, but at the moment it's largely anecdotal evidence and educated guesses as to the effects. We do know that the mental health of children has been affected. We know that it has interrupted positive and constructive activities that children are involved in. We know that it has affected their supportive and constructive relationships both inside and outside. All of those factors we know can have a negative effect on children's outcomes and therefore on potential offending. We know that hasn't yet filtered through, so we are anticipating what these issues may be.

With remand, we have a good idea why remand stays high. One particular factor we are aware of is that children are remanded to custody when there is an immediate accommodation issue. If there isn't accommodation to go to, they are sent to custody in the short term instead. To address this, the Youth

Justice Board has funded the London Accommodation Pathfinder to set up short term accommodation. That will give the judiciary the assurances that they need. We are developing small five-bedroom children's homes with support and trauma informed care. That is one way we are trying to solve this problem, but it needs a bigger effort amongst policymakers to try and crack the problem of remand.

JB: Does coronavirus present different health risks for children in custody compared to adults? If so, what is the significance of this in the pandemic response and planning for recovery?

NH: At the start of the pandemic, there was a huge concern — nobody knew what this would mean in custody, how it would affect children, whether there would be negative physical health outcomes for children in custody. Thankfully, to date, that doesn't seem to have been the case. There has definitely been some illness, including amongst staff, and there has been disruption in establishments but thankfully we haven't seen devastation to the health of children. That is partly because children have not been affected to the same extent as adults generally, but it is also because of the measures taken by establishments, staff and children, who have all pulled together to ensure that that everybody was as safe as possible. I think it's also important for us all to remember the amount of fear and unknown we all faced, at the beginning of the pandemic especially. Throughout this time staff in sites turned up day in, day out to keep these children safe. Many went above and beyond to mitigate the negative effects of the pandemic.

Inevitably, the pandemic and responses to it have brought some negative outcomes for life in custody. The most obvious was the amount of time that has been spent in rooms, particularly early on in the pandemic. Inspectors have highlighted that this was unacceptable in certain institutions. That is bound to have some effect on the well-being of children. There have also been effects on case management and resettlement. For example, there was disruption to release on temporary license, which we know is central to preparations for release and helping resettlement.

JB: Is there likely to have been a variation in the effects between different groups, for example

children from minority ethnic communities, children with disabilities, or girls in custody?

NH: We have found that most children in custody have been relatively resilient to the effects of the pandemic, and staff have rallied around and tried to restrict the damage. However, what you tend to find in any crisis like this is that those who it affects most are those who were vulnerable anyway. So, if you have vulnerable characteristics in your health or in your social background, then you are going to be more vulnerable during a pandemic and the effects are going to be greater. We've seen this in particular with children who have a history of social care. Children who have been looked after, are relatively isolated anyway and at risk of becoming more isolated as they

don't have the support from outside. As a result they don't seem to have the same resilience. Those who have health issues anyway find it particularly difficult during a pandemic, and clearly those who already have mental health issues struggle even more and require greater support during this time.

JB: What have been the effects on safety in youth custody since March 2020? Have the rates of violence and self-harm changed?

NH: There is evidence that, certainly early on in the pandemic, figures for self harm, violence and other aspects of safety improved. One thing that's interesting is that the analysis that has been completed has not found that it was related to the amount of time that children spent in their rooms, which is often the first place that people go to for an explanation. It seems much more that it is related to improved relationships between staff and children, and increased phone contact with families. There are broader lessons from these findings — whatever the circumstances, the quality of relationships, the quality of support for children, and the amount of contact that they can have are linked to positive outcomes.

JB: The two Secure Training Centres holding children have both been the subject of recent 'urgent notifications', issued as a result of serious concerns identified through joint inspections conducted by HM Inspectorate of Prisons, Ofsted and the Care Quality Commission. Is this the result of the pandemic or does this reflect pre-existing challenges?

There has definitely been some illness, including amongst staff, and there has been disruption in establishments but thankfully we haven't seen devastation to the health of children.

NH: The challenges of the youth secure state are historical but have been exacerbated by the pandemic in a number of ways. The success of reducing the number of children in custody means that those children who have received a custodial sentence have often committed very serious crimes and have complex needs. The latest data show that of those children sentenced to custody, 98 per cent had five or more concerns identified by a youth justice practitioner. These concerns range from substance misuse to poor mental health to unsuitable accommodation or parenting. To really help these children is a complex task which requires investment, skill and resources. The pandemic has resulted in operational challenges with reduced staffing and changes to regimes, which will have disrupted positive relationships that are critical to children being able to reach their potential, develop pro-social identities and feel safe.

JB: What might be considered in the recovery phase to respond to the potential effects of the pandemic, including disruption to learning and family relations?

NH: In terms of interruption to family relations, what we've seen is that the adjustment has been one of the success stories from the pandemic. Although visits have been disrupted, the amount of contact children have had with their families seems to have gone up. That is largely because of the efforts that have been made to enable children to keep in regular phone contact with their families, for example by having phones in their rooms, and also because of the introduction of video calls. Of course, that benefit has been less for those who are isolated anyway, such as those who have been in care. For those that have benefitted, this contact has been important for preparation for release, building and maintaining supportive relationships.

If there's one silver lining to the pandemic it is that it has crystallized some of the problems that exist within the youth custody estate and given us an opportunity to reflect on the changes that that are required. One issue that it has highlighted is the central importance of the relationship between staff and children. We knew that from research more generally, but it's been writ large with any studies that have looked at the experiences of children during the pandemic. A critical factor is how much positive reinforcement children have received from staff. It is now up to policy makers to respond to this and enable staff to build those positive relationships with children. It is more of

Although visits have been disrupted, the amount of contact children have had with their families seems to have gone up.

parenting role, reflecting an understanding that these are children, who are affected, the same as other children, by relationships both positive and negative. Even more so because of their trauma backgrounds. We need to ensure that all staff within custody understand that they are working in childcare institutions and they are childcare professionals.

JB: What are the potential impacts for people who have moved from youth custody into the adult prison estate during this time? How can their needs be taken into account in recovery?

NH: The transition to the adult estate has always been problematic. I'm aware that HMPPS is drawing up a new young adults strategy and that is very welcome. The Justice Select Committee has also highlighted the issues with young adults and the transition to the adult state. It is particularly difficult for girls who transition from institutions that are specifically designed to look after very vulnerable children and then transition straight into the adult women's estate, which doesn't have that specific support for vulnerable people. But even for boys, transitioning into the young adult estate, part of the problem is the lack of continuity in approach. Work that starts in the youth estate seems to get discontinued in the young adult state. There is a bit of a cliff edge

that children encounter when they go up to the young adult estate at the very time when they're undergoing quite a traumatic transition. We also know that those who are on long term sentences are more likely to be those who have experienced trauma, and those who have experienced trauma, we know from research, find transitions particularly difficult.

JB: What role should the Youth Justice Board's 'Child First' principles have in the recovery process? What do these principles mean for how the recovery process should be approached and what actions might be taken?

NH: The 'Child First' principle is now the guiding principle for the youth justice sector. It has four parts, which essentially draw together our contemporary understanding of what works and what is important in youth justice. The first part is treating children as children, which involves understanding how they're developmentally different from adults and they require different support. Second is promoting children's individual strengths and capacities to build pro-social identity, focusing on positive outcomes rather than just

trying to manage offending. Third is collaborating with children because we know that you can't do youth justice to a child, you have to work with them. The fourth part is diverting children from the system where possible or minimising stigma within it, as we know that stigma is the cause of further offending.

The 'Child First' principle simply reflects our contemporary understanding of how to help children towards positive outcomes and away from crime. When we ask about what's going to be important in recovery, the answer is the same thing. It is going to be important all the time. That is what 'Child First' encapsulates.

JB: The initial impact of the pandemic and the introduction of restricted regimes meant that some innovations had to be quickly adopted, including the use of video calls so that children in prison could maintain contact with their families, video links with courts so that the justice system could continue to operate, and the increasing use of video calls for everyday staff and management business. What do you see as the potential role of technology in the future of youth custody?

NH: The pandemic has forced HMPPS to improve the technology it is using and that certainly is welcome. I have already mentioned the use of video calls for family contact, but it can help with resettlement too. For example, given the geographical difficulties of professional visitors travelling across the country, video calls could be more economic and productive. The pandemic has provided a catalyst to overcome some of the barriers that have been put up previously.

We need think carefully about how technology can be used more broadly. For example, in relation to education, we've seen how important it has been when people have been in a restricted, lockdown situation in the community, so surely we can utilize that in a controlled environment, in custody, in a much better way? Education in custody, I believe, needs urgent reform. The pandemic has shown that the old traditional, classroom-based model is not the best way to engage children. The classroom walls need to be much more permeable so that education continues outside of the classroom. We need staff on the wings,

in the residential units, to be more engaged with education. Education should not be demarcated and seen as the property of teachers. Staff should have a similar role to parents and carers on the outside, who would encourage and support children with homework. A large proportion of staff have not seen that as part of their job, but that needs to be part of their role in a childcare setting such a children's secure estate. The curriculum also needs to be developed, so it is not restricted to the 'three R's', but instead it is relevant to each individual. It should be tailored to their interests and strengths.

We now understand much more about the backgrounds of children in custody, the huge vulnerabilities of this cohort, the complexity of needs and, the adverse childhood experiences that these children have had.

JB: As coronavirus moves from pandemic to endemic and we learn to live with it, do you expect to see youth custody restore pre-pandemic regimes and activities or do you expect them to be redesigned or reimaged?

NH: Over the last ten years or so, there have been huge advances in our understanding of children in custody and what help they need to move forwards.

The first big advance is in relation to trauma. We now understand much more about the backgrounds of children in custody, the huge vulnerabilities of this cohort, the complexity of needs and, the adverse childhood experiences that these children have had. They have unmet needs, which adults and the services in the community should have supported, but often have

not. As such, these children have been failed, especially when they were looked after by the state. While I am not suggesting that children in custody haven't committed terrible crimes, we are, however, now in a much better position to understand what may be in the background of those who do commit the most serious crimes. We better understand the part that a lack of support may have played. What happens often is that children who have suffered trauma and have complex needs don't receive the support they need and so respond to that trauma, the trauma plays out in negative behaviour, and they are then punished. It's important that we, as adults, understand our responsibilities to those children now and how we may have failed in our responsibilities to them in the past. The support the children need has to include trauma-informed care, so we don't simply repeat and reinforce that trauma. That is a danger of custody because the

custodial environment can be traumatizing in itself, and so we need to reduce the negative and traumatizing effects of custody rather than double down on our mistakes and simply increase the chances of negative behaviour in the future.

During the pandemic, one huge advantage was the organizing of children into smaller groups. These so called 'family groups' were initially because of social distancing restrictions and often involved residential groups of single figures. What we've found when studying this, is that there have been huge benefits. Children have explained how this has enabled them, perhaps for the first time in custody, to start to lower their guard, to not always be on high alert. It has enabled children to build more constructive relationships with other children but also with staff. We have almost had a circuit break from any negative institutional culture. It is a critical piece of learning that we need to find a way to continue to have children living in smaller groups. Ideally that would mean smaller residential units, smaller institutions, and that reflects all the learning we have from the past about how much more effective small children's homes are compared to large institutions. Where small units are not possible in the short term, we need to organise children into smaller family units. Despite the challenges of delivering that, it is one of the biggest takeaways from the pandemic.

A further area where we have a better understanding than in the past is in relation to risk. Up until recently, everybody in the youth justice system has talked in terms of risk of offending or risk generally, but the Youth Justice Board has challenged those terms. We have, first, recognized that we were focussing on the negative, on a child's deficits. When you do that, you start to characterize children as a bunch of risk factors, which has a stigmatising and negative effect on their identity and subsequent behaviour. We have to reframe our understanding of risk factors in a more positive way if we're going to help children. The second key reason why we have shifted focus is that we have mischaracterized vulnerability as risk. Rather than measuring risk of offending, various assessments actually identify vulnerabilities. If you start measuring vulnerability but confuse that as risk, then you end up

punishing or restricting children for their needs. This has been underlined by the Black Lives Matter movement, because we know that children from certain minority ethnic groups as well as other children from other diverse backgrounds show up on risk assessments as having greater risks. They are not risks, they are vulnerabilities, often structural vulnerabilities associated with poverty and social exclusion. It is critical that that we understand racial disparity within the system. We know that particularly black boys are disproportionately represented in custody. We need to understand why and address the misuse of and obsession with risk of offending. The answer is to try to address vulnerabilities

as needs and increase positive outcomes. Constantly treating children as risky individuals and potential offenders will simply drag them further into the system and nurture negative and destructive behaviours.

JB: Despite initial fears, the employment market is buoyant as the economy recovers. What are the implications of this for staffing in the youth custody estate? In planning for recovery, what should be the priorities for staff?

NH: The point I made earlier is that it is essential to understand the vulnerabilities of children and to approach custody as a childcare institution. To reflect this, all staff working in custody need to be childcare staff. They need to understand their role as childcare professionals and they need to be trained and qualified

as such. We have seen some excellent examples of staff going the extra mile to ensure the well-being of children, giving them the encouragement and positive reinforcement that has been shown to be so important. We need to rethink our behavioural management approach and support staff to help children develop prosocial identities. We now need to ensure that all staff members are trained effectively and have a contemporary understanding of how to help children change how they see themselves and their future.

JB: The first 'secure school' is currently being developed and will be run by Oasis Charitable Trust. What is the potential of this model? Is this a means to build back better?

Children have explained how this has enabled them, perhaps for the first time in custody, to start to lower their guard, to not always be on high alert. It has enabled children to build more constructive relationships with other children but also with staff.

NH: The first 'secure school' provides us with an opportunity to learn from some of the problems that institutions have faced in the past and to do things differently. There is a history of 200 years of new youth justice establishments which have repeated the same mistakes. There is a cycle each time where we start off with public enthusiasm so courts send a lot of children there, so they are then oversubscribed, so staff are brought in from the adult estate who are untrained or inexperienced with this group so high staff turnover and problems with behaviour, and then there is usually some critical incident or scandal. This leads to disillusionment. Ultimately, it is often revealed that there are poor reoffending rates, and we restart the search for another alternative.

When Medway Secure Training Centre first opened, I evaluated that for the Home Office and warned of this cycle and that the same thing was likely to happen unless we had a childcare staff who were trained to work with children and we actively intervened to avoid this cycle. I have given the same warnings with the 'secure school'. People have said that the 'secure school' is different because it is focussed on being a school, but we have seen this before, going back to reformatory schools, approved schools, and even the secure training centres were intended to be based on education. But in the past, sites caught in this cycle have defaulted to being a detention-type centre. We need to make sure that it doesn't happen this time and that there is something fundamentally different about the regime, based on our contemporary understanding of constructive resettlement and trauma-informed care. If Secure Schools can do that, delivering the nurturing child-care environment they have promised, they have the opportunity to support any kids in their custody to be safe, have more positive outcomes, and make constructive contributions to their communities.

JB: Do you have any sense that public views about youth justice altered as a result of the pandemic and the widespread experience of confinement?

NH: I don't think you can compare the experience of the public in lock down to the experiences of being custody. Anyone who thinks they can probably has little idea of the reality of life in custody and particularly during a restricted regime. However, I do hope that we can build public understanding around the needs of these children. If we can stop asking what's wrong with

these children and start wondering what happened to them, and wondering if they were failed in their earlier years, I think we will be in a strong position to drastically reduce youth crime in general.

JB: What opportunities are there for cross-government collaboration to prevent children entering the criminal justice system, and to better support those leaving custody?

NH: Preventing children entering the criminal justice system and preventing reoffending after custody both need the same thing fundamentally; support for positive outcomes as children. That's 'Child First', recognising that our focusing on achieving the same positive outcomes as for any child will lead to safer communities and fewer victims. And we know that these positive outcomes require collaborative support for children and their families. For children in custody, all of the research into the effects of custody over the past 20 years has shown that positive effects depend less on what happens in custody per se, and more on how well custody links with the community. It is about resettlement, the preparation of children for their release, and the preparation of their home. Again, that all requires other agencies and services, not just the custodial institution and the youth justice service. This is particularly challenging with looked after children and they have persistently received poorer support. Resolving these problems and helping children requires co-ordination and collaboration. We've recently seen resettlement consortia or partnerships in various parts of the country and they provide a practical model to do this, based on a common framework known as 'constructive resettlement' which focuses all agencies around guiding and enabling children's pro-social identity development. The Youth Custody Service has now also adopted constructive resettlement as its support framework, which should allow for better custody-community collaboration. But all government departments need to understand the level of individual support that is needed and a willingness to provide the kind of support that all children need : safe and stable accommodation; appropriate health support; education that they feel is relevant for them; and positive leisure activities with constructive guidance. Perhaps with the Justice Secretary, Dominic Raab, also being Deputy Prime Minister, there is now an added opportunity to bring departments together to make lasting improvements.

Prisoners' experiences of recovering after the pandemic

Paula Harriott is Head of Prisoner Engagement at the Prison Reform Trust. She is interviewed by Christopher Stacey, Director of Support and Development at Clinks.

Paula Harriott is Head of Prisoner Engagement at the Prison Reform Trust (PRT). PRT is an independent UK charity working to create a just, humane and effective penal system. Paula's focus is to ensure organisations across the criminal justice sector are committed to the involvement of people with lived experience. Her role at PRT is to ensure that the charity fully involves serving and former prisoners in its strategic direction and the work it undertakes.

Paula leads the Prisoner Policy Network (PPN), which is a network of people who are currently in prison and those that have been in the past, and those with lived experience in connected organisations who want to share their experiences and ideas with policy makers. The PPN aims to share the views of people with experience of living in prison with those involved in prison policy development nationally through research, consultation and reports. They launched the CAPPTIVE series (Covid-19 Action Prisons Project: Tracking Innovation, Valuing Experience), which is charting the experiences of prisoners during the pandemic.

The interview took place in November 2021.

CS: How did the coronavirus pandemic have an impact upon your organisation?

PH: The first couple of weeks were a shock, people were disorientated, and it felt very scary. We went to work from home, and then some members of the team were furloughed. I was phoning our Director during that first month saying we have to come back to work, this feels uncomfortable. This came from a personal perspective — if my work is related to trustworthiness, abandonment is failure of trustworthiness. The engagement work at PRT with prisoners is built on consistency and trustworthiness. If we abandon prisoners now, we will breach that trust, and engagement will suffer, and if engagement suffers, so does our authenticity and credibility. Not just with prisoners, but with our messages back to government and the public. Our authenticity and credibility as an organisation rests on our ability to respond to what's actually going on in prisons, and not what HMPPS says is going on. That gap of what is being said, and what

the actual experience is, is where we need to focus our work. We already had a pre-existing network of people in prison we were corresponding with through 'email a prisoner' and letter writing, augmented by visits to prison. The visits couldn't continue, but the emails and letter writing could. Solidarity with prisoners was really important, this was not the moment to leave. It was a crisis for the community, it was a crisis for prisoners, so we needed to respond to that crisis with strength.

CS: How did you change your service in order to continue during the pandemic? Was there anything that you lost during that time that was particularly valuable?

PH: When we came back, other work was suspended, and we came back with a 100 per cent team approach to listening to prisoners. Whereas before the team that listened was my team, the four members of the engagement team, it became a PRT-wide listening exercise that drove the development of the CAPPTIVE project. We called it that because people felt captive in their cells, the acronym spoke to prisoners.

The key thing that changed was that we cemented the centrality of listening to prisoners. It wasn't that it hadn't been done before, it had always been done, but we understood that we could continue to do this at a time when other activities were suspended. What we could do, as an organisation, in this moment was listening to and supporting prisoners, as well as capturing this historic moment in a series of reports. These reports were published and used to strengthen our advocacy work.

Engagement has always been a central part of PRT's work — the fact that my role is part of the senior management teams shows this was never peripheral. However, the fact that we redistributed staff resources to augment that work, has set a template for the future. Everyone was contributing to the same project, and this strengthened relationships, understanding, and it brought people closer to the real-life experiences of prisoners. We built an interdisciplinary way of working that has continued post-lockdown, and it has strengthened relationships between teams.

Some members of PRT would say they lost the interpersonal connection of being in the office. Working from home, in isolation, was a difficult transition, especially for some of the younger people because they were living in shared houses where working remotely was difficult, and work was part of their social life. The loss was the communal sharing space of physical connection. For me, the losses have been outweighed by the gains and I don't think the work suffered. We totally built our membership during Covid. We lost the in-person visits, but we doubled down on the other ways to reach prisoners, such as taking adverts in Inside Time and Converse and really bumping up our use of 'email a prisoner' and paying for reply sheets and freepost addresses for letters. We already had a freephone advice line, and we sent out freepost envelopes, we put out freepost address on our 'email a prisoner' so people could write to us for free. So, our work in engagement, our membership, grew under Covid, and the quality of our interaction developed too, because everyone was writing to prisoners and capturing the experiences.

CS: How are you planning for the future? Who is involved in this?

PH: We've integrated ways of working for engaging with prisoners, listening to prisoners, doing something with what we've heard, moving from listening to action. We've learnt how to do that in an effective way. It's broadened our understanding of how to do this across the team. It's made it feel like it works with more synergy, because you can sometimes work in an office and assume that people understand your work, but sometimes it takes you to work with that team to understand it. I feel a lot of inter-team relationships have been strengthened and inter-team understanding of how best to utilise one another's strengths.

CS: How has the pandemic changed the way that staff work and how have they been affected? How are working practices changing? How are you helping colleagues to adapt to change?

PH: There are more opportunities to coordinate and join up work. There's something about sharing passion and interests that helps to cement work and understanding. For example, we've always had team

meetings, but these happen more now. Upping the frequency and opportunities for connectivity and the strengthening of relationships have been important in moving out of the pandemic. We always used to have a meeting on a Monday called 'press and planning' that was infrequently attended (by me) but we've now kept it as a virtual meeting because it's better attended.

So, understanding that there's a balance to be struck between office working and home working has been a learning. Some people are more effective at home, so that's a lesson. Equally, some people aren't that effective at home, and they prefer the support of colleagues and managers in an office to really do good work. So, we did an audit of what staff wanted their

working patterns to look like, creating bespoke solutions according to people's needs and also the organisational needs. Each individual team has found its own rhythm around work, according to the personalities and needs of the staff. So there was a recognition that you do need to balance the needs of staff members with the organisational business needs to try and find a happy medium.

We did a team away day in the summer, as we were coming out of Covid after a year. That was an offer to every team to take their team away. This helped to create a sense of connection with each other, building trust and a sense of purpose. Ultimately, the degree to which you care about the work does manifest in the quality of what is delivered.

CS: How has the staff culture changed and what effects do you expect from altered ways of working?

PH: Bizarrely, I feel like we're closer as a team. It's the antithesis of what I thought would have happened. I personally feel people are happier at work. Those people who found commuting into the office stressful, now have a better work-life balance. Having the office open for people who work better in a more structured environment has also been really helpful for them. So we have this hybrid way of working. We've invested in the tech, both in the office and for people to work from home. We bought printers for people who didn't have printers, chairs and desks for people who didn't have chairs and desks, organised paper and printer cartridges to make sure people are effective from home. That's all

Working from home, in isolation, was a difficult transition, especially for some of the younger people because they were living in shared houses where working remotely was difficult, and work was part of their social life.

been really important to make people intuitively feel like they're in a cared for environment. We invested in an anonymous support service, being clear that people should reach out to managers and this service if they were struggling. So, for me, my experience was of staff being cared for. There was no rush back to the office, we were clear that yes, organisational need is important, but actually if you're struggling, that's okay and you can take your time.

CS: What changes will be made to the services prisoners receive? Do you expect changes to the amount or type of activities available to people in prison? Will the model for prison regimes change?

PH: Well, it ought to. What do I expect? Digitalisation, a form of digital visit, that will stay. In my work, 'email a prisoner' is now available to every prisoner, where that was slow to rollout before. Telemedicine, where you have appointments by video with your doctor, I think we're going to see an expansion of that, that started during Covid, and it'd be a shame if we didn't see that continue at pace. The rapid expansion of digitalisation of health in the community is going to further exacerbate the health inequalities gap to people in prison unless prisons catch up really quickly. Stepping up digital contact with prisoners is most important. Things like 'email a prisoner', I think that should be free personally, we need to see text messaging, Skype calls, we need to have all of those things expanded beyond what is currently available.

The most recent consultation we've conducted is on prison regimes, with 651 prisoners contributing. This highlights how prisons need to change. They've said that prisons have been warehousing individuals, there's been serious disruption to education, work, visits, so prisoners are now saying, as we come out of Covid, this is a moment to reflect on the principles of imprisonment, what are we doing, prisons are punishment but where is justice? Why aren't prisons places of purpose? Prisoners want to experience places of purpose. That means addressing issues that they've come in with and preparing them for release. They don't want another two years behind a cell door. They want a return to relationships with staff, they want time well spent, they don't want time sitting on the bed.

So, a reframing and understanding of purpose. Whatever purpose there was to it before has dropped

off under Covid and what's being exposed is the failure of the institution to deliver rehabilitative activity. Even right now as we're doing this slow unlock. Prisoners have experienced being warehoused. And in that moment they've reflected on what they want, and they want a life that has purpose, they want a life in prisons that reflects the principles of normality. What they're saying is that during lockdown and prior to lockdown, prison is not based on the principles of normality. For example, you don't get allocated a job in the community, you apply for job. Prison is not equipping you to live, because it's abnormal, it doesn't equip you outside, it institutionalises you so rapidly and it deepens

the problems you come in rather than fixing them. We want rehabilitative interventions, we want opportunities, we want normality, we want normal relationships, we want you to support us to keep our families together, we want healing, we want restoration, and access to services you need to enable that healing to take place. All of that is what should be part of the prison regime from a prisoner's perspective. We want to feel like we're building community. Community is a big thing that's come out of it, we don't know how to live in communities outside, show us how to live in communities here and let us take away skills that we can use when we come out.

CS: What have been the effects on prisoners of prolonged public health measures? How are you helping them to recover from their experiences?

PH: The effects for most prisoners is that they've been absolutely tortured. People have survived these long periods of isolation, but they're damaged by them. Family relationships are seriously fragmented. I met a guy in a prison the other day, I've known him for years, he's always had a visit from his wife twice a month while he's been in prison for the last eight years. He said 'I haven't seen her for nearly 18 months, the weird thing is I've started to not miss the visit, and that's really frightening. I've got used to not seeing her'. I fear that's true of many relationships in prison, and short telephone calls for those that don't have in-cell telephony, they're not sufficient to maintain relationships with your kids and partners, so there's big risks there. I think the other real risk here is the heightened understanding in the community of Black

The rapid expansion of digitalisation of health in the community is going to further exacerbate the health inequalities gap to people in prison unless prisons catch up really quickly.

Lives Matter under Covid, and the lack of responsiveness operationally that prisoners from Black and minority ethnic backgrounds can see visibly happening, that's also a risk. Prisoners from Black communities in prison were a part of that, even though they weren't taking part in protests, that is from speaking to them. How is the Prison Service responding to them? Do prisoners know how the Prison Service is responding to the issues around discrimination and racism, where and how is that being communicated to prisoners? We're looking at doing a consultation in 2022, which will shine a light on these issues.

The other thing prisoners are saying is that they've had no real relationship with staff for a long time. There's a lot of new staff, a lot of young staff, and are we ever going to have relationships with staff again? Are prison officers equipped to have relationships with us? They've also been inducted into a prison system where it's not a requirement to have a relationship with a prisoner, it's very cursory contact, but actually prisoners are craving contact and relationships.

CS: How have relationships between prisoners and their families been affected? What was put in place to help? What has been learned from this?

PH: The deficit of relationships, the breakdown in these relationships, is a problem for the future. If anything, it's endorsed even more the necessity to listen to Lord Farmer's recommendations. The need for in-person visits is really clear. Digital connectivity alone is not sufficient. People need touch, hugs, love, support. Children of parents need opportunity to see their parents. A visit is not just about serving the purpose of the prisoner, it's about serving the purpose of the family, for their wellbeing. I feel like that dimension has been neglected. Prisons haven't done anything robust enough under Covid to respond to the needs of families. They've prioritised the need of the safety of the prisoner in the prison over the need of the family in the long term and that's very worrying.

Digital calls, through Purple Visits, is a great development and it should be augmented. But there's a risk that we might just go for the easy option. We need to be really careful that it's known as a call and not a visit. It's a better telephone call, rather than a visit. Using the right language is really important so that we don't replace physical contact with digital contact, because that doesn't work for everybody. Children can't grow by seeing a picture of their dad on a telephone call. That's not the same as a hug. That's ignoring

people's emotional connectivity and rights. The rights of children to see their parents needs to be central to any future regime design. Children's rights should be primary. We should experiment with children having the right to call their parent, whenever they want. If we have in-cell technology, we could have incoming calls from children to their parent. There's no reason to think we couldn't do that.

CS: There have been concerns about the period of the pandemic intensifying social inequality, including based upon race, sex and economic inequality. Have you seen this in prisons? How might this shape the future?

PH: It has to shape the future. Failure to respond would be an abject moral and ethical failure. You can't ignore that. Those tensions — the disproportionality in the criminal justice system— were evident before the pandemic, but we chose to somehow ignore it. There's been a cultural shift in consciousness in the community, and the prisons need to respond to that. There's some urgent work to be done in the community, to prevent and disrupt the pipeline to prison, that's a responsibility of government and society in general, and there's work in prisons to do something effective in the diversification of the prison workforce across the country. As prisoners of colour move around

The rights of children to see their parents needs to be central to any future regime design. Children's rights should be primary.

the system, and the further they go north the less diverse the staff group becomes. That's disengaging, frightening, and it doesn't speak to care. This adage that prisoners are 'in the care' of HMPPS, as a person of colour, if you turn up at certain prisons north of London, I think you're worried, because you don't see another Black face in the staff team that you can relate to.

Then there's a look at the necessity to improve the complaints and accountability mechanisms that make people of colour feel confident in addressing issues of racism and highlighting them. For example, giving more powers to the Prison and Probation Ombudsman to not just make recommendations but to monitor the implementation of such recommendations. We need to see more visible and tangible evidence that when complaints are upheld, that something has happened, to build trustworthiness in the system.

CS: How might prison be physically designed for a post-pandemic world?

PH: Before we get to the design of the prison, what we need through our political leaders, and in our

communities, is a consensus about the purpose of imprisonment. We need to design for the future, but we're designing from the past understanding. We're designing from the notions of the effect of punishment as a means of curbing undesirable criminal behaviours. We need to do some questioning of purpose, the values and principles of our approach to justice in this country. We need that thought leadership. This future regime design work we've just done with prisoners talked really clearly about what prisoners need in order to move to justice, and that's not reflected in their current experience. So, designing nicer prisons, is that the way forward? Or is it redesigning a system that works for everybody, including victims, before we start design and build the ergonomics of a prison.

I can talk to you about trauma-informed design but actually if we all agree on the purpose and principles of the approach, then the design of the pathways and the systems would emerge. What we've got is fragmentation because punishment fights with rehabilitation for priority. We don't have a cohesive understanding about how the process of desistance and change is built into that system. How is community responsibility built into that system? Where's the responsibility to fix the social drivers of the pathways to prison? Sometimes the discussion is focused on the prison, when it needs to be focused on the understanding of the why.

Prisoners want prisons designed around purpose and time well spent. They accept punishment, they can accept responsibility, they want more contact with restorative work with victims, they want more restoration, making amends, learning from what you've done rather than overcome with guilt and hopelessness. They want inspiration and hope. The community needs to agree what it wants from the prison system so that politicians are ready to make the decisions about resource allocation that can fulfil that purpose, and drive the outcomes that we all want, building safer communities. Until we've done the work of reframing and understanding what purpose our prisons serve, we've always got this tension of 'lock 'em up harder' as a solution to the societal problems that create the need for prisons in the first place.

CS: Do you have any sense that public views about imprisonment have altered as a result of the pandemic and the widespread experience of confinement?

PH: I think that's a really liberal view and I don't think that's played out in reality. I've not felt an outpouring of sympathy for prisoners. I've not seen a shift in politics or in the narratives about prisons, otherwise we'd have seen pressure around testing,

vaccinations and prioritisation. I think they've been very clearly left out of the conversation around prioritisation for better treatment and that speaks to the wider sense of the 'undesirables' that don't get a mention. The only chink I can see is around the employment of former prisoners — there's a growing understanding, but that's maybe driven not by humanity but by post-Brexit employment vacancies. We now don't have cheap agricultural workers from Europe, so the view is that prisoners can fix that. It's a pragmatic view rather than a principled one. So, if I see a shift, it's not about the state of prisons and the pain and trauma they're going through, it's about their utility post release.

CS: What have you personally learned over the pandemic? How have you changed the way you do your work?

PH: I learnt that creating a better work-life balance is good for your soul, it's good for your mental wellbeing, it strengthens your ability to do this work, to be grounded in your homelife in a way that you feel less tired, less stressed, and that's because I'm not commuting so much.

I feel proud we supported prisoners at a deeply painful time in their life by doubling down on listening to them and pouring resources at PRT into that work. I know prisoners are grateful for that, but that's not what's important, I know it's the right thing to do for a charity that seeks to represent and support people, that in moments of need you to do that. We should be proud of ourselves that we did that and that we continue to do so and that we haven't lost the trust of prisoners. In fact, calls to our advice and information service have gone through the roof, our engagement with prisoners is building and our impact is growing. The closeness of our team has increased, we've bonded during Covid. That gives strength to the organisation; it's not fragmented, it's stronger and more unified.

In terms of the funding landscape, what Black Lives Matter did was create an awareness of the necessity to listen to the people in the community at the frontline. Funders are responding to that. The contribution of lived experience involvement has become more in demand. Everybody is looking at lived experience leadership as well. I'm pleased to see that call for broader diversification in the range of voices that are listened to, whether that be from communities of colour, people with lived experience of prison, women, people with protected characteristics. There's been a bit of a shift, a bit more audacity around the demand to be heard, rather than the gratitude of being given an audience. That's a step change we should welcome. It's challenging but it will take us to new places.

Working with children of prisoners through the pandemic

Sarah Burrows is founder and CEO of Children Heard and Seen and is interviewed by Dr Rachel Bell who is Deputy Governor of HMP Send.

Sarah Burrows is a qualified social worker who has worked with children and families for over thirty years within a variety of settings. These have included children's homes, family centres, looked-after social care team, youth offending services and early intervention services as both a manager and a practitioner. Through this work, she recognised that an overwhelming majority of young people entering the criminal justice system had a parent in prison already, and that that no services were in place to offer dedicated support these vulnerable young people. To address this need, Sarah founded Children Heard and Seen in 2014.

Children Heard and Seen works to support children and families impacted by parental. This work was initially done wholly in Sarah's free time as she was still working as a full-time Early Intervention Hub Manager. Six years later, Sarah has transformed Children Heard and Seen from a kitchen-table project to a charity with an excellent reputation for delivering targeted and effective support to over 600 children since its founding.

The interview took place in October 2021.

RB: What is Children Heard and Seen and prior to the pandemic what did you do?

SB: Children Heard and Seen is a charity with a specific focus on supporting children with a parent in prison in their own communities and reducing intergenerational crime. We are currently supporting 247 children across the country. We offer specialised one to one support with a skilled practitioner for children to help them identify complex emotions relating to the imprisoned parent and to learn how to express them in a healthy way. In these sessions, a practitioner guides a child through our specially designed workbook, which is filled with guided exercises to help children understand the process of imprisonment by covering each stage of the custodial sentence. We also offer age-appropriate group work to reduce social isolation and combat feelings of shame by showing children that they are not alone. We also provide support to parents/carers, offering specific

groups for those where the parent is due for release in the next six months, where the parent has been convicted of sexual offences and for those who have no contact with the parent in prison.

Our work is child-centred and delivered in the community, rather than the prison. This means that we support children, whether or not they have contact with the imprisoned parent.

When the charity was initially founded, reaching families impacted by parental imprisonment formed a key barrier to service delivery, as the lack of systematic identification of these families, combined with the stigma attached to familial imprisonment prevented many families from accessing support. By March 2020, we had built strong relationships with many families and were receiving a steady stream of new referrals. When lockdown hit, we feared that to stop service delivery would mean losing these contacts and prevent us providing support. We acted quickly, introducing a range of modified online services, including one to one sessions, activity and craft groups to combat isolation, and parent peer support groups. Recognising that access to technology formed a major barrier for many families we support, we immediately launched an appeal for second-hand laptops, providing vital technology to over 60 families. The online arm of our work has been hugely successful, and, during the height of lockdown, we were able to run up to 75 one to one sessions and 15 activity groups per week. Prior to the pandemic, we had offered face to face services in Oxfordshire, Berkshire, and Milton Keynes. In addition to this core work, we have now expanded to provide online support to young people across the country.

At the time, I don't think I had fully considered what would happen after the pandemic. When lockdown hit, we were acting reactively to the immediate challenges that had been raised by the lockdown, which had pushed already vulnerable families further into isolation. As we begin to return to normality, it has become clear that this online arm cannot simply be wound down, as to do so would leave many families without support. As there is no statutory system to identify or support children with a parent in prison on a national level, we are the only option for

many families. Children in Plymouth, for instance, shouldn't have to reach out to Oxfordshire but they do because there are no local services to access. Delivering online work has drastically increased public awareness of our charity through word of mouth, which has caused a dramatic increase in families referring themselves to us from across the country. Now, we have an average of 5-8 new families being referred to us each week.

Our charity really has transformed as a result of the pandemic, and delivering online support is now central to our delivery.

RB: So covid expanded your work in a way that you hadn't planned?

SB: Yes. And in a way that I feel for families was quite cohesive. It enabled them to support one another in terms of the uncertainty and the anxiety they had about that family member in prison. It meant people really came together. It was really lovely.

RB: What was it like for children of prisoners at the beginning of lockdown?

SB: There was a lot of anxiety that I don't really think went away. As for all children, normal routines and structures weren't happening. And there was that anxiety about their parent, and what might happen to them on the inside. At the time, media reporting suggested that a lot of deaths may be happening within prisons as a result of the virus. Many of the children were terrified that their parent wouldn't be safe in prison, and a lack of clear and consistent communication to families meant that many assumed the worst.

For many of the children that we support, their parent had previously been able to spend time with the family at home on ROTL (Release on Temporary Licence). When lockdown hit, this contact suddenly stopped, causing confusion and distress to the children separated from the parent. It was as if the parent had come back into their life and then was gone again.

RB: Did younger and older children experience the separation differently?

SB: I think every child is different and every experience is unique. Their experience is heavily shaped by their existing relationship with the parent in prison, and the relationship with the person looking after them. We supported one grandmother to give evidence at the Human Rights Select Committee in January

2021. She talked about her grandchild, who was just 1 year old, crawling around calling for his mother. It depends on the age of the child, what they understand and what they don't understand, and how much they have been made aware of the situation.

Depending on the children's age and depending on the anxiety of the person looking after them, there was real worry. There were no end dates to the uncertainty and children really like certainty and to know what's going to happen. There was huge anxiety. Parents were reporting children being highly anxious, bed-wetting, twitching, real anxious behaviour.

RB: HMPPS put in a series of measures to try to mitigate the harms of the separation. For example, video visits were rolled out and additional phone credit was granted. How successful do you think those mitigations were?

SB: I think the trouble is that every prison is different, and that there was no consistency in the types of services offered. Family's experiences varied drastically depending on which prison the parent had been sent to. Those whose parents had in-cell access phones were much better equipped to have consistent and reliable relationships with them. One family we support had a father with in-cell phone access while the mother was forced to share a mobile phone with over

30 women. The difference is so marked between different prisons and therefore children's experiences are so varied. A lack of a consistent and coherent approach across prisons has left children confused and upset. This was made harder in group sessions when children without contact would hear other children speak about having regular contact with the parent, leading them to feel confused and angry about why the contact they could access was so different.

As these experiences varied so greatly, it raised challenges in group work as one child may say that they had been able to access regular contact with their parent

In terms of the video calls parents were reporting that it was causing distress to children as well. Many prisons had a rule that only four family members could be present on the call, and that one of these needed to be an adult. This caused huge problems, as families with more than 3 children would have to choose which children could see their parent after months of no contact.

This made older children more grown up than they needed to be. They would be the oldest of four or five

Depending on the children's age and depending on the anxiety of the person looking after them, there was real worry.

and they would be the ones that would have to miss the call so the younger ones could participate. And the same when visits came. Always it was felt the older ones would understand more so the little ones would get the visit, leaving out the older children. There were also reports that any sudden movements could cause calls to glitch and the identities of those in attendance would have to be re-verified. This could eat away at the limited and precious time that families had with their loved one, causing further stress. Families talked about having bare feet and the call being stopped for nudity, and the screen freezing when children moved around.

As each monthly call was limited to 30 minutes, it placed too much pressure on the limited contact to be perfect, meaning that any perceived negatives caused extreme distress. The video calls also took a long time to roll out too, some prisons had video calls quickly and others took months before they were made available.

RB: So, it unintentionally created issues of fairness based on fairly arbitrary factors like the number of children in a family?

SB: Yes, or which prison their parent had been sent to. That was one of the challenges of group work. You'd have children talking about contact with parents but everybody's experience was different. For us, it doesn't matter which prison a parent is in, we'd support families no matter what, but everyone had such different experiences. Lockdown exposed how inconsistent a children's experiences of parental imprisonment are depending on which prison a parent has been sent to. Children with a parent in prison are facing a lottery as to how they will be able to maintain ties to their parent on the inside. This lack of consistency adds to the overall sense of hopelessness and confusion faced by children with a parent in prison. This has been the case when visits are operating normally too, the experience from prison to prison can be very different. Lockdown heightened and shone a light on these differences.

RB: How have relationships between prisoners and their families been impacted by the pandemic restrictions in prisons, and to what extent do you expect those impacts to be long lasting?

SB: For parents we have supported through the pandemic that have since been released, the relationships have disintegrated. Whether or not that is the result of the pandemic and the lack of communication I don't know but the relationships haven't been great.

RB: Is that a change compared to release before the pandemic?

SB: Yes. From both sides there's always been the experience of the person serving the sentence, and the experience of the family outside, and the challenge of how to marry those experiences. 'I was outside supporting and feeling really anxious, while you were inside having a hard time. But my time was as hard as your time.' That can be hard to work through.

The immediate weeks following release can be the most difficult for children, the family unit, and the returning parent, as expectations of a 'return to normality' can be quite different from reality. Where the returning parent moves back into the family home, it can take time for relationships to be re-established, particularly when they have been absent for some time. The space the parent once occupied has had to be filled as life moved on without them. Due to the reduced contact during the pandemic, it was even harder to have conversations about what it

would be like post release, families didn't have time to plan or discuss anything. Then when the parent was released, it was into a time of lockdowns so there were no opportunities to have space and time to adjust, where the parent went back into the family home, it was very intense, and it created tensions. The normal things that people would do to try to reorientate themselves weren't available post release due to the pandemic so there were all the usual difficulties that can happen when someone is released compounded by the pandemic.

RB: As deputy Governor of a women's prison, lots of mothers told me that they didn't want their children to visit when they couldn't hug them. They said it would be too difficult. Now we have contact for children under 11, and test for contact for others, levels of children's visits

Children with a parent in prison are facing a lottery as to how they will be able to maintain ties to their parent on the inside. This lack of consistency adds to the overall sense of hopelessness and confusion faced by children with a parent in prison.

remain far lower than before. Do you know why they are not coming back?

SB: The reasons can vary so much between families as every situation is unique. Once you get out of routines of doing things it is quite difficult to step back into. Although we're out of lockdown, people are still frightened, especially if you're doing public transport and going a long way, and once you've got out of the routine of doing it it's hard to restart. People might say it's better for the children not to visit the parent in prison, but is it better for the children? It varies so much for each child and each relationship. The problem is that prison visitation isn't geared around children, and often the timings mean that they would have to take time off of school to visit the parent. This is a major barrier to visitation as many families do not want to tell the school about the imprisonment.

RB: Are there effective measures that should be taken to help restore prisoner-child relationships following the pandemic?

SB: More family days, and family services being centred around the family and, more specifically, the children rather than viewing those on the outside only as a rehabilitative tool to benefit the prisoner.

And for us as a charity, we are trying to facilitate more communication with the parent from the child's perspective. We've produced a series of letter writing templates to make the process of letter writing less daunting. Children can just write one word like 'I miss you because _____'. They are really lovely. For us it's about giving the child the opportunity to articulate their feelings. Because they may feel conflicted about visiting or not visiting, and about their parent being inside. They are having to navigate through negative public reactions at school. Often the story about the imprisoned parent has been published in the press, which can lead to bullying and isolation.

There needs to be training for social workers who may not understand prisons, or how visits work and the challenges this can raise for children. But it is also a broader issue, there is very little community support for families, and there's no support for the families who don't have a relationship with the person inside. All our work is centred on what is best for the child, it isn't about the prisoner at all. Whilst some people may think the prisoner doesn't deserve a visit, it's far more important to think about what the child needs, what do they want? For them, it is just mummy or daddy. Children can understand that a parent has done wrong, but that doesn't always mean they stop loving them. Until we see the experience of children in its own right, separate to the prisoner experience, we are not going to be providing the right support for them. The support for family engagement should be reconceived and

centred around the families themselves, rather than being seen as a tool to reduce parental reoffending.

There needs to be family group conferencing, pre-custody and before they come out. Particularly for women. It should address how everybody will be supported. That is what really should be happening. That is putting the child at the heart of it. That is how we start addressing inter-generational offending and everything else. The welfare needs of the child should be considered upfront. Where's the child going to live, how will they visit, how will they be supported? And then when you come out there may be a bit of resentment because the grandparent may have been doing it quite well and the mother feels disempowered. You need real, proper support through that. It's difficult. Particularly with grandparents looking after children.

RB: What have you personally learnt over the pandemic, and will there be lasting changes to the way you do your work?

SB: The virtual support will definitely continue to grow and develop. The 1:1 and the mentoring support is invaluable for families and children. But the virtual is not as good as face to face, you can build relationships with the children via online support, but I feel it is not the same as being able to meet with them in person. You get to know a child and their family in a different way when you see them face to face and it's the conversations you have outside of the planned work that help to build those relationships. That conversation you have while waiting for the kettle to boil, you don't get that with virtual support.

Our support will continue until children with a parent in prison are considered a vulnerable cohort and we are no longer needed. Ideally, children with a parent in prison would be identified through schools' admissions and made eligible for pupil premiums, as it is with parents in the military. It would be self-disclosure; they would be entitled to the pupil premium and then schools could support and find interventions in the community for the child. If all schools asked the question at enrolment and when children were starting a new term or year, it would remove the stigma because it would be a normal question to ask. We have families who have children in the same school but neither the school nor the families know about each other, it shouldn't be like that. So many families don't tell anyone outside of the family home about the imprisonment for fear of backlash and exclusion. This leaves them to feel even more isolated as their existing relationships and support systems fail. This can be really disorientating for children, particularly if they don't fully understand why a parent is missing. Our support, at its core, is showing up for these families and being that support system during such a difficult time, when they may not have anyone else to turn to.

Inspecting prisons during a pandemic and recovery

Charlie Taylor is HM Chief Inspector of Prisons. He is interviewed by Dr. Jamie Bennett who is a Deputy Director in HMPPS.

Charlie Taylor was appointed HM Chief Inspector of Prisons in November 2020. He is a former head teacher of The Willows, a school for children with complex behavioural, emotional and social difficulties. He was the Coalition Government's expert adviser on behaviour until 2012 and produced reviews for the Department for Education on alternative provision (for children excluded from mainstream schools) and attendance in schools. He was Chief Executive of the National College of Teaching and Leadership from its launch in 2013 until 2017. In 2016, he authored the Review of the Youth Justice System in England and Wales¹ and subsequently was Chair of the Youth Justice Board for England and Wales from 2017 to 2020.

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 work 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 Expectations. 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 poor') up to four ('Outcomes for prisoners are good'). 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 of 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 of the Prison Service. The Chief Inspector reports directly to the Justice Secretary and Ministers on the treatment of prisoners, conditions 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.

The interview took place in December 2021.

JB: You took up post as HM Chief Inspector of Prisons in November 2020. At that stage, the country was about to enter a second protracted lockdown. What impact did this have on the your

¹ Available at <https://www.gov.uk/government/publications/review-of-the-youth-justice-system>

first months in the role and on the work of the Inspectorate?

CT: The inspectorate already had a formulation in place for how it was operating under COVID, so it had moved from 'short scrutiny visits' to 'scrutiny visits' which were reduced versions of inspections. I came into an organization that knew exactly what it was doing when it came to the COVID response. Even so, I came into a very strange situation where for long periods of time I hadn't met many of my staff members. Personally, it was frustrating because I couldn't be with the team.

JB: You changed the inspection process during the height of the pandemic, operating Short Scrutiny Visits. On what basis did you make the decision to reintroduce full inspections? Do you have any ongoing adaptations to your practice?

CT: We were doing 'scrutiny visits' when I started. We were then aiming to get back to full inspections in April 2021, but unfortunately the COVID cases were too high within prisons. We went back to full inspections on 10th May 2021. What we've learned from the 'scrutiny visits' is that there is more that we could have been doing during the first week of the inspection, where our research team are in, but our inspectors are not. We now do a lot of the interviewing of key staff before the inspectors come into the jail, and then when we come into the prison will triangulate those conversations by looking at evidence and through talking with prisoners and other staff. Pushing more of the process into week one has been really helpful in giving people more time to be able to get into the nuts and bolts of the inspection and spend more time with prisoners.

JB: How has the pandemic changed the way that staff work and how have they been affected? How are working practices changing within the inspectorate? How are you helping colleagues to adapt to change?

CT: Teams have been together in the field, which means people have been able to spend time together. It's been particularly difficult for people in our secretariat and within our central functions, who haven't been able to spend much time together. We decided to go back into the office from September 2021 because we wanted to start bringing people

together more. We've been doing two days a week since September, which has helped, particularly for younger staff members who are sometimes in less spacious accommodation, often with flatmates who are also working remotely. Getting people back together provides a sense of purpose. We also had a staff development day when we brought our whole team together in October, when things were relatively quiet with the pandemic. Sadly, with the uptick in cases and the new regulations, we're going back to remote working, but we will continue to do our full inspections. We have recently had to postpone inspections at Winchester and Bronzefield because of significant COVID outbreaks. Although we have carried out inspections where there are outbreaks, albeit under control, there are situations where it is unstable and the outbreak is not yet under control, and therefore it wouldn't be appropriate for us to go in.

JB: You launched a new set of leadership expectations in July 2021. Why did you decide to incorporate this into the inspection process?

CT: Leadership has always been something that the inspectorate had looked at as part of its other healthy prison tests, but my feeling was that this was a particularly critical aspect of what makes prisons good. The most effective prisons are often

The most effective prisons are often distinguished by the quality of not just the governor but also other leadership within the prison.

distinguished by the quality of not just the governor but also other leadership within the prison. Coming from an education background, where the inspection of leadership is first and foremost within every inspection, it seemed to me that that this is something that we ought to be doing. There was some pushback, because people said, 'we investigate outcomes and leadership isn't an outcome', but my feeling is that leadership is the biggest driver of outcomes.

When we devised our leadership expectations, we had lots of conversations with prison governors, with prison group directors, with senior people within the Prison Service, but also with colleagues at Ofsted, children's services, head teachers and academy heads too. We've had a wide range of input. We then put together our leadership expectations and consulted on those, receiving more, useful feedback. We began to pilot in May 2021, where we shared our findings with the prison governors, but did not publish them. From August onwards, we were comfortable enough to start commenting on leadership in our published reports. We aim to meet with governors in the New Year 2022 to

talk about some of our findings, where we can give some helpful input.

As part of the leadership work, we introduced a new self-assessment report that we expect governors to complete. One of the areas that we found has been a bit lacking, has been the metrics being used in planning. Prisons have got lots of good aspirational plans, but they're not always saying what they aim to achieve by when. We are intending to help governors to introduce a bit more discipline around what it is that they're specifically trying to achieve with their plan. How would you know you've been successful? What are the timescales?

JB: Has the role of importance of prison leadership changed in the context of the pandemic and recovery?

CT: Yes, I think it has. Ask any governor and I'm sure they would agree that inevitably as a result of COVID, there has been a pulling on the reins from the centre. Gold command arrangements and the various restrictions at different stages, have meant that governors haven't had the freedoms that they would normally expect to have. I think they they've appreciated the reassurance and the firm hand of the Prison Service in giving them guidance through what has been a very difficult time. At the same time, we also pick up some frustration that people want to get back to some sense of normality. Actually, prior to this latest Omicron outbreak, we were seeing the majority of prisons on stage two of the four stage process and a large number getting to stage one, so governors were feeling like they were being able to get their jails back again and be able to run them in the way that they would want to.

JB: What have been your observations on the role or balance between local autonomy and central control?

CT: Coming from education background, when I came into this world in 2015, doing my review of the youth justice system, what really struck me is the level of autonomy that governors have compared to head teachers. Head teachers have an incredible amount of freedom to recruit and train staff, to in effect, set the regime or the timetable or curriculum, commission services, and tender for building work. That isn't to say

there aren't high levels of scrutiny from governing bodies, from Ofsted from local authorities. Obviously the two systems are not the same. Prison governors do a very different job, they are part of a bigger system and therefore you would never get the level of freedom within prisons that you do within schools. However, it strikes me that there is the potential for giving, particularly the best and most effective governors, more freedom to be able to decide how to do things. The really best governors should be able to step up, to innovate, be able to try different things and to do more. That will also help with the pipeline of really good leaders coming through. It is critical to make sure not only that there are good leaders in prisons now, but

also that there are good leaders in five or ten years time, and the job is attractive to dynamic and interested people.

JB: Have your other expectations for prisons — safety; respect, purposeful activity, and; rehabilitation and release planning — changed in light of the pandemic and recovery?

CT: They have a little bit. It's fair to say we cut prisons more slack when it came to purposeful activity, because very often, with the best will in the world, they weren't able to get people out of their cells and they weren't able to provide anything like a normal regime. As people have moved towards stage two and stage one

regimes, obviously our expectations of what ought to be going on in prisons has changed.

Up until recently, we had our colleagues from Ofsted back with us in the field, which meant that they were back to using their full inspection framework, and there was better scrutiny of education providers. Certainly we've come across some cases where we think education hasn't been opened up as quickly as other services have within prisons.

JB: In your inspections, have you found that pre-existing challenges in prisons have continued to be significant? If so, which challenges have particularly stood out?

CT: The biggest challenge that the Prison Service faces at the moment is recruitment and retention of staff. This this has been a perennial issue. It is particularly acute at the moment, where there is a skills and labour shortage outside prisons, and therefore there are lots of potential jobs available. We are seeing

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that, particularly in prisons in London and the Southeast. Recently in Thameside and Belmarsh we have seen the difficulty this causes. We were in Woodhill and Oakhill in Milton Keynes and both of those places again have struggled to retain people. What we are seeing is often some very inexperienced people being managed by relatively inexperienced people. The danger is that leads to increased churn of staff. If people come into an environment that doesn't feel safe, doesn't feel contained, where they're perhaps not getting the support that they might feel that they need, the danger is that they will vote with their feet and move on.

The other perennial issue is the condition many of the buildings. We recently invoked the urgent notification process for HMP Chelmsford. That is a jail that is in a very dilapidated state. Many Victorian prisons are not really fit for what they are trying to do. They were built for a time where, in effect, many prisoners were pretty much kept in solitary confinement. That was the way that they operated. They don't have the space or the facilities to be able to offer the breadth of regime that one would want to see in a prison supporting rehabilitation.

JB: What have your inspections told you about the lived experience of people in prisons? What have been the benefits and costs to them of restricted regimes? What are their hopes and fears for the recovery process?

CT: We completed a really brilliant piece of thematic work, commissioned by my predecessor, which looked at six different prisons. We talked to around 70 prisoners about their experience of being in jail during the pandemic². Actually, some prisoners felt safer, and levels of violence certainly fell within prisons. What we also saw was a deep malaise amongst prisoners. They were not sleeping properly, they were not getting enough exercise, they were putting on weight, they felt that they weren't making progress with their sentence, and they were feeling pretty helpless and hopeless, stuck in limbo, and unable to maintain contact with family and friends. They had a real crushing sense of boredom. They also felt they weren't able to do the rehabilitation work that they wanted to do in order to make progress, and they

couldn't demonstrate to officers that their behaviour had been good because they weren't out of their cells for long enough for that to happen. But also, the pressure of being stuck, very often in a 12 by 6 foot cell, with another prisoner and having to go through your daily life in front of another person, is a big strain. In some ways, prisoners are remarkable in the way that they will tolerate each other and get on and make things work. Nevertheless, it's been a huge strain for prisoners. You can feel that frustration walking around a prison where people have been locked up for long periods of time. Sometimes they have been locked up for 22, 23, even 23 and a half hours a day, particularly at weekends, and sometimes prisoners not getting out of their cells at all, even for a shower. We also found some having to choose between a shower, a phone call or putting in orders for canteen. It has been really difficult.

JB: Has there been a variation in the effects between different groups, for example people from minority ethnic communities, people with disabilities, women or young people?

CT: We've seen within the women's estate particularly, levels of self-harm tended to go down at the beginning but then they have gone right back up again. What we also saw in the women's estate, was that when restrictions were lifted in the community, levels of self-harm went up. The pain experienced by mothers is particularly acute. I talked to a mother at HMP Send, and she talked about the fact that she couldn't hug her child because of the restrictions in place. They were running about 10 per cent of visits that they normally would because people just didn't want to see their children on those terms. The idea that you would go into a room with your two-year-old and they couldn't jump up and give you a hug. It was just too painful to bear. Lots of mothers took the incredibly difficult decision to not see their family. Obviously things have changed now, and the hugging rules have changed, which is good news. Nevertheless, we're still seeing levels of visits very low compared to what they were in the past. It worries us that prisoners may have been losing contact with family and friends, and maybe feeling more isolated. We know that it is not good for those families, but also for it is not good for prisoners

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2. Available at <https://www.justiceinspectorates.gov.uk/hmiprison/inspections/what-happens-to-prisoners-in-a-pandemic/>

when it comes to their own rehabilitation and their journey back from being a prisoner to being a citizen.

With people from minority ethnic communities, we're doing a big piece of thematic work on their experiences. This should be published later in 2022. In general, we consistently see that prisoners from some groups are more likely to have higher levels of physical force used on them, higher levels of adjudications, but also their perceptions of their treatment in lots of jails are different from white prisoners. And of course, if you're locked all day in a cell, then anything that is already difficult, just becomes exacerbated by that experience.

JB: Coronavirus is potentially moving from a pandemic phase to an endemic phase, where it continues to circulate amongst the population and we learn to live with it. How do you consider that prisons can best manage these health risks on an ongoing basis?

CT: This is a challenge for the Prison Service, switching from the idea that the equation changes. Vaccination seems to be game changing, assuming it is effective with the latest variant, regarding the risk of dying or ending up in hospital. That shifts the equation towards making sure that prisoners aren't isolated, that they're getting contact with their family, that they're getting the other education and rehabilitation services that they need in order to make progress. In prisons and in the community, we are all going to have to get used to a level of understanding of what it means to have this endemic in the population.

As we speak, we are suffering from a new wave due to the Omicron variant. We don't yet know very much about this variant apart from the fact that it appears to be very transmissible. What we don't know is how risky it is, particularly how risky it is to people who have been vaccinated.

Vaccination rates in prisons vary hugely from far higher than the community in some of the prisons with older populations, such as HMP Bure or The Verne, to prisons with younger people where we are seeing much lower levels, such as Aylesbury or Feltham. The issues that we have in the community with persuading young people to get vaccinated also apply within prisons.

JB: The initial impact of the pandemic and the introduction of restricted regimes meant that some innovations had to be quickly adopted,

including the use of video calls so that people in prison could maintain contact with their families, video links with courts so that the justice system could continue to operate, and the increasing use of video calls for everyday staff and management business. What do you see as the potential role of technology in the future of prisons?

CT: One of the positive things that has come out from COVID is certainly that the Prison Service is taking a big leap in terms of its use of technology. It is one of those areas where people are understandably nervous given the risks involved with use of technology. The pandemic has actually really helped to move the debate on and there is a sense that actually technology made a huge difference. You go to somewhere like Wandsworth or Thameside, now they've got very sophisticated video court facilities where they're able to run a really good service. Similarly, the video calls for prisoners and their families have been an absolute lifeline. It is really important with technology that it doesn't replace face-to-face contact. Technology is brilliant and can really help, but it should be an addition. When it comes to learning, for example, then yes technology is great but actually face-to-face contact, particularly with those prisoners who need the most support and attention, is really important. Additionally, for Offender

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Management Unit type activity or work with probation services in prison, again that face-to-face contact is absolutely essential.

The other thing we've seen, which has been terrific and prisoners of appreciated massively, has been the rollout of telephones within cells. That means people are no longer queuing for phones, with all the potential for phone calls to be overheard due to the lack of privacy, and the potential for bullying. Prisoners see it as a real lifeline.

I've been really shocked about the quality of technology that prison staff have to use. They have unbelievably clunky systems. We have video calls for prisoners, but actually how about the same service for governors as well? Often, they are relying on incredibly poor tech. Governors are having to join phone calls through spider phones where the rest of the Civil Service are happily on Teams. There is a real gap there in terms of the tech that is available for governors. I have talked to prison group directors who would like to get their people together around the table. Now. I

know there are a limited number of iPads in each prison and sometimes they work, but on the whole, the technology in prisons for prison staff holds back a lot of good developments.

JB: In the most recent Annual Report, you stated that: 'It was understandably difficult for prisons to deliver full programmes of education, training and rehabilitation during COVID-19, but we have found poor outcomes in purposeful activity and failures in rehabilitation and release planning for many years, and the slow pace in some establishments in re-establishing these services has exacerbated that issue'. Is your expectation that prisons return to pre-pandemic regimes and activities or do you expect them to be redesigned or reimaged?

CT: The Prison Service is doing some work to consider what future regimes might look like. Ultimately, as an inspectorate, we will look at the treatment and conditions of prisoners and what the outcomes are. We wouldn't comment on the ongoing policy work, but what we would say is that ultimately what we want to see is safe, humane establishments in which people are able to make progress with their sentence. It has flushed out some of the issues with some external services, so in some jails we know that education services haven't ramped up nearly as quickly as they should have done. I took a photograph in one prison recently where the date on the whiteboard in the education block was the 3rd March 2020. That said a lot about what had been going on with the provision. Similarly, other services coming into jail, such as Home Office support for foreign national prisoners, we've seen that often hugely diminished, and that's had a big effect on foreign national prisoners, who often continue to be held in prison after the end of their sentence without much input, support, or face to face conversations with Home Office staff. That is another area that we flagged up.

JB: Also in the Annual Report, you stated: 'There is now the opportunity to learn from those prisons where reductions in violence have been achieved while continuing to allow prisoners out

of their cells to socialise, work, attend education and training, and prepare for release'. Many people working in prisons consider that more limited regimes have increased safety and that some pre-pandemic practices were unsafe, such as unlocking large numbers of people on wings for unstructured association periods. Do you agree that these are the right lessons to take?

CT: The wrong lesson to take from the pandemic is that if you lock people up for long periods of time then you solve the problems of violence. That is an enormous waste of money and you lose any sense that prisoners might have progression or that they might get something positive out of their experience in prison. I'm very much in favour of prisons having lots of productive activities for prisoners to do. What is also important is making sure that you've got high quality staff in place who were able to support prisoners to get into education and get into other services, to undertake meaningful work, rather than seeing the solution as simply keeping people locked in their cells for long periods of time. Ultimately, that is not a good use of resources, and what prison officers say to us is that they feel like jailers rather than prison officers. At times, they say the job has become that of a turnkey — letting people out, letting them in, getting them into the showers, getting them out again — a sort of mechanical,

transactional relationship with prisoners rather than being able to build relationships and doing some of the work that they would have done in the past. The danger is that if you make the job about being a turnkey, you'll get people who want to be turnkeys rather than people who want to be the brilliant multi-faceted prison officers that we so often see.

JB: Do you have any sense that public views about imprisonment have altered as a result of the pandemic and the widespread experience of confinement?

CT: I don't. It's always difficult to get the public attention on prisoners. There are certain types of stories that grab attention in the press, which have to do with the set of holiday camp stories where prisoners are holding parties or whatever it might be, and obviously

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escape stories hit the headlines. The nuts and bolts of prison life generally doesn't get a huge amount of public attention. Most people don't have skin in the game. It is different from other public sector services, such as health or education, where everybody's got an interest and therefore everybody has a view about the quality of service. With prisons, they're very much out of sight and out of mind.

JB: What have you personally learned over the pandemic? How have you changed the way you do your work?

CT: We've all got used to working through video technology, and in some ways it suits me very well, but I like being with staff. One of the reasons why I like leading an organization is because I like being with people and seeing them grow and thrive, and I like building relationships with people. You can do some of that quite well on Teams, but there's also some things that you just can't do. There's no replacement for face-

to-face contact. On video calls, it's just less fun. You can't make jokes, you can't bounce off each other in the same way. There are certainly some frustrations about that, but nevertheless, we have made better use of technology and data so we can be better prepared when we go into inspections. Ultimately, though, I do this job because I like being with people..

JB: Is there anything else you would like to add?

CT: It has been an amazing experience taking over an organization which is so effective, so dynamic, so incredibly driven, with such a sense of mission and purpose about it. People are utterly committed to the work. I have also reflected on the quality of people in prison as well, particularly with what they've been through. At every inspection, we have come across brilliant prison staff who are often doing a really amazing job, whether it is governors, or whether it is to individual officers on the wing. They have had an unbelievably tough couple of years.

Reflections on the Scottish experiences of recovering after the pandemic

Wendy Sinclair-Gieben is Her Majesty's Chief Inspector of Prisons for Scotland. She is interviewed by Dr Matt Maycock, lecturer at University of Dundee.

Wendy Sinclair-Gieben is Her Majesty's Chief Inspector of Prisons in Scotland (HMIPS). She is the first female Chief Inspector, the first Chief Inspector that has direct operational experience in prisons, and she is also the first Chief Inspector that has come from the private sector. She has managed prisons in the English, Scottish and Australian prison systems, including managing both public and private prisons. Not only has she worked in prisons but has also worked in education, prisoner transport, immigration and health, and not just prisoner health but health services in community settings.

The interview took place in October 2021.

MM: To start things off, I wanted to ask you to reflect on how you think the Scottish Prison Service (SPS) have responded to the Covid-19 pandemic?

WS-G: Despite the predictions, there have been very few deaths in custody and a lot of that is due to a really robust approach to managing the virus transmission risk. It's quite impressive and has been a huge challenge. Prisons across Scotland had many of their own staff going off as well, but they responded quickly. For example, the rapid introduction of in-cell telephony and virtual visits. There was a significant amount of communication to prisoners and staff to make sure they knew that what was happening to them, that was not dissimilar to the community. All of those things were extremely impressive. However, in the early days human rights breaches were common, as reported in a number of HMIPS visit reports.

MM: Can you identify any positive changes to come out of the Covid-19 pandemic in Scottish prisons?

WS-G: Covid-19 has had a detrimental effect in many ways and a positive effect in others. One advantage is that Covid-19 is that this has forced us to rethink how we do things. In relation to positive changes, I didn't think that SPS would ever achieved cell telephony or technology through as quickly as they have without the pandemic. This is an example of the

creativity in response to Covid-19 that has had distinct benefits.

MM: Would you be able to elaborate on the changes in relation to technology during the pandemic within Scottish prisons? And how are prisoners and staff reacting to these? Has there been any resistance to introduction of the mobile phones and video visits etc.?

WS-G: One of the real benefits of the Covid-19 pandemic has been the rapid introduction of digitalization across justice. Despite these positive changes, there were inevitably glitches in the delivery of new technologies. There was a whole rumour that the mobile phones could be adapted for criminal use by the smuggling in of SIM cards. However, the SPS has been on top of that. With prisoners, there was a real risk of an adverse reaction during the lockdown. That this didn't happen is precisely a consequence of the introduction of mobile phones and the virtual visits. Practically speaking, virtual visits varied in uptake across the estate. Some of that was because families did not have access to technology, and some of it was technical, but these issues are largely smoothed out now. There have been a number of important innovations, for example, putting the capability into visitor centres so families could come in and use the technology there if they didn't have a computer at home. This is a significant step forward. In future, the next step has to be in relation to in cell technology where people in custody can access learning information, book visits, pay for their canteen, talk to professionals such as healthcare. The next iteration of in-cell telephones has to allow for greater use of free phone numbers and help numbers, but also provide the ability to phone in, so that for example health services can contact prisoners. In the community, you or I can phone NHS 24 any hour of the day and night, these future changes will enable people in custody to also access these services in the community.

We have also seen a significant increase in the availability of virtual courts. However, there has been a lot of debate and argument around this particular issue. Prisoners have been telling us is that prior to the

pandemic they would have to get up early, go down to reception, hang around in a van for hours, hang around in court in a custody unit for hours. Most likely more hanging around and all potentially for a five minute appearance in court. However, due to virtual courts, they can appear remotely, they have said that they have a huge sense of relief that they can now attend virtually.

MM: What have been the main challenges relating to Covid-19 within the Scottish prison system?

WS-G: The SPS found it difficult to manage the staff and the process to make sure they kept within the human rights guidelines, although that eased as time went on and they became more experienced and more staff came back to work. However, backlogs have occurred in certain areas. There is a substantial gap in learning. Progression is also problematic, as there is a huge backlog here. I have a real concern that both prisoners and staff feel that the lockdown culture delivered a higher level of safety. I don't think it does, and on the contrary, it certainly doesn't develop the rehabilitative atmosphere that is needed in our prisons.

MM: How do you reflect on all the services normally available in prison that have been paused due to Covid-19?

WS-G: All services within prisons have adapted significantly. For example, there was a huge resistance to getting education back into prisons, likewise social services were kept off site and didn't have access to PR2 (the internal prison database). Everything was challenging at first, but there have been more recently improvements. One of my major concerns is that Covid-19 is now part and parcel of the everyday 'normal', so the numbers of people able to access the limited opportunities have gone down. I talked about the backlog and the learning gap but there is also a real need for both an estates review and a purposeful activity review or rehabilitative activity review — for me these are important areas of future focus and improvement. For example, if you take HMP Barlinnie with 1200 prisoners and it can only take a few people out to education and 400 activity places overall now reduced by about half. In this context you have got a real problem with far too many people being locked up

far too long without access to rehabilitative services and programmes.

There is a bigger issue here, relating to the introduction of psychoactive substances. This has been a game changer within Scottish prisons and having to adapt to this is a real challenge for the SPS. The SPS are rethinking their approach here and looking at recovery and recovery cafes. They are also rethinking their audit structures and they also need to rethink their reporting structures. It is a delight to see that happening because these areas have been moribund for a few years. I

worried that the introduction of an interim CEO and an interim executive management group might prevent the prison service being taken forward, but actually to see the SPS thinking through these issues is very exciting. In some senses it is very easy at the moment. It is easy to say 'We're dealing with the pandemic, we don't need to deal with anything else'. But actually, SPS management are not saying that. They're standing back, looking at the strategy and not just doing the firefighting in response to the challenges of Covid-19, but also vital strategic planning. They deserve significant praise for that.

MM: How do you respond to narratives about it potentially being positive that elements of the lockdown might be maintained in prisons, in terms of prison

staff being safer or there being a reduction in violence?

WS-G: At HMIPS we are worried about that narrative. However, it is not as prevalent in Scotland as it is in England and Wales. There has been a huge focus on what can SPS learn from the challenges of Covid-19. For example, there is a recognition that personal officer work has been lost during Covid-19. Therefore, rather than unlocking for full association and full mixing during the evening, which is a risky period, that time is used for case management and purposeful activity. I've been quite impressed with the strategic thinking, seeing this as an opportunity to reset the clock and rethink aspects of prison policy and practice. However, what remains worrying is the number of people who are locked up for 22 hours a day. This remains very difficult and challenging, and the SPS are going to have to find a way through this. It is important to note that remand prisoners in Scotland were routinely locked up for 22

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hours a day prior to the pandemic, there has been no change for them.

MM: Do you have a sense of a different approach and or/ response to the pandemic within the Scottish prison system in contrast to other jurisdictions?

WS-G: I do not work within the English system and I haven't been able to verify my findings, but looking at their policies they used reverse cohorting, where new receptions are kept isolated for a period in order to ensure they are free of infection. Reverse cohorting was consistently applied across England, and should have been applied where possible across Scotland, but it wasn't. I absolutely approve of this approach. That was down to governor discretion in Scotland, although whenever there has been an outbreak, it was managed by a very tight incident management team involving Public Health Scotland, the local health board and the prison. Although I like that governors are empowered and have discretion, that means that the differences between each of the prisons are often considerable.

MM: What would you point to in Scotland, that other places could learn from in the approach to the pandemic and recovery?

WS-G: What has been impressive is the rapid response and creativity, with infection control being introduced, virtual visits and in cell telephony introduced. These are seriously impressive responses to a very challenging situation.

MM: Do you think the regimes are getting back to a place that people would recognize before the pandemic? Or do you think there's still some way to go from a people in custody perspective? So how do you think prisoners are coping with the changes to the regime? And do you see them ever getting back to how they were prior to the pandemic?

WS-G: No, I don't see the regime going back to how it was pre-pandemic absolutely not. I thought prior to the pandemic that the opportunities for rehabilitative activity were not exploited and not delivered as well as they might have been. There were some prisons that had sufficient activity, but an awful lot that didn't. There was a cultural acceptance that remand prisoners

weren't entitled to activity or to be paid for employment. I am shocked at that. My argument has been, and always has been, that if you are tangling with the police to such an extent that you end up in custody, then you have criminogenic needs, and we should be addressing those needs. There wasn't sufficient activity in many of the prisons prior to the pandemic and it is currently so poor, as it is impossible for people to access sufficient activity.

MM: How do you see that changing and evolving? Or do you think there will be elements that are going to be sustained after the pandemic?

WS-G: We are heading into a fiscally challenged period and the reality is that prisons are expensive. There is not going to be a sudden influx of additional resources, so we have to rethink how we deliver prisons. For example, you cannot have everyone in custody working full time with the limited number of jobs available. Prison employment will all have to be part time. Furthermore, I think we need to focus on developing a digitalization strategy and framework, so that education and indeed all learning activity which can't be delivered face to face because of Covid-19 restrictions, can actually be done through in cell technology. This will enable these services to be delivered differently.

We need to think outside the box and exploit the current system to explore what we can do differently. For example, if you look at HMP Barlinnie, they are leading the way in some respects. They have developed these community centres where they have a library, recreation area, the prison radio, as well as community groups who are providing support and advice. It's a very different approach, where the whole prison gets a chance to go down there, whether you're remanded or convicted. It's a better use of space than having 12 people accessing a workshop where they are unlikely to achieve a lot in the time they there anyway. This is an example of the pandemic forcing a level of creativity. I hope that the fact that we are going to be fiscally challenged will also force a complete rethink of how we manage prisons and also what is prison for. One of the simplest solutions for the future, will be to reduce the prison population. I keep hoping we will reduce the prison population by tackling prevention and diversion.

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MM: Do you think kind of Covid-19 as pointed as it highlighted some of the tensions around the delivery of health care in prison?

WS-G: Very much so. Covid-19 has magnified social isolation, which is a big focus for me. It has also magnified people in custody's mental health issues. I know that the Mental Welfare Commission is undertaking a thematic review of mental health in Scottish prisons at the moment. Covid-19 has had a massive impact on the delivery of health care, delivery of mental health and well being support. It's evident that when you go into a prison there's a proportion of acutely mentally unwell people, regardless of whether they're treatable. I'm not a psychiatrist, but it's visible and the proportion is rising over time. This points to the changing demographics within the prison population. Additionally, the families of people in custody have been particularly impacted by Covid-19, and the results are visible.

MM: Could elaborate on your insights into the impact on families specifically?

WS-G: Families have been hugely and adversely affected. Not being able to visit their relative, not being able to see for themselves that their relative is OK. They have found that incredibly hard. The introduction of virtual visits has helped and it had a few added bonuses. People who haven't been at home for a long time would say, 'oh, that's what the dog looks like' or 'Oh my goodness, you decorated the kitchen'. Those were delightful moments. For some people, who live far away, not having to face that long journey and being able to have a virtual visit instead has been beneficial. Likewise, for people who've got family abroad virtual visits have been a huge bonus. Despite all of this, it doesn't alter the fact that they want to see for themselves. When families do come into prison for a visit, many of the facilities are closed down due to Covid-19. This includes, the play areas, the cafes, etc. So it's been a really difficult and tough time for families, compounded by the inability for families to easily raise concerns with the prison. This has never been very good, and it is particularly difficult for families.

MM: In terms of the vaccination program in within Scottish prisons, how do you feel this has gone?

WS-G: Overall, the vaccination programme and rollout has gone well. I argued strongly that the Joint

Committee on Vaccination and Immunisation (JCVI) approach wasn't appropriate for the contained environment. There are sectors other than healthcare that should also be considered for sector vaccinations with the police and the prison service being two of them. However, the reality is the number of Covid-19 related deaths in both staff and prisoners has been low, so all the predictions of hundreds and hundreds of deaths has not come to fruition. I do think our approach to admissions should match that of approach going into hospital. Currently if somebody coming into prison refuses a PCR test on admission, they are just immediately put into the general community if they're not symptomatic. That places the general community at a higher risk than necessary, so I would like to see a shift to quarantine on admission.

MM: How have the staff have been affected?

WS-G: The Scottish prison staff been amazing, and frankly they all deserve medals. They have continued turning up and remain committed to their work, continuing to do the very best that they can. They have tolerated the continually changing advice and guidance. They have tolerated the changes to the core day, which is a shift away from the pre-pandemic 'two shift' pattern. For some staff this has had implications for childcare. They are hidden heroes and they deserve a lot of praise.

MM: Do you have any reflections on staff morale, and the impacts of the pandemic on staff culture?

WS-G: There were some prisons where staff morale became very low and as a result the treatment and conditions for prisoners were impacted. Although in other prisons there was a kind of back to the wall, 'we're all in this together' culture and a real buzz around the place. Staff have found it increasingly difficult, particularly around not getting early access to vaccinations. There have also been challenges around very little recognition for prison staff. There has been nothing similar to the clap for the NHS, when prison staff have also been turning up to work every day, managing difficult, vulnerable or violent prisoners. If you end up rolling around the floor with prisoners, you are very much more at risk, far more than you are if you're walking down the street with a mask over your face. There was a real a real sense of being forgotten and marginalized among prison officers. I'm sorry

Covid-19 has had a massive impact on the delivery of health care, delivery of mental health and well being support.

about that because they really are one of the emergency services but are not as visible as other services. They showed true heroism.

MM: How has the pandemic impacted prisons across Scotland differently?

WS-G: Prisons had quite different experiences across Scotland, so some prisons said they really valued the lockup culture because they got far more time to do their personal officer work and consequently, they built strong relationships with prisoners. Conversely, staff in other prisons felt that they were concerned because they no longer had the constant ability to monitor, particularly people going downhill with mental health, and they felt that the lockup culture inhibited their observations.

MM: On a more operational level, what have been the implications of Covid-19?

WS-G: The adoption of facemasks is the obvious one, but actually all the administrative staff being able to work remotely has been a big change in response to Covid-19. The idea that you need huge buildings in order to have administrative staff capacity has now gone. Therefore, the assumption that working from home was just a 'jolly' has now largely gone too. This is a big shift. The adoption of new digital technology is really encouraging and interesting to watch happen. It's very easy to think of prisons as all about prison officers, but sometimes we forget the significant proportion of the SPS workforce behind the scenes who are doing important work as well.

MM: That is interesting, so Covid-19 looks like contributing to the further unravelling of presenteeism, do you think actually some of these changes are here to stay?

WS-G: Yes. Definitely. The prison service are moving to smaller headquarters, because they can manage so much more remotely.

MM: Do you think the things that we're learning in our response to the pandemic in prison, will have an influence on the way the way the prison estate develops in Scotland?

WS-G: Yes, very much so. One of the things I've been discussing is the possibility of using the Australian state of Victoria model. This relates to having some of

the prison run jointly with a forensic health service so that prisoners don't need to be transferred. As you know, the delays for transfer to inpatient care are often huge, particularly for women, so by having a jointly run forensic unit within a prison, you are future proofing the prison. Prisons were largely built for young fit men, but in reality the aging population requires a very different structure. So when we are future proofing prisons, we have to do the demographic modelling and say how is the prison population evolving. We all know legacy sex offenders and the rise of people in custody due to serious and organized crime, combined with the rise of sentence length means that the demographic within the prison is changing significantly. Therefore, future proofing is not just about what can we do better and let's replace HMP Barlinnie, but it's also about what can we do jointly with other organizations. We should have the courts and the forensic services and the juvenile estate all in one complex. I'm also looking forward to the community custody units (CCUs) for women, which are a very different model of imprisonment. If this new approach works, how nice it would be to replicate the model for young people and adult men as well in future.

MM: Prisons seem to be very prominent in the reporting around Covid-19, so how do you think the pandemic has in any way influenced public perceptions of prisons and punishment in Scotland?

WS-G: That's a really interesting question and not something I've actively considered. One of the things I'm aware of is there's been a significant adverse media reaction. The SPS is, to some degree beleaguered. A lot of the work that they do that is really good, however, this is somehow lost in the criticism and complaint. This is unfortunate. I do worry that the Scottish Prison Service comes in from more than their fair share of adverse media attention

MM: How has COVID-19 impacted the work of HMIPS?

WS-G: Covid-19 has impacted HMIPS in many ways, as we had to develop an adaptive methodology for both inspection and monitoring. HMIPS does not only inspect, but we also manage about 100 volunteer monitors who normally go into the prison each week. It was immediately obvious that needed to change in

The idea that you need huge buildings in order to have administrative staff capacity has now gone. Therefore, the assumption that working from home was just a 'jolly' has now largely gone too.

response to Covid-19. We've developed a remote monitoring framework for prison monitoring until people were comfortable going in again. We adapted the methodology for inspection. During inspections, we went in for two days only and we managed to inspect all of the prisons across Scotland. We believe that without scrutiny, there is potential for abuse, and therefore it was critically important that we went in and saw for ourselves what was going on throughout Covid-19.

MM: What does what does future planning look like for you?

WS-G: One aspect is taking the lessons learned forward. In reality, we've already had to adapt our full inspections, as the prison we're going to has had a full outbreak and is just at the tail end of that. Therefore, elements of our adapted methodology will now be put into our full inspection methodology. What has stood out during the pandemic, is that there is a greater need for thematic reviews. Previously there were very few thematic reviews over a period of a five year period. We now intend to do one or two every year.

MM: Finally, what do you think the legacy of Covid-19 will be in relation to prisons systems?

WS-G: What is interesting to see is how you can, even in adversity, continue to deliver a high quality service. The most exciting part for me is to actually think about the kind of bureaucracy that the Scottish Government is, for example the lack of interoperability and the often siloed approach. Everybody is looking at that and rethinking previous approaches. New questions are being asked, such as; what can we do better? What can we do that would bring all these silos together where the sum is greater than the parts? I look at the National Preventive Mechanism, the Scottish Government, the Scottish Parliament's greener, fairer, future focus, and the current Programme for Government. Looking at all of this together, and we're really beginning to tackle the systemic issues of silo thinking, lack of interoperability and lack of strategic direction. Scotland is used to being brave and bold and we need to strike while we can.

An evaluation of digital technology in prisons — key considerations for recovery planning

Dr Emma Palmer is a Reader / Lecturer in Forensic Psychology within the Department of Neuroscience, Psychology and Behaviour at the University of Leicester. She co-leads the Prison Research Network at Leicester and has conducted numerous research studies many of which have been commissioned by the Ministry of Justice and HM Prison and Probation Service. She is interviewed by Michael Wheatley, senior manager within the HMPPS Drug Strategy and Delivery Team with responsibilities for supporting digital developments.

The role digital technology has played prior to and during the pandemic is important for us to understand. Recently, digital technology has been installed into many prisons. The Ministry of Justice commissioned an evaluation of digital technology in prisons which was undertaken by Emma Palmer, Ruth Hatcher and Matthew Tonkin and published in 2020¹. The summary from this report stated:

The technologies that have been introduced into prisons and which are the focus of this report are: In-cell telephony, whereby PIN telephones² are installed within prisoners cells, rather than on landings; self-service kiosks on wing landings which allow prisoners to complete administrative tasks that were previously completed through a paper-based system; in-cell laptops allowing prisoners to access the same functions as through the wing self-service kiosks; and mobile devices for prison staff with access to Prison-National Offender Management Information System (P-NOMIS).

The aims of the technology are to:

- *Provide more opportunities for prisoners to build skills (including IT skills) and assist in their rehabilitation.*
- *Provide prisoners with the ability to be more responsible for themselves.*
- *Improve relationships between prisoners and between prisoners and staff, thereby reducing prison violence.*

- *Improve relationships between prisoners and people outside of prison.*
- *Increase staff job satisfaction.*
- *Reduce the time taken for administrative tasks by prison officers, freeing up their time to spend on providing greater opportunities for officers and prisoners to have more positive interactions.*

The following interview discusses some of the findings from the research and helps inform our understanding of the role digital technology plays in prisons in order to determine future possibilities. The interview was conducted in November 2021.

MW: Learning from your research, what is important for us to be aware of as we recovery from the pandemic?

EP: I think we need to appreciate how important in-cell phones are. Just being able to contact people, family and friends outside, particularly during the pandemic, was so important. Our research found that prisoners found being able to maintain contact in this way so helpful and you could see how much they valued it, particularly for contacting family. One man told us that having the phone made it possible for him to be a dad — calling his children at bedtime to say goodnight, and this was something that really stuck with me. During the pandemic restrictions, being able to have in-cell phones must literally be a lifeline for many people in prison. Having access to computers in-cells also helped keep people connected and probably allowed them to have access to more meaningful activities like education and being able to manage their health care. But it was the importance of the phones and the difference these make which sticks with me.

1. Palmer, E J, Hatcher, R M & Tonkin, M J, Evaluation of digital technology in prisons. Ministry of Justice, 2020. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/899942/evaluation-digital-technology-prisons-report.PDF

2. PIN telephones allow callers to use a Personal Identification Number (PIN) instead of money or a pre-paid phonecard

Our findings certainly made us think that they should be rolled out across the whole prison estate.

MW: What would you want policy makers and prison leaders to consider?

EP: Self-service kiosks were good because they gave prisoners autonomy. The same for the in-cell computers. The P-NOMIS 'on-the-move' hand help devices were not really used that much. But it was the phones that made the real difference. They helped reduce conflict on the wings as well as being good for mental health and wellbeing. The only thing limiting the use of the phones was the cost. It would be good to explore how to reduce the call charges and bring them down to what we pay in the community.

MW: How did the roll out of these digital technologies effect ways of working for staff?

EP: The ambition was that the roll out of self-service kiosks would reduce paper applications and staff time would be freed up as a result. From analysing the task time data, we did find that was the case. Policy makers had hoped this would lead to more meaningful interactions between staff and prisoners, but we found mixed evidence about that. Some staff reported their time taken up with other administrative tasks in the wing office, and so we could not draw any firm conclusions about how the freed-up time was being used.

MW: Were you able to explore any changes in staff culture?

EP: No really. But we did find less conflict between prisoners and staff. I suspect that was mainly due to the in-cell phones.

MW: Did the research findings explore impact on prisoner and prison culture?

EP: There was a lot less conflict on the wings where in-cell phones were available. People were no longer queueing on the landings to use the phones and the flashpoints associated with landing phones decreased. Use of self-service kiosks did not produce any reported conflicts. Prisoners with in-cell computers also had less conflict. Relationships seemed a lot better where this technology was available.

MW: Where the technology was available, did you make any other discoveries?

EP: Prisoners reported that often paper requests and applications got lost in the system and there was a

lot of uncertainty about getting issues resolved as a result. But with the self-service kiosks and in-cell computers you could sort of monitor what was going on with applications. Prisoners reported that often requests were not responded to any quicker, but they could see how the requests were progressing which reassured them that their application had not been lost. Prisoners appeared happier with this whole process as a result. You can imagine this would indirectly impact on staff prisoner relationships on the wing.

MW: During the pandemic, do you think this digital technology would have helped prisoners and staff?

EP: I think the in-cell phones would have helped massively. Being able to contact the outside world and talk to family and friends is much better than having little or no contact. In-cell computers would have helped too.

MW: New digital technology like Purple Visits were introduced during the pandemic, do you think was helpful?

EP: This was not part of our research. But I did hear anecdotally that people were surprised that the uptake of using video conferencing was lower than they expected when it was introduced. Prisons found ways to incentivise and support prisoners using the technology which helped. I heard the process of getting registered to use Purple Visits was a bit convoluted and this could have put some people off using it. Offering support to those outside of the prison on using the system might help. It would be good to speak to prisoners about this.

MW: Informed by the insights you have, as part of recovering from the impact of the pandemic, what would you like to see being put in place?

EP: I would like to see in-cell phones installed across the whole of the prison estate. That would be the most obvious thing and relatively cheap to do. I would also like to see in-cell computers introduced more widely. I think the content that could be put on these computers could help people a lot and direct them to subjects that would be useful whether its advice, education or delivering (rehabilitation) programmes.

MW: Are you doing any other research on digital technology?

The ambition was that the roll out of self-service kiosks would reduce paper applications and staff time would be freed up as a result.

EP: Ruth, Matt and I are currently conducting a physical health needs assessment for the Scottish Prison Service and explored the idea of using telephones and video calls to collect data from prisoners, although this won't be done. So digital technology has the potential to help with conducting research, particularly to facilitate better access to participants, while reducing travel time and make conducting research cheaper. So, I can see the value in doing this in the future.

MW: How has the way you work changed as a result of the pandemic?

EP: Obviously, I was sent home to work. That happened in the middle of March 2020 and I was not asked to come back into the University offices properly until August of 2021. I did go back to the University at one point to deliver face-to-face teaching in Autumn 2020 but that lasted about 5 weeks until the November 2020 lockdown was announced. A lot of our work went online.

MW: What did you learn as a result of having to work differently?

EP: I guess I learned I can do a lot of my teaching online and work from home. I did not go into University, although I missed work. I, like many people, had to juggle the pressures of work and home schooling. I got through it.

MW: Are you still doing as much work online?

EP: Each University and department within them is different. At Leicester, psychology is doing more face-to-face, on-campus teaching, for a variety of reasons. I

don't mind this, but I do have to remind students to take covid precautions in classrooms and lecture theatres. There is still a lot of online work though. Last year we had to think about how to deliver teaching differently, and we were encouraged to deliver material in 'bite size chunks' to help students focus and concentrate on the materials so instead of an hour-long lecture, I broke it down into three 20-minute sessions. I also included links to relevant podcasts and videos to help students understand what I was teaching. We also used online electronic discussion boards to talk about learning. The pandemic has made us much more appreciative of individual experiences and encouraged us to be more responsive. Although we are back to face-to-face teaching, we have retained some of the 'new' methods to support our students.

The Ministry of Justice Digital and Technology Service has produced a HMPPS Digital, Data and Technology Strategy that describes what to expect in 2021-2022³. One of the strategic objectives in the 2024 vision is to 'give people in our care the digital tools and technology to support their rehabilitation'. This includes continuing the programme to put in-cell phones into closed prisons, implementing in-cell technology in nine prisons and the whole Youth Custody Estate as well as scoping how people on probation can better utilise digital and technology during their sentence.

Digital technology helps HMPPS create a more sustainable future by creating opportunities for those living and working in prisons to deliver better services. Whilst it may take some time to incorporate into ways of working, it is certainly something to embrace.

3. MOJ Digital and Technology (2021) HM Prison and Probation Service Digital, Data and Technology Strategy: What to expect in 2021/2022. Available to download at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/993861/HMPPS-Digital-Data-and-Technology-Strategy-2021_22-4.pdf

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