USER VOICE

COPING WITH COVID IN PRISON:

THE IMPACT OF THE PRISONER LOCKDOWN

USER VOICE & QUEEN'S UNIVERSITY BELFAST

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FOREWORD, COPING WITH COVID

This report reveals one of the darkest and most hidden results of the pandemic. It hears for the first time, in their own words, the voices of those who were locked up during lockdown. During this period our modern prison system went to a place of extreme lockdown and confinement that it had never been before — all to save lives, of course. The number of deaths from Covid — 195 prisoners — is trumpeted by policymakers as a great result of an extreme but unavoidable harshness. This report pulls back any denial or delusion to reveal the true effects of this regime on prisoners and, ultimately, on the public.

When the UK went into lockdown, in March 2020, prisons were regarded as likely epicentres for the virus. It was projected that there would be thousands of Covid deaths in our jails. Authorities all around the world were faced with the same problem and many responded by releasing low-risk prisoners who were inside on short sentences. In the UK, this was considered and at one point even agreed. But few were released.

The response was the very opposite of release. It was greater confinement. It was more solitary confinement. What's more, during the worst part of the lockdown, over 16,000 people were sent to prison for short sentences for low level crimes. In order to prevent Covid deaths, prisoners were locked up, often with someone else in a cell designed 100 years ago for one person, for 23 or more hours a day.

The UN Nelson Mandela Rules define solitary confinement as 22 hours per day with no meaningful human contact, with 15 consecutive days prolonged solitary confinement equating to 'torture'. So, in contravention of all human rights law, this continued for weeks, then months and now years — in many jails it still continues.

Prisoners for long periods were confined to 12 by 8 feet rooms, largely unable to see or even speak to friends, family or support staff. For most, courses stopped. Libraries stopped. Association stopped. Much health care stopped. And so, of course, rehabilitation also stopped. There was just your cell, the stranger you shared this tiny space with, a bed, a toilet, a colouring book — technically known as a 'distraction pack' — and a TV, all day, every day. You can read here about the effect that had on prisoners.

And staff? Under previous ministers, they were cut to a minimum and numbers have never recovered. During the pandemic, many were new and inexperienced and certainly not able to communicate with prisoners supportively. But their job now was, of course, much easier because prisoners spent almost all day in their cells. In order to save their lives.

I wonder how many lives were saved and how many deaths caused, directly or indirectly, by the decision to neglect prisoners. It certainly resulted in a continuing mental health crisis in the prison estate, a crisis which is far more acute than that affecting the post-Covid population as a whole. Prisoners suffering this crisis, who went through the pandemic without rehabilitation, have been and are being released into the community again now. Are they safe? Is the public safe?

At a time when no one was able to get into prisons, when all else failed, we were able to conduct one of the largest studies of prisoner experiences. How? This research has been led by prisoners, using our innovative approach developed over the past 15 years and now validated by academics.

While this report is a series harrowing narratives supported by statistics, it also presents the stories and voices of those who were subjected to the extreme Covid regime. The people who have done time in a prison within a prison. For some, no matter what they were sentenced for, it's been a death sentence. No one could hear their voices then. Now you can. Or you could hear instead the trumpets of the policymakers who are keen to present their Covid strategy as a great success.

There are two wildly different points of view here. So, it has to be time for debate. What do we do about people who commit crime? How does locking people up with no rehabilitation benefit society? Where is the opportunity for people in prison to change? Are prisons just for punishment or are they failing prisoners and public if they don't offer the support which leads to rehabilitation? Does an underfunded and understaffed criminal justice system which simply locks people up and precipitates mental health crises actually cost more in the long-run? If prisons are just about locks and keys and offer nothing more, how safe are prisoners and the public when they are released? Is extreme confinement going to reduce reoffending or ultimately make a volatile group more extreme?

Covid, and the government response to it, gave us a prison system with limited compassion, communication, education or rehabilitation with levels of cruelty never seen before. I believe we have good reason to fear the long-term consequences of such inhumanity. It is time to rebuild and recover. Prison authorities are experts in confinement. Politicians are ideologically driven. Can we trust them to lead this rebuilding and recovery? Or will it be more of the same: prisons that don't work for prisoners or the public? Read this report and be one of the people who dares address the fundamental question: what kind of criminal justice system do we want?

Finally, I want to thank the ESRC (Economic and Social Research Council) for taking this innovative approach to research so seriously and giving us the authority to gain access. I also want to thank the Prison Service Gold Command, the nine Prison Governors, Professor Shadd Maruna and Queen's University Belfast research team and the User Voice team. Lastly, but most of all, the incredible 100+ peer researchers, the men and women prisoners who without their efforts this would not have been possible. You have cast yourselves and your fellow prisoners in a completely different light than the world sees you, that you can, will and have to be part of change.

Mark Johnson,

Founder, User Voice

EXECUTIVE SUMMARY

Even before the onset of the Covid-19 pandemic, prisons were operating under tremendous strain with budget cuts, staff shortages, deteriorating infrastructure, an expanding prison population and record high levels of violence, suicide, and self-harm. The emergence of Covid-19 represented an additional crisis involving almost unprecedented risk to the lives of the incarcerated. In response, prisons in England and Wales implemented a 'lockdown' that involved confining prisoners to their cells for over 23 hours a day. This decision probably saved lives under extremely difficult conditions. However, as the voices in this report recount in detail, the lockdown had considerable risks of its own, including on prisoners' health, mental well-being, and rehabilitation journeys.

Throughout the pandemic, those in prison have effectively had no voice, and indeed little is known of their lived reality during this extraordinary period. With funding from the Economic and Social Research Council, this project sought to provide an opportunity for these voices to be heard through a unique peer-led research model involving prisoners surveying their fellow prisoners. This research challenges some of the prevailing narratives about life in prison during the pandemic put forward by prison management, staff and leadership, which has occasionally suggested that the lockdown has been a 'success' in bringing peace to prisons.

Instead, the message emerging from the lived experiences of over 1,600 people across 9 prisons in this study is one of widespread trauma resulting from an extended period of solitary confinement on a system-wide scale. The majority of the prisoners in this study lived through nearly eighteen months with almost no access to educational classrooms, rehabilitation activity, family visits, or even regular social interactions with their peers. Communication from prison leadership was seen as inconsistent and ineffective, and support provision was reported as generally minimal. In response, peer support and mutual aid filled many of these voids, providing vital support that enabled people to survive. Despite this, the impact of lockdown regimes has been alarming. As well as significant and widespread deterioration in mental health, violence has continued -- either behind closed doors in the form of bullying or else internalised as self-harm -- and progress towards the Ministry of Justice's stated aim of 'turning lives around' has largely stalled.

The voices and themes emerging from this report pose serious questions around the recovery plan, the ability of prisons to meet their responsibility to rehabilitate and make communities safer, and for the criminal justice system as a whole. How can the mental health time bomb created during this period be addressed? Given the absence of all forms of rehabilitation, what role will this vital component of recovery play in the future functioning of prisons? How can the skills and willingness of people in prison to support each other be harnessed to play a core role in improving the system? And how can an effective, independent feedback mechanism be ensured, so that lived reality is always heard and valued? These, and many more questions will be fundamental to transforming the system post-Covid and determining what the 'new normal' should be.

COVID RESPONSIVITY IN PRISONS

While participants initially appreciated HMPPS' 'Covid-responsivity' efforts, inconsistent implementation left prisoners feeling abandoned. Respondents reported that Covid-responsive measures varied between prisons, and from one wing to another. Participants considered staff to be the primary source of contagion risk, yet in their view restrictions were implemented according to security-focused staff needs, rather than being based on prisoner welfare. Inconsistent Covid-responsivity, and harsh restrictions led to 'Covid-concealment' or prisoners' failing to report symptoms or close-contacts due to fear of the harsh restrictions they would face. Failure to provide consistent, logical and compassionate 'Covid-responsivity' had an effect inverse to its desired function, possibly increasing in-prison risk.

'GROUNDHOG DAY': THE EXPERIENCE OF COVID IN PRISONS

The 'lockdown' in prisons across HMPPS estate entailed severe restriction on most prisoner's mobility outside of cells. Around 85% of our 1421 survey respondents experienced 23-hour lockdown during the pandemic, with 80% still spending just two hours or less out of cell on a normal day at the time of data collection (primarily summer and early autumn of 2021). Participants self-reported the hardest parts of lockdown as the length of time in their cells; boredom and lack of activities; cessation of visits; loss of socialisation with their peers, alongside the impacts on their health and their relationships with prison staff. Prison life became '*Groundhog Day*', with every day feeling uneventful and '*endless.*' Regime changes eroded general well-being, reducing opportunity for basic hygiene, exercise and gym, and producing deficits of healthy food and nutrition. There was an almost complete eradication of rehabilitation opportunities, as education, employment and purposeful activities were largely stopped. This affected prisoners' ability to progress through their sentences, resulting in fears around impact on release

FAMILY CONNECTIVITY: CHALLENGES, BREAKDOWN AND LOSS

Maintaining family connection during Covid was severely impacted, producing even greater isolation. Nearly 60% received no visits from the outset of the pandemic to the point of data collection, with 78% not receiving a visit for over 6 months. This was mitigated by in-cell telephony for some prisoners, with 23% participants in our sample reporting an improvement in telephone access. However, most participating prisons did not have in-cell telephony, and more than 40% reported worsening of access to telephones, due to scarcity of shared telephones and limited opportunity for use, alongside technical and logistical difficulties. 'Purple visits' (video-calls) were introduced with many regulations, with failure of adherence resulting in interruption or termination of calls. Purple visits were welcomed by many, particularly foreign nationals and those imprisoned far away from family, as the '*best thing they have done in this prison*.' Yet, technical and staff implementation issues decreased the efficacy of them as a model for communication, and all agreed that video visitation was no substitute to an in-person hug from a loved one. While in-person visits had recommenced in some sites, participants reported long backlogs for bookings. In addition, contact restrictions and corresponding punishments deterred some from wanting in-person visits.

THE IMPACT OF LOCKDOWN ON MENTAL HEALTH

There was an inevitable and significant impact on the mental health of prisoners, with participants outlining widespread feelings of despair and frustration, which could lead to self-harming, disruptive behaviour and suicidal ideation. Two thirds of the survey sample agreed or strongly agreed that mental well-being had "never been worse" in their prison, and 67% 'agreed/ strongly agreed' that 'many people in this prison are becoming desperate and losing hope'. These insider judgements were verified by two standardised and validated measures for mental health: the Patient Health Questionnaire-9 (PHQ-9) and the Generalised Anxiety Disorder-7 (GAD-7). The average PHQ-9 score among the peer survey sample was 13.9, at the high end of "moderate depression" and five times higher than the population norm for this measure of 2.91. Almost half (49%) of the sample scored in the 'severe' depression range (15+) on the scale with 29% scoring 20 or more (compared to Butcher et al. 2021). Likewise, the average GAD-7 score (used for measuring anxiety and PTSD) was 10.67 compared to the population norm of 2.95. Half the sample reported symptoms of anxiety disorder with 34.9% scoring in the 'severe anxiety' category. Comparison with pre-pandemic studies of prisoners (see Butcher et al., 2021) suggest a considerable deterioration in mental health over the lockdown period with severe anxiety or PTSD almost doubling in the population. Over 40% of the sample reported that in the preceding two weeks, they had thought they would 'be better off dead' or were considering harming themselves with 18% experiencing these thoughts every day. Participants described experiences of mental health crisis being ignored or punished, '*they patch you up and they punish*

you'...'*they stopped feeding him*' which led to help-seeking being suppressed by institutional responses.

DIFFERENCES IN COPING

Experiences of lockdown varied by population across the prison estate, with people in prison who had the opportunity to maintain employment and leave their cells for several hours a day coping significantly better than those who experienced the sharpest end of lockdown. Those out of their cells for 5+ hours daily scored at the high end of 'mild depression,' in comparison to those on 23-hour lockdown, who scored in the 'moderately severe depression' category. Cell-sharing was an additional factor impacting the experience of lockdown, with single-celled prisoners reported fewer symptoms of anxiety (GAD-7). Longer-term prisoners were better able to cope with lockdown isolation than newer prisoners, while participants with previous mental health diagnoses and neurodiverse identities, experienced deteriorating mental health in comparison to those participants with no previous mental health issues. Those with only primary school education or who ticked 'other' regarding educational attainment scored at least two points higher on the depression measure than those with a university degree. Those from a Muslim faith background suffered higher average rates of both anxiety and depression than those who self-identified as being Christian or having no religion, while focus group discussions raised issues of prejudice and racism minority prisoners felt they faced. Finally, women scored significantly higher on measures of both depression and anxiety.

HOW DID PEOPLE COPE?

Individuals found different ways to cope. Positive coping mechanisms were often impeded by institutional capacity which led to reduced library access, reduced opportunity for exercise, employment, religious practice and socialisation. Temporary mitigations included access to electronic resources, enhanced phone credit, distraction packs, increased funds to counteract periods of halted employment, and cessation of prison fines. However, prisons often failed to implement these mitigations efficiently and as prisons progressed up restriction tiers, financial mitigations would be withdrawn – leaving many participants facing 'prison poverty'. Some participants turned to negative coping mechanisms, such as drug use, which in turn produced harm. One quarter of the sample felt that illegal drug use had increased during the lockdown, while 23% thought that levels of drug use had stayed the same, and 10% thought there had been a decline. In prisons where drug supply was maintained during lockdown, as a participant outlined, "*It is probably worse, because people are trying to escape from the situation that is going on.*"

WHAT HELPS? SUPPORTS DURING LOCKDOWN

Asked to rate the support they received, participants rated prison governors the lowest and families the highest. Prison officers scored higher than teachers, psychologists or probation officers, but lower than Samaritan-trained prison 'Listeners' or prison chaplains. Peer support from fellow prisoners was rated higher than any other group in the prison. Around 69% of those surveyed reported deteriorated access to healthcare with issues including inconsistent provision, staff gatekeeping, and long waitlists. Around 40% of survey respondents considered their access to prescription medications had worsened during the lockdown. Conversely, others noted that the vacuum of institutional emotional support was filled by over prescription of medication: '*Instead of anyone talking to anybody, if you complain… or are upset, you're just on meds straight away.*' Participants did report a positive level of peer support and mutual aid that arose organically in the absence official support, reporting the belief that peers helped '*more than the staff have*'.

COMMUNICATION PATHWAYS AND IMPLEMENTATION

Communication was described as '*the biggest thing*' impacting prisoners' experience. While examples of positive communication initiatives were reported, many reported issues relating to communication vacuums, inconsistencies, and information reliability. Participants suggested

that: '*nobody told us anything*'… '*There's no communication*'… '*Communication, it is non-existent for a start.*' This resulted in uncertainty, with institutional information pathways reportedly characterised by inconsistency, '*the constant changes in regime: every week it'll be a different system, so you just don't know where you stand*'… '*It has been so topsy turvy. The rules change at a whim.*' Asked to rate communication in their prison from a scale of 1 to 10 with 1 meaning 'terrible' and 10 being 'excellent', 87% participants gave communication a score of 5 or under, with 40% saying practices were 'terrible'. The frustration and uncertainty of inconsistent communication was exacerbated by lack of pathways for prisoners to feedback their views. Over 70% disagreed/disagreed strongly that 'the prison service is listening to the voices of prison residents', while 64% considered opportunities 'to be heard' had got worse or much worse since lockdown commenced. Part of the failure of information flow from the ground, upwards was attributed to disconnect between governors and prisoners. Equally, when the structure for prisoner voice and feedback was in place, it was often unactioned and deprioritised for other institutional needs, failing to harness the full potential of such initiatives.

STAFF RELATIONSHIPS UNDER THE STRAIN OF LOCKDOWN

Staffing was one of the most frequently reported issues impacting prisoners' experience. Over half of survey respondents (56%) felt that staff-prisoner relationships had deteriorated, while only 10% considered that relationships were getting 'better' or 'much better'. Participants worried about the implications of lifting restrictions for the prevalence of new staff, '*this place is a ticking time bomb because the majority of prison officers have never experienced anything outside of Covid.*' Respondents also reported that lack of experienced staff led to diminished trust between the two groups. Although similar dynamics could be found in prisons pre-pandemic, participants suggested that the pandemic had exacerbated these negative relationships. They suggested that the lockdown had decreased staff empathy, escalated levels of verbal abuse and harassment, and fomented

hostility and unrest among the imprisoned. While many focus groups involved discussions of prison officers who showed genuine empathy during the pandemic – '*there are a lot of officers who do everything – they carry the prison and are rushed off their feet. If all the staff worked like that it would run like clockwork*' – these were considered the exception. In general, staff were perceived as being young, inexperienced and undertrained. These structural staffing issues raise significant questions regarding post-Covid transition.

THE 'NEW NORMAL' AND THE 'MYTH OF VIOLENCE REDUCTION'

Most focus group participants considered that rather than lockdown restrictions being tied to the period of Covid-responsivity, prison authorities intended they would become the "new normal" for those in prison: '*Every day is hopeless. It's the new normal.*' This belief was two-pronged; first, respondents felt the prison system was '*already broken*', with Covid now used as '*an excuse*' to mask issues relating to under-resourcing of prisons. Second, participants believed the restrictive regimes implemented during Covid-responsivity were preferable for staff, leading to a reluctance to facilitate a post-Covid regime. A distinct characteristic of the 'new normal' was the idea some participants felt that HMPPS wanted to keep lockdowns in place due to reduced levels of violence in prisons what some called the 'myth of violence reduction'. Our research found that there was an increase in perceptions of personal safety but only for a very small minority of prisoners (around 1 in 6). Over half of our sample (54%) disagreed or strongly disagreed that 'most people welcomed the lockdown because it has reduced violence and bullying'; only 22% agreed with this view. Many reported that the face of prison violence had changed to more verbal bullying and coercion, and some felt that the lockdown exacerbated the risk of violent outbreaks or 'rioting'. Moreover, respondents considered the impact of prison lockdown on 'making communities safer', reporting that the violence of lockdown incarceration was increasing 'risk' of those leaving prison post-pandemic.

CHAPTER 1:
INTRODUCTION

The Covid-19 pandemic has disrupted the planet like almost no other occurrence in the past 100 years impacting nearly every aspect of our daily lives. Businesses shut their doors. Schools and universities moved to online delivery. Weddings, funerals, graduations, sporting events were cancelled, postponed or transformed out of recognition, and all of us learned a new vocabulary consisting of terms like PPE, "bubbles", social distancing, lockdown, and the phrase, "You're on mute". One aspect of contemporary life that was largely invisible during the great disruption — because it was largely invisible before — was what went on behind prison walls. The following report provides an in-depth exploration of the lived experience of the pandemic period from the perspective of those locked inside (a population that might be said to always be "on mute" in the sense that their stories and experiences are often ignored). Our focus is not on the spread of the virus, but rather on the social lives of those experiencing the Covid-19 'lockdown' while 'locked up'.

This report is the product of a unique collaboration between the charity User Voice and a criminology research team from Queen's University Belfast. Funded by the Economic and Social Research Council (ESRC), the project took place between June and October of 2021, during the second wave of the Covid-19 pandemic.

Founded in 2009, User Voice is a charity led and staffed by those with lived experience of the criminal justice system. This project was led by Founder/CEO Mark Johnson and staff with lived experience of prison or probation, with support from the User Voice Research Team and its National Council, a group of people with lived experience elected from their regions. The Queen's University Belfast research team consisted of an experienced group of prisons researchers, including Shadd Maruna, Gillian McNaull and Nina O'Neill with further contributions from Colm Walsh and data entry by Perceptive Insight in Belfast.

However, it was the contribution of peer researchers in 10 prisons and in communities across England and Wales, that made this collaboration unique. The opportunity was for them to be involved in a user-led project, to have their voice heard at the highest levels of decision making, without it being filtered by any agenda. Trained and supported by User Voice staff with lived experience who, crucially, are independent of the justice system, these peer researchers ensured remarkable levels of engagement and frankness, particularly around issues such as mental health and vulnerability. Ultimately, the user-led nature of this project has given us a more direct and unfiltered picture of prisoner experience than might otherwise have been achieved.

This is their report. To the extent possible, the research this report is based on has been peer-led — co-designed, co-produced, co-analysed and co-presented — with lived experience foregrounded at every step of the process (see Chapter 2 on Methodology).

The objectives of this research as initially proposed to the ESRC in 2020 were as follows:

– Develop an innovative **participatory action research** design that involves prisoners and former prisoners at every stage of the research from design to dissemination.

– Provide the first systematic overview of the **impact** of the unprecedented Covid **lockdown** in prisons across England and Wales on the **mental health and well-being** of prisoners across the system.

– Provide systematic first-hand evidence that can feed into the discussion of how to safely **transition prisons from these lockdown** conditions to more rehabilitative cultures.

RESEARCH CONTEXT: PRISONS IN A PANDEMIC

The objectives of the Prison Service are to protect the public, ensure court-determined sentences are served and reduce reoffending by helping people in prison turn their lives around (MOJ, n.d.). It seeks to achieve these goals through two functions, confinement and rehabilitation. Were these functions delivered equally prior to the pandemic? And what was the impact of lockdown on this?

In his sweeping history of the prison, the Berkeley sociolegal scholar Jonathan Simon argues that periodic bouts with infectious diseases in prison have had an enormous impact on the shaping of penal policy around the world. Beginning with the British reformer John Howard's campaigning work on the "jail disease" (which we now know was probably typhus) spreading through British prisons in the late 18th Century, Simon writes, the history of punishment has been "repeatedly reshaped by moments of heightened concern about disease, prisons, and the general health of the public" (p.218).

"Disease has played a central role in shaping episodes of public controversy about the humanity of punishment. Disease has a distinctive power to strip away the general invisibility of life that takes place behind the walls of prison, and narrow the gulf that normally separates the fate of prisoners from the imagination of the free. These moments have been particularly consequential because of their potential to motivate legal elites ... to "see" the existing penal regime anew and actively to reimagine the American prison."

(Jonathan Simon, 2013, p. 223).

The Covid-19 pandemic beginning in early 2020 has certainly impacted the practice of punishment, globally, in previously unimaginable ways, but has not yet become one of the catalysts described by Simon that triggers a transformation in "correctional philosophy and ultimately constitutional understandings of the prison" (p. 218). The purpose of this report is to record this remarkable and unprecedented era in the history of imprisonment in England and Wales, from the perspective of those living through it, in rigorous and careful detail.

From its earliest origins the coronavirus known as Covid-19 (hereafter, "Covid") has been a particular risk for the incarcerated. By the end of February 2020, half of reported Covid-19 cases in

Wuhan, China were within the city's penal institutions (Barnert, Ahalt and, Williams 2020). Likewise, when Covid arrived in the United States, outbreaks at prisons and jails like Rikers Island put these facilities at the epicenter of the US pandemic with infection rates 5.5 times higher than the general population (Byrne et al. 2022; Edge et al. 2021; Marquez et al. 2021). As a population, prisoners are 'disproportionately ill-equipped to fight (and survive)' Covid and other infectious diseases due to tight confinement and overcrowding, poor living conditions and ventilation, pre-existing health inequities, and limited access to healthcare (Novisky et al. 2021, p. 1636; see also Akiyama, Spaulding, and Rich 2020).

In the face of this nearly unprecedented crisis of public health, therefore, governments across the globe sought to radically decarcerate prisoner populations. According to Harm Reduction International (2020) in the first year of the pandemic France decreased their 70,059 population by approximately **20%**; India decarcerated over 66,000 people (**14%**); Iran released 75,000 (**30%**) of their 240,000 prisoners; Iraq reduced their 45,000 prison population by just under **40%**; and Myanmar pardoned **27%** of their 92,000 prison population. By 24th June 2020, HRI found that 109 countries had commenced decarceration schemes, reducing levels of imprisonment by around **6%** — "significantly short of expectations and the significant political commitments made in the name of public health" (HRI 2020).

Our focus in this report is on the unique experience of Covid for those in custody in HM Prison Service of England and Wales. For additional context, it is important to recognise that at the time the Covid crisis began, prisons in England and Wales were facing dramatic budget cuts, staff shortages, deteriorating infrastructure, and a prisoner population that had doubled in size since the mid-1990s (Brennan, 2020; Corker, 2020). Levels of violence, suicide, and self-harm were at or near record levels in the year just before the pandemic (HMPPS, 2022).

Of the challenges facing the prison system before the emergence of Covid, adequate staffing of secure estates is perhaps the most significant and most consequential. Although "sufficient staffing and resources to run establishments" was stated among the objectives in the August 2021 National Framework for Prison Regime and Services, the issue of staffing levels appears to have become more acute (MOJ and HMPPS, 2021). There has been a **5.4%** increase in the leaving rate of band 3–4 prison officers between 2021 and 2022, and a **6.4%** increase for band 2 operational staff. Half of all prison officers who left the service in 2021 had been in their role for less than three years, and **26%** for less than a year (HMPSS, 2022).

In November 2021, the Prison Officers Association (POA) union claimed the service was 'close to breaking point' and said that pay reviews, overcrowding and increased violence as restrictions were eased as reasons that contributed. Given the £3.75 billion plan to create 20,000 extra prison places across the estate (MOJ

& Raab, 2021), and the widely reported difficulties in recruiting new staff, it remains unclear how the so-called 'staffing crisis' will be resolved.

In April 2020, epidemiological modelling conducted by HM Prison and Probation Service (HMPPS) and Public Health England (PHE) suggested that between 800 and 2,000 prisoners in England and Wales might die as a result of the virus (HMIP, 2021; Townsend et al., 2020). In response, the Ministry of Justice (UK) announced a plan that would release up to 4,000 prisoners in England and Wales, representing about 5 percent of the system's 83,000 prisoners (Grierson, 2020a). However, the early release scheme was declared "closed" in October 2020 with a total of just 275 individuals released, representing less than **1%** of the total population (Grierson, 2020c). While the prison population decreased by 4,000 due to reduced committals, the remand population increased during the pandemic, mostly due to the challenges in holding Crown Court trials during this period (MOJ, 2022).

For the most part protection from Covid in prisons in England and Wales came largely in the same form as other workplaces and institutions: 'Non-essential' staff were moved off premises and worked from home. Staff and residents remaining were supported with a mixture of lateral-flow testing, personal protective equipment, quarantining the infected or those in contact with the infected, social distancing in corridors and shared spaces, and eventually vaccinations. In the early stages individual prison governors remained in control of their local response, being told to take a pragmatic approach. Quickly though, a national command structure, which became known as the Covid-19 "Gold Command" developed a National Framework for mitigating the spread of the virus. The framework set out four key priorities: Provision of meals, provision of healthcare and medication, prisoner safety and welfare, and family contact. All mechanisms related to the rehabilitative function of prison such as exercise, education and programmes were either suspended or severely restricted.

This framework comprised five regime stages from "heavily restricted" to "full" (ordinary) regime. At the start of the pandemic, prisons were placed into the most restricted regime (stage 4) in order to minimise mixing and movement of prisoners to reduce the risk of contagion. Colloquially, this became known (in prison, just as in the community) as the "Covid lockdown", the "pandemic lockdown" or just "the lockdown" (and it was no more popular among prisoners than it was among the general public).

The contours of the prison-based lockdown can be found in the remaining pages of this report in exhaustive detail. At its core, the lockdown entailed the sequestering of large numbers of prisoners in their cells for over 23 hours per day and suspending traditional aspects of the prison regime including in-person education, group therapy, gym access, vocational opportunities, visitation, and far beyond.

According to Rule 44 of the United Nations revised Standard Minimum Rules for the Treatment Incarcerated People, known as the "Mandela Rules," solitary confinement is defined as confinement in a cell for at least 22 hours a day without meaningful contact. If this confinement exceeds 15 consecutive days, it is defined as "prolonged" solitary confinement, explicitly prohibited under Rule 43, as it is considered "torture or other cruel, inhuman, or degrading treatment or punishment". By these definitions, the vast majority of our survey respondents were experiencing prolonged solitary confinement, falling under this definition of cruel, inhuman or degrading treatment or even "torture".By this definition, prisoners across the prison system were essentially assigned to a form of solitary confinement, then, at a rate not seen in the past 100 years.

This extraordinary response was intended to save lives, and it almost certainly has. As of 30 April 2022, 195 people in prison have died after testing positive for or being clinically assessed with Covid-19 — far fewer than was forecasted by PHE. What is not known is what the costs of this remarkable "lockdown" has been and will be going forward for those who lived through it. That is the purpose of this research and the context in which it was funded by the Economic and Social Research Council.

HOW TO READ THIS REPORT

This aims of this report are almost entirely descriptive. The data have been analysed in an explicitly 'ground-up' or inductive fashion. We reproduce numerous, long quotes to illustrate every major pattern we identified, and we often let these direct quotes "speak for themselves" with little analysis or interpretation. We have not sought to theorise these data in this report. Nor do we seek to interrogate the findings in an historical, political, or comparative context. All of those things will be done in later, academic analyses utilising these data, but not for this report. Likewise, readers will find no complex quantitative analyses of the survey data collected as part of this study. That too will have to wait for future peer-reviewed publications. Instead, this report's aims are the most basic function of social science research which is just to describe, accurately and rigorously, truths that might be hidden from the general public. In his masterpiece States of Denial (2001), Stanley Cohen argues that this acknowledgement of others' suffering is the fundamental job of social science:

> *Someone has to inform us exactly how many children in the world are still dying of measles, are conscripted as twelve-year-olds into killer militias, are sold by their families into child prostitution, are beaten to death by their parents. This information should be regular and accessible: rolling in front of our eyes like the news headlines on the screens in Times Square (p. 296).*

If the findings of this report had to be summarised into a short sentence, it would read something like "Prisoners in England and Wales have suffered enormously during the pandemic lockdown". We present this case in rich, robust detail throughout the report. Like Cohen, we hope that the depth and rigour of this work ("like the news headlines in Times Square") will instigate action, encouraging people in the criminal justice system and outside of it to "do something: intervene, help, become committed" (Cohen, 2001, p. x).

However, there are several, common and understandable responses to findings like ours that would undermine this need to take action. Broadly, these neutralisation techniques follow one of the following forms:

— **OK, BUT EVERYONE KNOWS THAT ALREADY**

— **OK, BUT THAT WAS THEN, THE LOCKDOWN IS LARGELY OVER NOW**

— **OK, BUT PRISONS ARE ALWAYS UNPLEASANT PLACES, PANDEMIC OR NOT**

— **OK, BUT DIDN'T EVERYONE SUFFER DURING THE PANDEMIC LOCKDOWN?**

— **OK, BUT THIS WAS THE ONLY OPTION TO KEEP PEOPLE HEALTHY AND ALIVE**

All of these responses are understandable and indeed have an element of truth to them, but each needs to be addressed to appreciate the purpose of this report:

OK, BUT EVERYONE KNOWS THAT ALREADY

In truth, prisons received incredibly little popular media coverage during the pandemic or since. To the extent that any voices were heard in social media and beyond about the pandemic lockdown, they were those of system actors — prison leadership, management, the POA, the inspectorate. Prisoner voices are almost always unheard in wider society, but they were especially silent during a pandemic that saw a temporary cessation to even family visitations let alone the usual influx of third sector organisations, monitoring boards and others who seek to raise awareness about prison issues. If the argument is that prison staff and management are already aware of how badly prisoners have suffered, then hopefully this report will provide an opportunity for system actors to acknowledge and accept these harms in greater detail. It is often said the first step to recovery is to acknowledge the problem, publicly and consistently. The next step, surely, is to take action that is consistent with this acknowledgement. That is, if it is already accepted that the prisoner population has experienced harm of this magnitude, how should this impact their treatment in the system? In reality, prison leaders were not all aware of the detail or magnitude of impacts of their regime on prisoners, and many have responded swiftly to the findings as they were fed back during this project.

OK, BUT THAT WAS THEN, THE LOCKDOWN IS LARGELY OVER NOW

Prisons have indeed moved to a different level of security since this research was completed. However, aspects of the Covid lockdown still remain in prisons across the country (see Chapter 12 on "The New Normal"). Due to staff shortages, themselves impacted by the pandemic as well as other factors, prisons remain much more locked down than they were prior to the pandemic. Likewise, staff-prisoner relations remain damaged from the experience of the pandemic lockdown (see Chapter 11) and in need of repair. Finally, the mental health impacts described in this report will not have magically lifted just because restrictions on movement have lifted to some degree. Such an interpretation is to misunderstand the nature of mental health. Potentially, repercussions of this lockdown will be felt for years to come in both prisons and in the wider community, especially among family members and those released from prison.

OK, BUT PRISONS ARE ALWAYS UNPLEASANT, PANDEMIC OR NOT.

Any survey of prisoners pre- or post-pandemic will indeed uncover many of the same issues — problems with staff, limited freedoms, inedible food, poor mental health — that were found in this research. Our research design is not capable of discerning how many of the issues we found were directly related to the pandemic and how many are simply the impact of longstanding problems in HM Prison Service. The research did involve large numbers of prisoners with experience of life before and after the lockdown, and they told us that prison life changed dramatically with the onset of Covid in March 2020. However, many of these perceived changes — for instance in staffing levels or the quality of prison food — may have had more to do with other factors, such as changes to the prison service budget around that time. One of the themes we heard throughout the research was the tendency for system actors to 'blame Covid' for problems that may have other sources. As such, it may be best to interpret the results of this research simply as a snapshot of prisons in England and Wales in 2021 and not as a study of specifically pandemic effects. However, the fact that some of these problems could have been found in British prisons 2019 or 1979 says less about the need for this research than it does about the need for real change in prison policy.

OK, BUT DIDN'T EVERYONE (EVEN OUTSIDE OF PRISON) SUFFER DURING THE PANDEMIC LOCKDOWN?

Without a doubt, everyone across the UK and beyond was impacted by the Covid pandemic in unprecedented ways. We even used the same term "lockdown" that is used in prisons to describe the restrictions on personal mobility, social interaction, travel, work and family life. Grandparents could not visit their grandchildren, that grieving family members could not attend funerals for a loved one, and beyond.

Unquestionably, this lockdown impacted the wider public's mental health in ways that are comparable to what we found in the research, as well. All of us felt "like prisoners" in our own homes. However, one needs to be extremely careful about taking such comparisons literally. That is, the lockdown inside prisons was substantially different to the lockdown the rest of us experienced, by several orders of magnitude, as the comparisons between prisoner and public mental health found later in this report starkly illustrate.

OK, BUT THIS WAS THE ONLY OPTION TO KEEP PEOPLE HEALTHY AND ALIVE

At the onset of the pandemic, prison systems around the world faced an enormous challenge in keeping those in their care healthy and alive. Different countries used different strategies to reach this goal. Many governments released large numbers of prisoners to avert a humanitarian and public health crisis in overcrowded jails. This report makes no judgement about these or any other decisions taken by political leaders or those running the prisons in England and Wales. All of these actors were faced with enormously difficult decisions and were expected to act extremely quickly in the face of limited information. It is perfectly plausible that every action taken by every one of them was done with the best interests of the people in their care (and the wider community) in mind. Indeed, this report is predicated on the presumption that many of those with power in the justice system do have such motivations, as these are the individuals most likely to be motivated to act on these findings. Our hope is that this report leads not to a process of blame and finger-pointing about the past, but rather to a solution-focused discussion about recovering and making good for the future.

WHY FOCUS ON USER VOICES?

This is, unapologetically, a report about prisoners' views. The only perspective presented is that of people living in prison. There is no attempt to "balance" this with the views of prison staff, prison management, other providers, third sector organisations or outside experts. These other voices have outlets in the media and social media to convey their truths. The goal of this research is to fairly capture the "voice" of those imprisoned during the Covid-19 lockdown that has not only been invisible during this historical moment, largely missing from or not heard throughout the modern history of the justice system. Although policy makers are tasked with determining the regime under which people in prison must live and rehabilitate, it has historically been conducted without an authentic view of prisoner experience.

This report is, we hope, their "truth". However, there is no assumption or implication being made that this perspective is the only truth or the absolute truth about what happened inside prisons during the Covid-19 pandemic. By definition, the perspective of prisoners is a severely biased one, in the sense that they are living through an extraordinary experience that few can even imagine.

Although this perspective does not represent an "objective reality", these views still matter a great deal. As in the well-known sociological axiom, "If [people] define situations as real, they are real in their consequences" (Thomas and Thomas 1928). That is, even if prisoners have a systematically distorted view of, for example, the motivations of prison officers, these distortions themselves are still vitally important — they have consequences. If prisoners feel they are being abused, neglected, forgotten, etc., this is important to know. We may wish they did not have these views, but if they do, we should be aware of it.

Some readers will immediately object to this approach to research on these grounds. They will say that our highlighting of the prisoner experience is a "one-sided" portrayal of what is an extraordinarily complex situation. Although completely reasonable, this response misunderstands the nature of phenomenological research of this kind. Would we hear different stories had we interviewed prison officers? By definition, yes. Fortunately, such voices are being heard, through the Prison Officer Association, through official channels, and in other research projects (including one involving members of the current research team). The need to hear the voices of these other groups hardly invalidates the need to also listen to those in prison. After all, prisoners are probably the most marginalised population in any country, with the least access to the media (even social media), to tell their story and have their voices heard.

Potentially, objections to the present research are less about lived experience research and more about the positionality of prisoners. Critics may object that those in prison are untrustworthy narrators due to their backgrounds. Others, of course, will simply "not care" what those in prison think or indeed what they have experienced during the pandemic. "If you can't do the time, don't do the crime", and "why shouldn't they suffer, when we all had to suffer?" Of course, such critics are under no obligation to read this report.

However, as prisons recover from the pandemic and the regime and services are redesigned, it is vital that decisions are based on insight from all corners, with genuine lived experience at its heart. It is our hope that rigorous, ethical research such as this, led and delivered by the people to whom these policies apply, can play a foundational role in the recovery.

IS THERE A SINGULAR PRISONER VOICE?

When reading a research report of this sort, one encounters an abundance of quotes, some of which can be very poignant and compelling. However, each quotation is the voice of a single person, so it can be easy to dismiss as "that's just one person's view". It is obviously true that the 80,000 people incarcerated in England and Wales do not speak in a single voice. Every person's perspective is unique, and it is exceedingly rare to find a consensus of views in any group of human beings on almost any topic. We do our best, in this report to represent this diversity of views.

We do this in a variety of ways. First, the qualitative data (the quotations) presented here have been chosen because they capture a wider thematic pattern in the overall dataset. These views are not universally held, but they are views that were repeated often enough to be considered a key theme. Where a sizable minority of respondents hold a contradictory position, these views are also represented in this report with the caveat that these views were less frequently expressed. Second, we have triangulated the qualitative data in this report with the quantitative results of the prison survey with a sample size of over 1400 respondents. For instance, when presenting qualitative views of communication between staff and prisoners, we will complement these quotations with statistics from the survey on exactly this question. This allows for an explicit picture of what percentage of respondents agree, disagree, strongly disagree, strongly agree, etc., with a variety of statements. Other survey questions, for instance, asked survey respondents to rate the communication practices in the prison from 1 to 10, with 10 being excellent, allowing us to report this overall score (which itself is a statistical representation of a diversity of opinions).

Overall, the goal is to capture a collective voice rather than an individual's own story. This is a key difference between the social scientific approach to interview data and the journalistic approach. Whereas the journalist may seek out uniquely interesting individual stories, social science more often focuses on an aggregation or amalgam of experiences to create a generic or prototypical perspective rather than the story of any specific person.

HOW REPRESENTATIVE ARE THESE VOICES?

The interpretation of this research, then, rests considerably on how representative these voices are. We were not able to hear from every prisoner in England and Wales. Indeed, we were not able to access every prison in England and Wales. Achieving that sort of comprehensive coverage would have required a far greater budget, research team and time scale than we were allowed. Indeed, even with a limitless budget, a comprehensive sample of

that sort would have been impossible during the Covid lockdown of 2020–21 when access to prisons by any outside organisation had to be carefully negotiated on a prison-by-prison basis. As such, we had to make do with a non-random sample of prisons, non-random samples of volunteer peer researchers, and finally non-random samples of volunteer research participants.

Any non-random sample risks being biased in specific ways. We provide considerable detail in the section below on sampling to allow readers to determine for themselves how trustworthy and representative this sample is of the wider prison population. If we had to speculate as to what sort of bias one might find in this research it would be toward the overly positive. That is, the prisons that ended up participating in this research were probably among the best run, most humane and well-performing prisons in the prison system. We assume this for several reasons.

First, the prisons that declined to participate in this research probably did so because they either felt they could not facilitate a peer-led research study or else because they did not want to shine the light of peer-led research on their prisons at the time of the research. Second, three prisons did agree to take part in the research, then were unable (despite numerous attempts) to facilitate the research process. In one such prison, for example, we were allowed in to conduct focus groups. These were chaotic events involving prisoners who could not speak English, who did not want to be there, and who had no idea why they were told to attend the focus group. One of these groups was interrupted by an episode of acute violence involving a focus group participant and another prisoner who happened to be walking past the room we were meeting in. It came as no surprise to us that the prison was unable to facilitate the peer-led distribution of surveys or any further training on research methodology.

Moreover, the selection of peer researchers within prisons was likely also biased in the direction of those who were better able to cope in the prison. Peer researchers were trained to be as inclusive as possible in their sampling, and sought to interview everyone on their wings/house blocks. Many of the peer researchers had other roles in the prison, such as Safer Custody Reps, Listeners or Red Bands. They saw much of what was happening across the prison and were often asked to deal with or support difficult situations. Nonetheless, peer researchers were unlikely to have had the opportunity to interview individuals on segregation wings, medical wings or those deemed to be at risk of suicide/self-harm. In other words, the most isolated voices may not have been adequately reached in this research. As such, when reading these findings — as bleak and shocking as they can be — it would be prudent to assume that the real story is probably even more stark and more depressing than the qualitative and quantitative data collected here suggest.

CHAPTER 2: METHODOLOGY

In this section, we outline the overall purpose and premise of this research design. Participatory Action Research (PAR) has a long history in the social sciences but is rarely utilised in prison research for a variety of pragmatic reasons. We will briefly discuss this method and how we modified it for this study. The recruitment and training of peer researchers for various stages of the research is described in detail. Next, we review how the evidence for this report was collected. Ours is a mixed method, qualitative-quantitative design that involved a variety of different research and analytic tools. We review the sampling and methods used for both the qualitative and quantitative aspects of the data collection, and we will review the process of co-producing the data analysis and final conclusions. Finally, we end this section with a brief review of the major ethical considerations of this research.

WHAT IS PARTICIPATORY ACTION RESEARCH?

This research project is based on the principles of 'participatory action research' or PAR. Although participatory-style methods have been used in prison research for decades (see e.g., Toch, 1969), the first formal PAR studies in prison only emerged around two decades ago in the US (see Fine & Torre, 2006). In the UK, although there have been some outstanding recent examples of PAR designs in studies of community-based sentences (e.g., Harding, 2020), relatively little PAR has been conducted inside prisons (some strong exceptions include: Haarmans, et al, 2021; Sullivan et al., 2008; Ward & Bailey, 2013).

Although PAR is difficult to precisely define and approaches to PAR differ across researchers and domains, Baum and colleagues (2006: 854) write that PAR differs from conventional research in three key ways:

1) PAR is intended to enable action:

2) PAR seeks to "share power" and "blur the lines" between the researcher and the researched:

3) PAR does not remove data and information from their contexts.

As inherent in the name itself, then, PAR draws on all of the usual methods and tools of social science research, but differs from ordinary research due to its focus on "participation" and "action." "Participatory" research methods are those in which "research participants are regarded as potential collaborators in the co-production of knowledge" (Schubotz, 2019: 3) or indeed as "equal research partners who are presumptively best situated to identify, analyse, and solve problems that directly affect them" (Houh and Kalsem, 2015: 263). Whereas, "action" research is research that is embedded in a research context seeking to make change in real time rather than standing outside of it as an objective observer. According to Baum and colleagues (2006: 854):

Action is achieved through a reflective cycle, whereby participants collect and analyse data, then determine what action should follow. The resultant action is then further researched and an iterative reflective cycle perpetuates data collection, reflection, and action as in a corkscrew action.

CO-PRODUCED RESEARCH DESIGN

As described, PAR seeks to "share power" and "blur the lines" between the researcher and the researched, in which "research participants are regarded as potential collaborators in the co-production of knowledge". Not only did this partnership aim to embody these principles, but for it to be truly user-led, we sought to go further still.

The design phase of this research involved a collective of four PhD-level academic researchers from Queen's University Belfast and

10 staff from User Voice, all of whom have had lived experience of the justice system. Every step of the process was led and delivered by or in conjunction with User Voice staff with lived experience, with the QUB research team ensuring adherence to ethical and research principles.

The first stage of this collaboration was to design and deliver a six-module, advanced training in peer research methodology (Level 2, Open College Network) to those on the research team who lacked previous training in research methods or whose training needed refreshing and updating. These trainings were designed and delivered in a partnership between QUB and senior User Voice team members with considerable experience in peer research and methodological training. This training covered the purposes of social science research, types of research designs, sampling, data collection strategies, the basics of data analysis, and research ethics. The aims were two-pronged: first, to bring all of those involved in the research design up to a level at which each member could feel comfortable contributing ideas and recommendations; second to create a peer-led format that created the space for research design as an outcome of each module.

Collectively, the research team developed a mixed method research design drawing on both qualitative and quantitative research tools involving the following stages (each of which is developed below):

1) Ethical review

2) Host prisons selection

3) Focus group interviews

4) Prison-based peer researcher training

5) Peer-to-peer survey

6) Rapid feedback to prisons on key findings

7) Collective analysis of qualitative and quantitative data

Following the principles of PAR, a primary goal of this research was to involve incarcerated and formerly incarcerated members of the research team in every stage above. We aspired not just to involve service users in this work, therefore, but rather to make this a service user-led research design. As a collective, then, the research team thought through what prisons to approach for the research project and why; designed the format and content of the focus groups; worked through how the prison-based peer research training would be delivered; and, most importantly, designed the survey that would be delivered from peer to peer across the prisons.

PRISON SELECTION

The research team settled on an ideal sample size of around 10 prisons, determining that this size would be manageable but also provide room for variation in terms of geography, security category, and prison type (women's, YOI, etc). Prisons were approached individually via the governor to enquire about participation.

Each prison was promised institutional anonymity in the research outputs. Every prison governor we approached for this research was aware of how difficult life was for prisoners during the pandemic. All of the governors knew that this research was likely to uncover considerable trauma and suffering among the incarcerated living in unprecedented conditions of 23-hour lockdown. One governing governor said he wanted his prison to participate because he thought that HMPPS senior management "have no idea how bad it is for people in this jail" and he thought the research would be a "major wake-up call" for leadership. However, no governor — even those who are strongly committed to the importance of research and evidence — would open up their prison to this sort of scrutiny if they thought it was going to undermine the efforts of their staff and management teams.

In particular, we wanted prison governors and staff to be assured this study, although across multiple sites, was not seeking to develop a "league table" comparing which prisons were doing better or worse in coping with the extraordinary circumstances of the Covid-19 pandemic. Later analyses of these data may still compare prison populations (anonymously) on standardised measures of mental health or other statistics around well-being. Future analyses of these data may compare differences based on whether prisons have in-cell telephony or not, or across security categories. However, for the most part, our research is focused on the commonalities across prisons than on the differences between them. Research participants in all of the establishments we worked in told us remarkably similar accounts of their experience of the lockdown.

Although some participants said that they heard, through a prisoner grapevine, that other prisons were handling the lockdown differently, our analysis across multiple establishments calls into question this presumption that the "grass was greener" at the prison down the road. Furthermore, anonymising prisons for the purpose of this research does not preclude exploration of these differences in later analyses.

Ultimately, the research was initiated across **11 prisons** but only **9 prisons** were able to facilitate the full completion of the peer research. Participating prisons were geographically spread across the country with a balance between London-area prisons and those in other parts of the country. The final sample of 9 included **1 women's prison**, **1 YOI** or young offenders institute (there were

2 YOIs in the initial sample of 11), **2 contracted** (private) prisons. The sample comprised **3 CAT A** prisons (highest security), **2 CAT B** and **3 CAT C** and **1 Cat D** prison (lowest security)[1], although this prison also housed small numbers of those on higher security categories. The participating prisons included a mix of locals, training prisons, and resettlement prisons, some of which housed larger populations of long-term or life sentence prisoners (lifers) or those convicted of sex offending.

PRISON FOCUS GROUPS

In total, 24 focus groups were facilitated across **11 prisons** involving a total of **180 participants**. Focus groups were facilitated in the **summer of 2021** (6 prisons between June and August) or in early autumn of that year (4 prisons in September and October). An additional prison was added in February 2022 as a replacement for one of the prisons that had withdrawn from the research. All focus groups were co-facilitated by User Voice staff, sometimes with support from a researcher from QUB. On every occasion, at least one focus group facilitator was a person with lived experience of imprisonment.

People in prison have frequently been the subject of research, and research fatigue is a common consequence of academic research with no discernible outcome (Clark, 2008). As an independent, user-led organisation, User Voice staff were able to earn the trust of participants, and make a commitment that their voices would be heard and experiences shared at the highest levels of decision making. This, combined with the ability, in most cases, to ensure prison staff left the room, resulted in higher response rates and deeper engagement on issues.

Focus groups followed a semi-structured format meant to encourage openness and engagement. To begin the discussions, participants were asked to describe their initial experiences of the Covid lockdown with follow-up questions covering topics such as visits, rehabilitation, access to health care, staff-prisoner relationships, personal safety, and so forth.

The number of participants in each focus group ranged in size from **6 to 10**, and the average was **8 per group**. Most focus groups were recorded electronically (with back-up contemporaneous notes taken) then transcribed by a member of the research team, with the written notes used as an aide. In two prisons, we were unable to bring recording devices into the prisons, so a member of the research team took more detailed notes of the conversation by hand and transcribed these handwritten notes for analysis. Focus groups typically lasted between **90 minutes** and **2 hours** depending on the prison's requirements.

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1   Some prisons were mixed category

Although there is nothing particularly notable about the use of focus groups as a qualitative data collection method in prisons or elsewhere, it is worth remembering that these focus groups were conducted during a pandemic in which social distancing rules made gatherings in groups difficult. Group therapy, education, and other groupwork activities were effectively on hold at the time these focus groups were conducted. As such, these were only possible through the cooperation and careful coordination with prison management, prison staff, User Voice, and in some cases prison council representatives. Facilitators (and most participants) wore masks, as required in most focus groups, and social distancing rules meant that these groups were often conducted in very large spaces (like multifaith chapels) where participants could keep a safe distance from one another.

These adjustments did not seem to have a detrimental impact on the quality and quantity of insights generated in these encounters. Quite the opposite, in fact: the focus groups almost always generated lively, engaging and often powerful discussions involving almost all of the participants. Partially, this engagement can be explained by the fact that these group discussions were occurring in a time in which few such face-to-face encounters were possible (either in prison or indeed outside of it). Equally important, however, the focus groups were facilitated by peers from User Voice with lived experience of incarceration, who sought to make the groups a safe space for sharing views.

PRISON-BASED PEER RESEARCHER TRAINING

The focus group discussions were used to identify individuals interested in being trained to become peer researchers and become involved as collaborators in this research project. Time was set aside at the conclusion of every focus group to describe in detail an opportunity to get further involved with this User Voice study, including the chance to participate in accredited training in peer research methods.

Printed information sheets and a summary of the training curriculum were distributed to all focus group participants at this time, and participants had the opportunity to ask any questions about what the training or peer research would involve. The focus group participants were sceptical at first and insisted they did not want to be involved in work that would "lead to nothing" or assist with a study that would "sit on someone's shelf" somewhere. Some, but not all, were persuaded to continue with the work on the grounds that this was action-oriented research and that findings would be fed directly back to the leadership of both their own prison and of HM Prison Service more widely. Those who were interested were asked to return the following day for the training.

In total, almost **100 prisoners** across **11 prisons** volunteered to assist as peer researchers with around **60 seeking to complete the training**. The Level 1 training in peer research methods was designed and delivered by User Voice and QUB staff, working together, and accredited by the Open College Network, a not-for-profit organisation that provides national qualifications for colleges, adult education centres, community groups, training providers, charities and employers. Initially, the training was spread out across 1–2 days, depending on the needs of the prisons, but also involved a coursework component to be completed individually by the students. User Voice staff later returned to each of the prisons to help participants to complete these additional components of the work and finalise their training. The training offered a broad overview of research designs, data collection and analysis tools, and especially the research ethics specific to conducting peer-to-peer research (See Research Ethics, below). Participants also received specific training relevant to the data collection specific to this project on Coping with Covid. In particular, participants were trained in the delivery of the consent form and survey instrument designed by the User Voice/QUB research team (see Co-Produced Research Design, above).

Importantly, however, the peer researcher training process was not primarily a top-down process of teachers delivering information and wisdom to student learners. Instead, the peer research volunteers were also asked to think creatively, using their insider expertise of their prison wings, how best to sample their peers, deliver the survey, collect and store responses, and more. This ground-level input proved to be essential for navigating the considerable obstacles of conducting research in the middle of a pandemic, which tended to differ by prison and governor.

Once these methods were agreed with prison management and staff, peer researchers were essentially left to conduct the research on their own. However, prisoners were able to contact User Voice's Research Team for support via email or a freephone number, and User Voice staff returned to the prisons after a period of at least three weeks to collect completed surveys, complete the training process, and, in some prisons, initiate the data analysis process.

This process did not always go smoothly. In 2 of the 11 prisons, peer researchers were not permitted to distribute surveys or else completed surveys were taken from peer researchers in security searches leading to the research being aborted. Even in prisons where data collection was more successful, individual peer researchers on individual wings encountered difficulties in distributing or collecting surveys. The primary reasons given for these obstacles to research facilitation involved the need to minimise prisoner movement and contact between peers during the health crisis or else a lack of necessary staffing (also related to the pandemic).

In spite of these and many other operational challenges facing peer researchers as they carried out their role and the personal cost of obtaining surveys during just 30 to 45 minutes outside their cell with other competing priorities such as having a shower or phoning family, they were able to conduct and return hundreds of surveys to the project team, a truly remarkable achievement. Would this return rate have been possible during the height of a global pandemic, through a traditional approach with outside researchers coming in to the prison?

PEER-TO-PEER SURVEY

The survey used across all 9 prisons included questions on experiences of Covid and the Covid lockdown, personal well-being, personal coping, as well as basic demographics (see Appendix A for complete survey). Open-ended questions were included to allow respondents to give their views about what the most urgent needs were in the process of recovery from the lockdown and their thoughts on moving forward. Additionally, two well-established and widely used scales were included, the Patient Health Questionnaire-9 (PHQ-9) and the Generalised Anxiety Disorder-7 (GAD-7). These 16 items allowed for a standardised measure of mental health (depression and anxiety) that would allow for a comparison between these populations and other populations inside prison and out.

The peer-to-peer survey was designed collectively, by the full research team. Although the QUB research team had the responsibility for producing the final document, the process of deciding what to include and exclude from the survey was very much a committee decision driven by the lived experiences of those on the research team who were previously incarcerated. Often, the nature of this collective process meant that new items were added as members of the committee thought of new, important elements of the prison experience to question. Rarely did members of the team suggest items to be removed, however. As such, the nature of this collective design process meant that the survey tended to grow the more we discussed it. Considerable research suggests that the longer a survey is, the lower the response rate will be.

Surveys that include more than 12 questions or that take more than 5 minutes to complete response rates that are far lower than shorter, tighter surveys (see e.g., Guo, et al., 2016; Kost & da Rosa, 2018). In our deliberations, the research team particularly worried that a very long survey would discourage younger prisoners, those with less education or lower literacy abilities, or those who do not have English as a first language. Surveys were delivered orally and in a variety of translations in these circumstances.

To pilot test the surveys, all members of the research team themselves answered the survey items, and also delivered them to User Voice volunteers and council members who themselves had recently been released from prison. This development phase

was used to time how long it took to complete the survey (on average **10–20 minutes**) and whether the respondents had difficulty understanding any of the items. Confusing wordings were changed in numerous places, but overall participants in this pilot test found the survey interesting and easy to answer. On the back of these results, the research team took a calculated risk, and decided to utilise a survey which ran to 13 pages when printed. This decision was based on the idea that, as prisoners were very likely to be locked in their cells for 23 hours per day, they would have time to engage in depth with a longer survey than usual. They might even find the interaction — whether delivered orally or on paper — to be an interesting and engaging one. A shorter, more traditional (one page) survey might be seen as not providing enough of an opportunity to give voice given the extraordinary circumstances that so many found themselves during the pandemic. The research team recognised that this decision did risk lowering the response rate to the survey, but this trade-off (of depth versus widespread coverage) was taken deliberately.

Surveys were distributed by peer researchers to their peers **between June and October 2021** (with one prison added in **February 2022**). The surveys were delivered using a variety of methods across the different prisons. Some prisoners were able to fill in their answers themselves and return the surveys to the peer researcher. Others preferred to have the questions read aloud to them and answer orally. Surveys were also translated into 4 different languages. In every case, peer researchers were trained to hand the surveys and consent forms to their peers themselves (rather than, for example, sliding them under cell doors). That way, they could explain that the research was being conducted by User Voice in partnership with Queen's University Belfast, and address any concerns the respondent might have about the independence of the research, confidentiality, anonymity, etc. Prison-based peer researchers became the "face" of the research acting as ambassadors for User Voice. Having participated in the focus group and the accredited training, they could "vouch" for the organisation and the goals of the research, and reassure potential participants that this work was both independent of HMPPS, but could still make an actual difference in the transition out of the lockdown.

In total, **1,421 surveys** were completed across 9 prisons. The individual sample sizes ranged from low of 52 in a reception prison to a high of 360 in a settled Cat A prison. In most cases, peer researchers were limited only to sampling their own wings or house blocks as movement across areas in the prison was viewed as a health risk. As such, these differences in sample size are largely a reflection of the size of the peer-research team and their ability to negotiate access to their peers.

A decision was taken by peer researchers in the first prison that a random sample of prisoners was not feasible. True random selection would require a list of all prisoners and their locations —

information that would not be readily shared with peer researchers. The research team proposed alternatives to such a list, including the creation of maps of all the cells on each wing that could be used for the generation of random samples. However, peer researchers insisted that surveying some but not all prisoners on a wing would create suspicion ("Why am I being targeted here?" or "Why is my voice being excluded?"). The research team pushed back, explaining that non-random samples risk being unrepresentative with peer researchers surveying their friends and associates and potentially excluding those with differing views. As a result, it was ultimately agreed that peer researchers would seek to approach every person on their wing or houseblock to participate in the survey. A comprehensive sampling strategy such as this would ensure that the data was representative at least of the prisons in the sample. However, it was also an overly ambitious strategy that could result in low response rates.

Ultimately, response rates on the different wings and house blocks ranged from a **low of 21%** from one wing in a Cat B Prison (35 responses out of a population of 165 prisoners) to a **high of 72%** (66 responses out of a population of 92 prisoners) on a wing in a Cat A Prison. On most wings, the **response rate averaged around 30–40%** of the total possible population. For a long and comprehensive survey conducted in the extraordinary circumstances of prisons during a global pandemic, this would be considered a strong response rate.

Although there is no consensus in social science about the minimally acceptable response rate in survey research, considerable research suggests that response rates have been dropping over recent decades as use of social research for marketing and political polling has proliferated. For instance, the Pew Research Centre in the United States (Keeter et al, 2017) reports that average response rate for one of their influential telephone surveys of public opinion are around **9%**. This average has largely been stable since 2012, but represents a substantial drop from previous average response rates of **28%** in 2000 and **25%** in 2003. In general, published survey response rates in social science journals tend to be between **30–50%** (Guo, et al., 2016; Kost & da Rosa, 2018) with very short and face-to-face surveys reaching higher response rates than longer surveys delivered through other means (see meta-analytic reviews by Shih and Fan, 2008; Manfreda et al, 2008).

Less is known about the response rates for surveys conducted in prison; however, recent publications of prisoner surveys report response rates in roughly the same range between **30%** and **45%** (see e.g., Boyd & Grant, 2005; De Smet et al, 2017; Ross et al, 2008).

As a non-random sample of the prisoner population, the 1,421 responses to this survey should not be generalised to the full population of prisoners in England and Wales. Specific groups

were excluded from taking part in the survey — including individuals who were under quarantine as being at risk for Covid, those who were on medical wings, and those who were on segregation wings or on suicide watch. In short, the survey may have excluded those individuals who may have been suffering the most during the pandemic. Overall, however, the demographic profile of our sample is roughly similar to that of the wider prison population (see Table 1).

Table 1: Sample demographics compared to HMPPS population

	Study Sample (n=1,421)	HMMPS Population in Custody (n=79,773) (as of 31.3.2022)
% Women	14%	4%
% White	68%	72%
% YOI (18–20 years old)	4%	4%
% Age 30 to 50 years old	50%	52%
% Age 50 and over	22%	17%
% in public sector prison	86%	89%

One out of our 9 prisons was in the women's estate, and the response rate in this prison was particularly strong. As a result, to ensure a meaningful sample size, we have **oversampled women's voices** in our study, and this will have an impact on the aggregated findings. As such, findings will be split by gender when there are statistically significant differences between men and women in the sample to report. **On nearly every other measured demographic, however, the study sample largely reflects that of the wider HMPPS.**

FEEDBACK TO PRISONS

As an action research project, this project involved rapid reporting of findings back to stakeholder groups, including both volunteer peer-researchers, but also to the leadership of the hosting prisons and of HMPPS and the NHS more widely. Following the collection and initial analysis of the qualitative and quantitative data for each prison, individualised reports were prepared highlighting the key findings from each prison and recording any potential "solutions" generated by participants in the research. After circulating these reports, meetings were arranged between the research team and the management team for each of the 9 participating prisons. These meetings were at times contentious events with some governors shocked by some (although not all) of the findings. All, however, expressed appreciation for the data, and in a few cases, governors reported back to us with their progress toward addressing each issue raised in the report in a subsequent meeting. One prison actioned all recommendations, ensuring

morning and afternoon scheduled activities for everyone. This was achieved through creative use of tutors and other support staff, thus removing the strain on prison officers. During this time the prison recorded a 35% decrease in incidents over a two-month period, which they directly attributed to the changes implemented. In addition to these individualised reports, we also fed initial findings back to stakeholders including HM Inspectorate of Prisons, HM Inspectorate of Probation, the NHS, and most importantly the Gold Command group at HMPPS charged with developing a strategy for 'recovery' from the Covid lockdown.

COLLECTIVE DATA ANALYSIS

Analysis and interpretation of data were iterative processes which involved input from prison peer researchers, research participants and members from the UV National Council. The National Council is an elected body of 28 User Voice volunteers on probation, many of whom have been recently released from prisons. Members of the National Council generally have been involved with one of User Voice's 30 local councils run in prisons and probation areas.

In four prisons, peer researchers involved in the collection of survey data participated in in-person feedback sessions with the research team to inform the data analysis process. The peer researchers were presented with the same individualised reports distributed to their specific prisons (see Feedback to Prisons, above), and asked to share their thoughts on the findings summaries. In other prisons where in-person meetings of this sort were not possible, the individualised prison reports were sent by post to the peer researchers. Participants were asked to feedback on the interpretation of the findings using the stamped return envelopes, by email or using the freephone contact number provided.

Adopting an inductive thematic approach to analysis, focus group transcripts were coded by the core research team, using NVivo software to organise the data. The wider research team met regularly to discuss emerging themes and explore patterns in the data. A codebook of overarching themes was then distributed to members from the User Voice National Council for their review. Three, structured analysis and feedback sessions were organised with members from the National Council, all of whom had experience of incarceration during the pandemic. These participants were not asked to do thematic coding themselves, but rather were asked to review the thematic code book, theme by theme, and given the opportunity to add nuance and contextualise the findings with their own experiences. This process was repeated when developing the 'template for recovery', with UV Council members providing interpretation of the suggestions for change emerging from the focus groups and survey responses. This peer-led process proved invaluable in that it facilitated triangulation of data, contextualisation of findings and a unique insight into the perspectives of those who had lived through the Covid period in the justice system.

ETHICAL CONSIDERATIONS

This research received full ethical clearance from the National Research Committee (HMPPS) and QUB's School of Social Science, Education and Social Work's SREC (**School Research Ethics Committee**) prior to the onset of data collection. QUB ethical approval was achieved in two stages; the first stage entailed application for approval for the design stage with the UV peer researchers; the second stage application regarding the 'implementation' stage was co-produced with the peer researchers. The full applications for approval — including all consent forms, information sheets, a distress protocol, disclosure protocol and other agreed protections for research participants and peer researchers — are available upon request from the authors.

Any research in a prison environment requires careful ethical scrutiny, even those models that involve prison staff or third sector organisations. Our PAR design brings with it its own ethical concerns involving peer researchers collecting, storing and analysing confidential information from their peers. Research ethics instruction, especially around the importance of confidentiality, anonymity, and voluntary consent, was central to the accredited training delivered to all peer researchers and members of the research team as a requirement of participating in this research. Following this training, prison-based peer researchers were asked to sign a consent form agreeing to adhere to these ethical practices, and there were no reported breaches (on the part of the peer researchers) in the course of the research. Although peer-led research may involve more complex ethical considerations, the advantage of truly meaningful insight gained by peers far outweighs any ethical challenges.

FINDINGS FROM THE PEER RESEARCH

As in the outside world, the Covid-19 pandemic upended every aspect of prison life, from hyperextension of the time prisoners spent 'behind the door' of their cells, to the almost complete eradication of the 'rehabilitative' dimensions of imprisonment. This section will outline the findings generated from exploring prisoners' experiences of prison during this unprecedented lockdown. As outlined in the methodology, these findings are based upon the quantitative data produced by the distributed survey, alongside the qualitative data generated by the focus groups carried out across a sample of the prison estate. This analysis has been co-produced with selected in-prison peer researchers and peer researchers on the User Voice National Council.

Chapters 3–5 describe life during Covid, and outline the structural changes to prison life from the perspective of those in prison. This section explores the 'Covid responsivity' put in place to try and halt the spread of the Covid-19 virus and the resulting changes in prison regimes across prison estate, and the impact upon the daily lives on those imprisoned. The impact of restrictions upon the rehabilitative processes of imprisonment are also examined, alongside the ongoing impact Covid-19 has had on prisons' capacity to deliver a rehabilitative regime for prisoners. Finally, the impact upon family connectivity is also reviewed as this was among the most substantial losses of the lockdown for prisoners.

Chapters 6–10 set out the impact of Covid-responsive measures upon prisoners' mental health, well-being and ability to cope with the Covid-19 lockdown. They outline prisoners' experiences of coping with the lockdown imposed across the prison estate, including the measures HMPPS and individual prison management teams took to support prisoners during this time of exceptional upheaval, and the strategies utilized by participants to enact their own coping and resilience. The differential experiences of 'coping' are also explored, including the experiences of diverse members of the prison estate. These chapters also examine the communication pathways within prisons, and the impact they had upon the experience of changes to prison life.

Chapters 11–12 explore the issues of prison life that bridge the experience of lockdown, and the aspirations for transition back to a regular prison regime and core day. This includes an examination of staff relationships during lockdown and periods of transition, and consideration of the structural issues and interrelationship issues that persist as prisons begin to open up again. This section also explores what respondents referred to as the widespread 'myth' that the Covid-19 lockdown had led to a reduction in violence across the prison estate. Finally, the section closes with an interrogation of 'the New Normal' or prisoners' concerns about the new post-Covid prison, and the enduring impacts the pandemic may have had upon prison life.

CHAPTER 3:
COVID
RESPONSIVITY
IN PRISON

Beginning March 2020, prison staff and management were faced with the enormous challenge of protecting the health and lives of the men and women in their care under virtually unprecedented circumstances. Overall, participants in this research largely accepted and appreciated that what we label "Covid-responsivity" efforts implemented in these early days were meant to protect them from a deadly virus that no one fully understood. Focus group participants noted the global and unprecedented nature of the pandemic — '*you can't plan for a pandemic'*, one said — and were understanding of the limited knowledge the prison service had when Covid-19 first emerged:

> *When we first went into some sort of lockdown… we were all unsure of what was happening — as everyone was. … It was very difficult at that time because there were so many uncertain things.*

In best case scenarios, some interviewees told us that in these early months of the pandemic, there was a palpable sense of "we're all in this together" between staff, prisoners and management. At the same time, many felt abandoned by prisons that they felt seemed to show little concern for their well-being.

These differences could be acute. Covid-responsive measures varied between prisons, and indeed from one houseblock or wing of the prison to another, according to interviewees. Research participants described a lack of both clarity and consistency in lockdown practices, especially in the earliest part of the pandemic:

> *When it came — Tuesday morning 23 March 2020, I will never forget it — and you heard the country was going into a lockdown. By half-nine or ten o'clock, the lockdown called and it was absolute pandemonium. You had a trustee doing a deep clean of the wing, but that was it. There was no contingency planning. No forward thinking. No preparation at all.*

> *In those first weeks of Covid, no one knew what was going on. It was unprecedented. Staff didn't know what they were doing. Frontline. Management. Nobody. And there were a lot of crap decisions made. You'd think a prison would know how to do a lockdown, you know? But it was totally unprepared. And this went well beyond the prison. All the way up to the Government.*

> *There was little-to-no clarity on the wings. On our block, we had about five outbreaks of Covid as soon as we went into lockdown. There was just no leadership from anywhere as to who was locked away and who wasn't. Certain people would be let out for certain lengths, spurs would get a regime, others wouldn't. Circuit workers would be out, cleaners wouldn't. It was just chaos. Absolute chaos.*

Approaches to containing the virus were described as something of a 'work in progress' with staff and management creating policy 'on the fly':

> *Then there was another two cases a couple of days, a whole unit got locked. Every time someone gets Covid, it's just different decisions every time.*

> *The variation of staff from other wings, there are rules and policies in place, and they make the rules up day by day.*

> *This is why we get confused. We speak to people from different houses and it's totally different to our houses, but it should be consistent.*

At the time of our research, almost one-third **(32%)** of survey respondents reported experiencing symptoms of Covid-19 in prison, and **22%** reported having tested positive at the time of our research. These numbers seem impressively low compared to rates in the wider community, although it is important to remember that these data were almost all collected in the summer and early autumn of 2021, before the milder Omicron variant spread rapidly through the wider UK population.

In some of the best examples of Covid-responsivity, respondents described rapid responses to outbreaks in the prison, timely provision of healthcare for Covid-related symptoms, regularly updated information about regime changes, and two-way communication through which prisoners' concerns were heard and addressed. Participants described staff attitudes as being crucial in setting this tone, and said they particularly appreciated when staff showed compassion towards those imprisoned under such a restrictive regime:

The officer came to unlock the door and, and it was me that said, "I don't feel alright". That was that. And to be fair, healthcare was there within an hour, and two days later I was diagnosed positive.

The staff on a whole have dealt with this very well. Some of them better than others, but on the whole we have got empathy from the staff. Not always on the management side, but the grunts on the landings have been sympathetic to the conditions that we have. And when we have gone into a sudden change of regime, they get as frustrated as us, because they get the backlash. But on the whole, I can't complain about the staff.

We have had similar situations here were there were outbreaks, but not for a very long period and it was dealt with very quickly.

Implementation of in-cell telephony and the introduction of video visits (known as "purple visits") throughout many prisons during the pandemic as a means to improve family connectivity were also discussed in a mostly positive light by participants (see Chapter 5 on Family Connectivity):

There the good thing was you had a phone in your cell. When the lockdown came it was on 24 hours, but then after two months, I was an essential worker, we were making face masks for other prisons, so lockdown wasn't too bad for me, and because I had a phone in my cell that was good. And a good thing was they had a TV channel and they put on box sets as well, 'Game of Thrones' and stuff.

Equally, respondents appreciated efforts that were created to improve the sharing of information between staff and prison residents during this difficult period (see Chapter 10 on 'Communication Pathways').

However, many participants reported much less positive experiences of Covid-responsivity inside. In our surveys, conducted during the summer and autumn months of 2021, the 1421 respondents to the peer-to-peer survey were asked to rank the level of support they received from their prison's leadership on a scale of 1 to 10, with 1 being "no support" and 10 being "very supportive". Nearly two-thirds of the sample (**62%**) said they received "no support" and the average score was 2.61 out of 10 (see Figure 1):
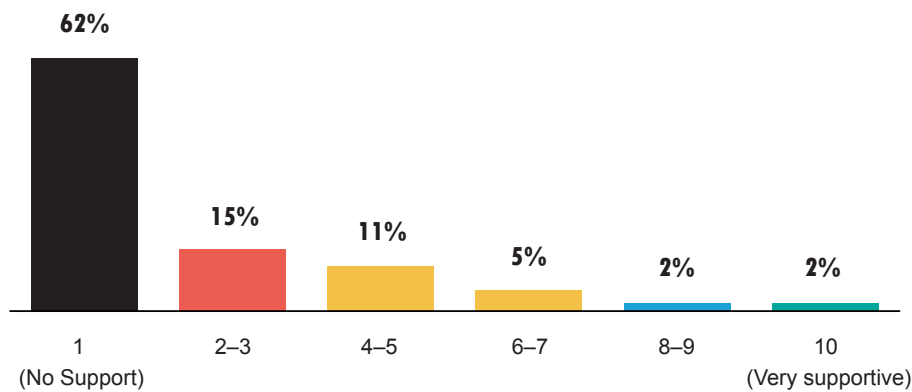
These views also came through in focus group discussions. Many of the participants we interviewed said they felt '*in the dark*' — even about crucial issues like whether or not they had tested positive for the virus:

> *The prison as an institution does not care about us inmates, they just throw us behind the door and treat us like animals.*

> *A few days later they were saying "Right, this is going to go on for at least a week because so many of you have Covid and we haven't got the results back yet". So how do you know if we have it or not? So, then they started going round putting stickers on people's doors if they had it so the other staff would know not to open it and without telling people in the cells that we even had Covid. It made me think about the plague where we were just being left to die.*

Another participant in this same focus group agreed:

> *The sound of the stickers going on the doors, it sounded like the doors were being taped up and we were just being left to die, we even said to them, "Prove to us that if you were told to leave us in these cells to starve to death you would do it. You've done this, you've treated us like that." They're the same as the SS in my eyes. Some of them might be good people but if they were told to gas us or leave us locked in our cells would they do it?*

Participants in some prisons described feeling 'abandoned' after they had tested positive for the virus:

> *I had Covid myself. … I got to coughing and I knew I was positive. They never told me the results though. No staff ever came near me, the whole time I was sick. No one came. Only the carers [other prisoners]. I had to get a cleaner to phone my family and tell them what happened to me, because staff wouldn't do it. Later, the officers said that the reason we didn't talk to you was that, A, we didn't think you would make it, and, B, we didn't want to catch it ourselves. But, other prisoners came through the flap [on the door] and asked me how I was. That was it, though. I was locked in a cell. No talk of going on a hospital wing or getting medical help.*

Another told us:

> *I was left coughing up blood in my cell and they were like, 'Well you're going to, you have Covid'. Every two or three days they'd come and do blood pressure.*

Respondents also frequently noted that staff were likely the primary source of contagion during the pandemic, as a result of cycling through the prison and the community. As such perceived failings to follow guidance around PPE and social distancing were often a subject of discussion:

> *It was the staff who were coming in and out, so any outbreak, 99% of the time it has to be staff that are bringing it in for an inmate to have it.*

> *Staff with PPE would take food into your cell and cross-contaminate you with whatever virus they picked up on the other wings by wearing the same PPE they wore when dealing with people with Covid as they did when delivering food to you.*

> *The Covid is isolated to A wing so when it's turning up on B wing, or C wing or whatever, its not come from our ones, [because] they've all done isolation. So it's the staff that are bringing it in.*

Focus group participants felt that restrictions were being implemented according to security-focused staff needs, rather than being based on prisoner welfare:

> *Staff were still going in and out of your cells. They didn't want to talk to you, but they were still doing cell searches. In the middle of a global pandemic, if you can believe it, they were still searching our cells.*

> *They use these volumetric control boxes* [to measure how much personal belongings a prisoner has in his cell]*, where they put all your stuff in this box, and they use the same boxes for each cell. So, it's like you are mixing everybody's stuff together in this box and any virus someone may have. Like, they wouldn't come in your cell to help you when you were sick. It was 'just press your bell'. But they will come in your cell for these searches, no problem.*

As participants were prohibited from congregating with fellow prisoners themselves, participants were particularly irritated when staff did not adhere to such social distancing guidance themselves:

> *When the pandemic first started, you were allowed out one at a time to use the phone or shower. Now a landing is allowed out at a time. That changes the social dynamic. Yet, you'll have nine officers packed in an office with no masks on, like sardines.*

> *Ten staff would be congregating together with no masks. You'll see 4 or 5 staff packed into an office that is clearly marked 'maximum capacity 2'. Yet if you challenge them, you get a cell search. But I said, look there is a sticker on the door that says "maximum 2 people". Somehow that sticker fell off the door the very next day. You know how hard it is for a sticker to fall off? … Throughout this whole thing, it has been like one rule for them and one rule for us.*

> *The only time staff put on a mask is when the Number One Governor comes on a wing…they [staff] can get lateral flow or PCR tests, but they don't use it.*

In addition, participants questioned staff social distancing decision making, for example, why 23-hour lockdown was imposed to contain the virus, yet they were allowed to eat in the same area without sanitisation between sittings:

> *Even at servery, two other sets have been there touching tables [before we eat]. The regime doesn't make sense and just suits the staff — they're happy for us all to congregate where we eat food.*

Whilst restrictions for social distancing were supposed to be in place, participants argued that adherence was virtually impossible at certain times, thus, transmission of the virus seemed inevitable:

> *And they have us using the same corridors, same stairways. At lunchtime, they try to get as many through the servery as quick as possible so they can have a longer lunch break themselves. So it will be jammed full of people. There is a one-way system and social distancing signs but they didn't figure in timings. So even if you were social distanced in the queue, you are still breathing the same air as a hundred other people when they are rushing everyone through the lunch.*

Allegedly, the rules in place prevent people catching Covid, and there is restrictions being put on prisoners because of Covid … we all know Covid exists, we all know many people who have died from Covid, but the reality is staff are coming in from the outside to work a 9–5 job to serve and protect prisoners allegedly and reform prisoners yeah. So, in an outbreak of Covid, a few people have tested positive on one wing, and what is happening is the nextdoor wing, share the same facilities ... exercise, collect their meds and come into contact with each other. Staff are going over there where the Covid is and then coming over to our wing and not wearing any mask.

Participants also reported difficulties when trying to take steps to reduce the transmission of Covid-19 on their own, through maintaining standards of hygiene in communal areas, requests for PPE, and concern around facilitation of social distancing:

Since Covid, I can't even count the amount of times cleaning has stopped, why aren't the bannisters getting wiped down, the handles, we've got a special Covid cleaner, we have no new mop heads.

We had to ask for PPE. No one could get it. We ended up having to make our own.

Showers have no ventilation at all, so you are literally shoulder to shoulder standing by other prisoners with a little wall between you that comes up to your chest like. There are so many people taking showers at the same time that there is no time for cleaners to clean them. The window for cleaning them is tiny. So you are all sharing the same air and the same germs.

Finally, as a result of deficits in Covid-responsivity, focus group participants discussed the emergence of "Covid-concealment" or prisoners failing to report symptoms or close-contacts due to fear of the harsh restrictions they would face:

A lot of people now get symptoms but never come forward because they don't want to be locked behind their door for 14 days. You could understand that too. You lose your shower, your phone call, your exercise.

The problem is that you get 14 days if you were in contact with someone who tests positive. That means no phone, no meals out, no contact with family for 14 days. You get no shower for 14 days. You are taking a "sink shower". You should see the size of these sinks, and look at the size of me. Can you see the problem of trying to shower in one of those? My floor is like covered with water. Other jails they take a more sensible approach. Why not let the person [who is quarantining] take a shower when everyone else is locked up? How hard would that be?

Overall, while the initial phase of Covid-responsivity was largely welcomed and accepted by many prisoners, in other sites, the failure to provide consistent, logical and compassionate Covid-responsivity had an effect inverse to its desired function, possibly increasing in-prison risk.

# CHAPTER 4: 'GROUNDHOG DAY' — THE EXPERIENCE OF LOCKDOWN IN PRISONS

At the core of HM Prison Service's response to the Covid pandemic was the "lockdown" involving severe restriction on most prisoner's mobility outside of their own cells beginning in March 2020. Our data collection was not able to take place until between summer and autumn of 2021, at which point most of the prisons in our survey either had just transitioned or were in the process of transitioning to a less restrictive regime. Nonetheless, around **42%** of survey participants reported still being locked in their cells for 23 hours or more per day at the time of interview with a further **38%** reporting they were out of cell for just two hours on a normal day (see Figure 2 below):

Figure 2: Bar chart showing time out of cell on an average weekday in CURRENT regime
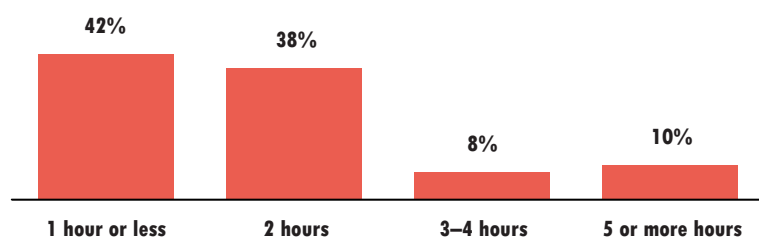
Moreover, **85%** of our survey respondents said that they had been on 23-hour lockdown prior.

Figure 3: Bar chart showing time out of cell at worst part of lockdown
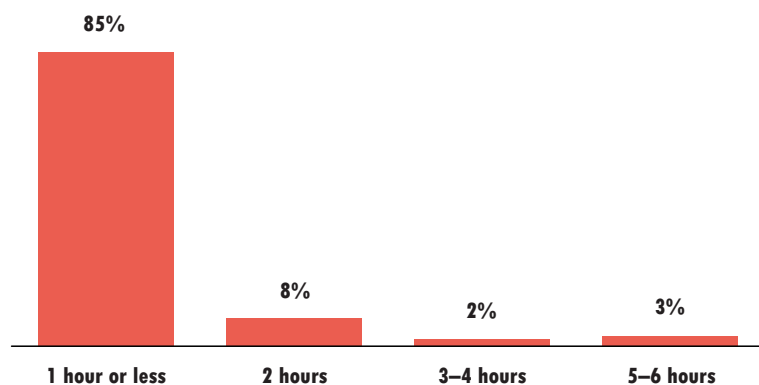
Further, research participants expressed frustration at what they deemed to be the arbitrary nature of these decisions which they largely attributed these variations to the whims of staff on different wings:

> It depends what the officers feel like with Covid. If it suits them to bang us up, then they'll do it.
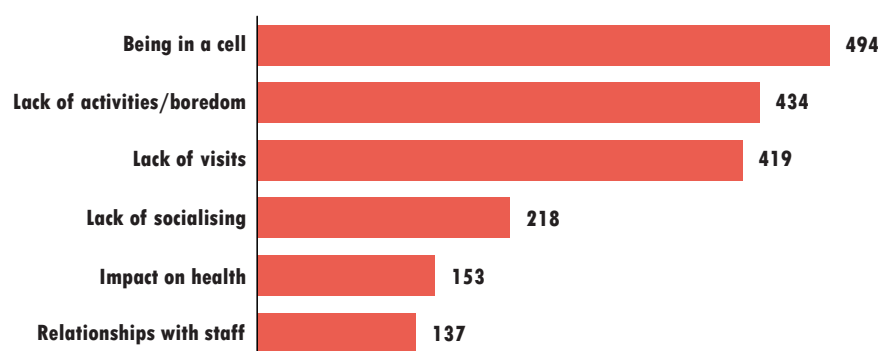
Unlock [time] is getting shorter and shorter. It all depends what staff is on. The only time things change is when the Number One Governor is about. There's no sense of coherence. No one can claim to be listening to the science at this point.

As one of our peer research team pointed out, if this one hour of 'unlock' were to come at 9 a.m. on Monday but not until 2 p.m. on the Tuesday, the actual time locked in cell could (and frequently did) exceed 23 hours. Predictability of regime can be highly important to those in prison, so these perceptions of arbitrary and inconsistent treatment were felt acutely:

I would say to the public, being locked up for 23 hours, in a cell with no communication and no talking, I would say that has been the worst thing. No communication and no-one telling you what is happening from day to day. It's so frustrating. It's very, very difficult.

When asked what they considered to be the hardest part of the Covid pandemic period inside prison in an open-ended question, survey respondents listed the length of time spent in their cells; the boredom of this experience and lack of activities to take their mind off confinement; and the cessation of visits from families and friends. In addition, respondents mentioned the loss of socialization with their peers within prison, alongside the impacts of lockdown upon their health and their relationships with the staff in charge of their care during this difficult time (see figure 4 below).

Figure 4: Open-ended question: Bar chart showing responses to hardest part of lockdown

Category	Value
Being in a cell	494
Lack of activities/boredom	434
Lack of visits	419
Lack of socialising	218
Impact on health	153
Relationships with staff	137

Focus group respondents reported feeling as though there was no end in sight to the tedium of the lockdown. With little to keep them occupied in their cells, prison life essentially became "Groundhog Day":

> *At the time, we thought this was gonna be a couple of weeks. Everything was gonna be fine. Then it just went on and on.*

> *At first it was a couple weeks. Then, it just became endless. Every day was the same. Groundhog day.*

The isolation emerging from the removal of opportunities for socialisation and connectivity was a major loss for participants:

> *Communication is the most important thing, to be able to communicate to another human being. If you are not having that, then you are on your own, there's no phone call, you've got a television there, which is watching the news or whatever you are watching, you're going round and round your head, you can't sleep at night. It's really bad.*

The lockdown involved an extended cessation of almost all of the 'normal' activities that break up the boredom of prison life. It also badly undermined the very cornerstones of personal well-being, such as exercise, nutrition, socialisation and personal hygiene. Survey respondents reported a deterioration of quality of life with deterioration in opportunities for education, self-improvement, healthcare, and beyond (see figure 5 below). Over **75%** of survey respondents reported that access to education, programmes, exercise, and family visits were "worse" or "much worse" since the beginning of lockdown restrictions. Around three-fifths of respondents (**61%**) reported a deterioration in the quality of meals, and just over **70%** saw a decline in access to healthcare. Interestingly, **41%** saw a decline in access to telephones, a figure that can be explained by the fact that 3 out of the 10 prisons in our sample had not yet installed in-cell telephony. The item receiving the most consensus was the question about "opportunities to socialise" with **84%** reporting that this had become "worse" or "much worse" in the lockdown:

Figure 5: Reporting deterioration in quality (got worse or much worse since the beginning of lockdown
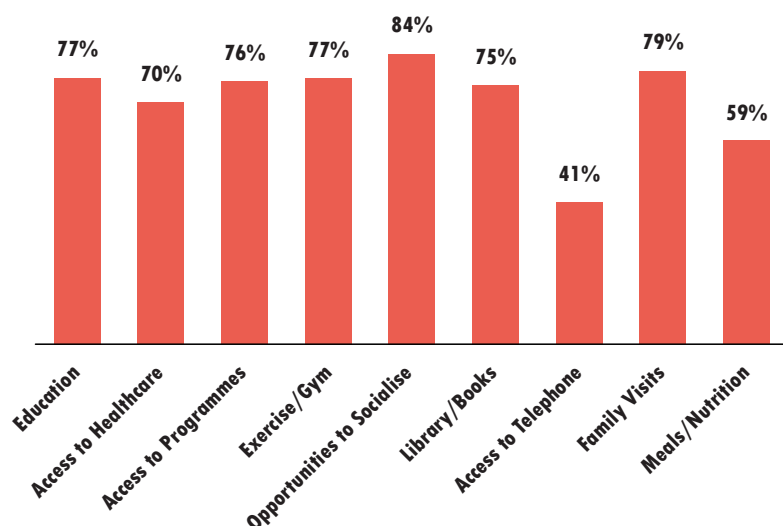
Unsurprisingly, these regime changes led to an overall deterioration in the climate of prisons according to **71%** of the survey sample (see Figure 6).

Figure 6: Bar chart showing perceived change in overall feel or climate of prison since the beginning of lockdown
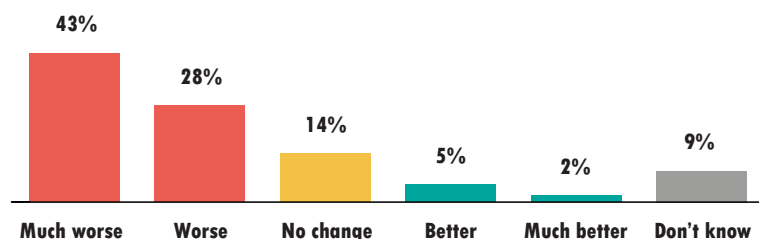
When survey respondents were asked to self-report the impacts lockdown had on their physical and mental well-being, the erosion of these foundations was reflected, with isolation, lack of exercise, weight gain and boredom frequent responses (see Figure 7 below)

Isolation/lonliness	383
Lack of exercise	222
Depression	215
Weight gain	195
Anxiety	156
Boredom	155
Worry/stress	143
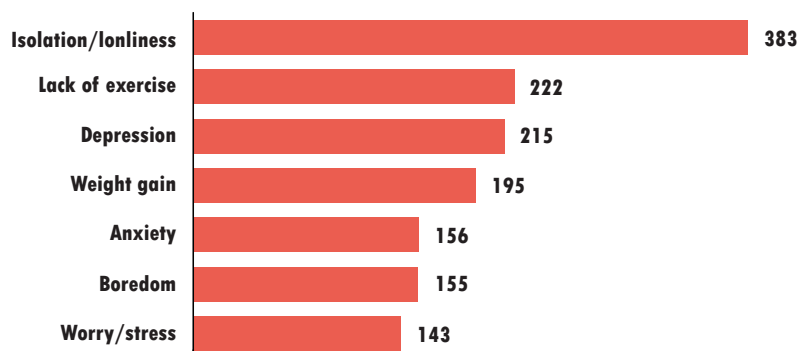
IMPACT ON BASIC HYGIENE

This severe restriction on movement also made basic health and hygiene difficult. One participant reported not being able to leave his cell for 10 days straight when the pandemic first emerged. Other respondents discussed long periods without being able to shower and little certainty around re-implementation of personal hygiene regimes:

The longest I have done behind the door, without a shower, was 13 days straight.

About a week or so we had no showers, no phone calls. They said that wasn't going to last long.

There used to be mandatory showers every day, now you are not guaranteed a shower every day. You are not guaranteed anything.
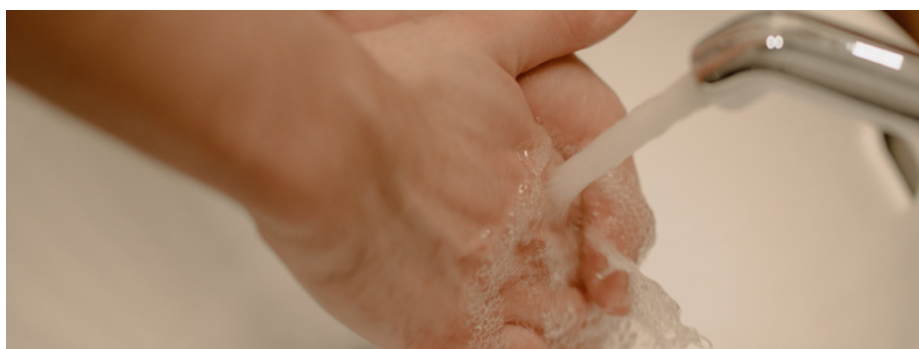
A lack of in-cell hygiene also took a toll with participants reporting no facilities for removing rubbish from cells and build-up of food waste at a period where all meals were delivered to and eaten in cells:

> *There was no mechanism for taking rubbish out of cells and they wouldn't tell us how we were going to go and get a shower. It was just you're locked behind the door and we'll come round at some stage and tell you when you're getting out again. They were bringing food round on trays and cells were full of rubbish.*

> *Right now, the facilities in this prison — you wouldn't even let your dog shower in our showering facilities...You have showers that smell like a tramp's back pocket.*

> *When Covid first came on the wing, it took arguing to even get my bin changed and they're bringing food into you, so there's so much waste. I can't flush it — I'm arguing with the officers to get my bin changed.*

EXERCISE & GYM

Lack of exercise was self-reported as one of the most frequent losses of lockdown impacting personal well-being and mental health:

> *The lack of exercise is really effecting people too. Look at me. My feet and legs are all swelling up from just sitting in my bed all day. I used to wear size 9 shoes, now I wear size 11.*

> *For younger guys, going to the gym has been an important factor, it really effects them. I've noticed on our wing there is a lot more noise than there used to be.*

> *De-stress through the gym but that's been taken away.*

Exercise was a fundamental feature of well-being but had been hampered significantly by lack of time out of cell:

> *Some muppet came round a few months ago and said you have to get half an hour of exercise every day and we're not even getting that. It's 10–15 minutes per day and even then it's just walking around the yard. … The gym is shit. I get it once every two weeks.*

> *Another good idea that got scrapped was "prescription exercise". At the beginning of Covid they started this as part of cardiac care for older people in the prison. Now those have ended and you've got certain* [younger] *inmates taking all the gym places.*

Some participants described trying to exercise in their cells, but this could be repetitive and difficult to maintain giving the limited space:

> *They are single cells that have been turned into doubles. So, imagine two guys trying to train in there. … There's no air coming in our cell anyway… Even if like I trained myself every week the condensation, imagine if there's two of you? You can't even get out and have a shower. You've got to stay in your cell all day sweating, go to bed sweating, it's not going to happen, is it?*

Finally, many said they simply lacked time for the gym with so little time out of cell:

> *Right so with your lowest, your lowest moment. You come out your pad, once it's unlocked and you've got half an hour. What do you do? … You get in the shower innit…you have a shower you sit in the shower for half an hour.*

FOOD & NUTRITION

Dissatisfaction with prison food is a common issue with those in prison, but focus group participants suggested that this longstanding problem had been exacerbated by the pandemic lockdown. Issues ranged from overeating as a coping response to lockdown ('*I've put on a lot of weight on, and that did affect me mentally*') to accounts of going hungry as a result of changes to the way meals were provided:

> *Since I've come here — I can show you my ID card, the difference in me, just because the size of the portions of food are that small.*

> *Food comes to door door, it's smaller portions. And also its something where we don't get a lot of food and it is not good either and filled with sugar.*

Participants said that the meals provided (and sometimes the water as well) was of such bad quality, prisoners were refusing to eat what was served and surviving on unhealthy foods they could purchase themselves in the canteen:

> *I tell you something, eighty-five percent of the prisoners in my stretch don't eat, they refuse to eat, they don't even go in. I had a girl come in and tell me it's boring and that she doesn't want to eat because it's the same thing day-in and day-out.*

> *It's terrible…It's getting worse, sometimes I won't even eat it…They give us the chicken of the week, it looked like a jellyfish… It's been frozen, then cooked and then it's like disintegrated from the side.*

> *The food. I've been sick 3 times in the last 8 months from the food — eating pink chicken.*

> *It says on the food unfit for human consumption on the bags of food in the kitchen and any of the lads that work in the kitchen will tell you that*

> *You wouldn't feed that to your dog, I'm being honest with you.*

However, the canteen options were described as both prohibitively expensive and lacking nutrition:

> *So we are surviving on the crap food in the canteen. Really starchy, not good food. Mix that with a lack of exercise and it is a real recipe for disaster. I read somewhere that the budget for catering is 'up 10%' — I don't know where that 10% went, but certainly not on food.*

> *There's no fresh fruit, like most places might have bananas apples, tomatoes, onions. None of that in here … only junk food, only sweet, sugar, crisps.*

> *It's not healthy and it's expensive, especially when you think of the amount of money that prisoners accrue in prisons… going up every day. … If we want to stay healthy-ish, we have to buy our vitamins as well and they're £4 a pop.*

Participants also took issue with the implementation of meals, with the meal times getting earlier which could mean them eating dinner early afternoon and having nothing else provided until breakfast the next morning. In some prisons hot meals had been taken away altogether. A major loss for some participants was the loss of opportunity to prepare their own meals. Cooking could be a source of comfort and coping, '*we enjoy cooking — like letting us cook food properly… and not microwaveable meals.*' Participants had lost '*fridges, microwaves, the canteen sheets, things that have been taken off that we need*' and this had a serious impact particularly among long-term prisoners:

> *It has a ripple effect on the mentality and mindsets of people that have been to establishments with cooking facilities — that are doing 30 years, never going home. They can't buy butter in the canteen, they can't buy meat in the canteen, they can't buy fuck all. So if you come from a place where you are cooking, you have a toaster, access to toast, a microwave, a fridge, all these things. You can't even buy rice in the canteen no more.*

Some participants accepted that the bad quality of food was a long-term issue preceding lockdown, but argued that it had become more noticeable when everything else was taken away:

> *No, the food here is the same quality as it was before. Crap. It's been like this for at least four years now. Nothing changed because of the Covid, but it's something we've become more aware of.*

IMPACT ON REHABILITATION OPPORTUNITIES

For many prisons, all activities related to education, rehabilitation and employment (with the exception of essential positions like cleaning staff) all but halted during much of the pandemic lockdown. At the time of data collection, participants said that many purposeful activities had still not resumed or were functioning only in part. This had a significant impact on those in prison, and, for some indicated a paradigm shift in prison culture, from one focused (at least rhetorically) around rehabilitation to one clearly about simple punishment and containment:

> *Their idea of rehabilitating is locking us up in cells and forgetting about us. They think that by putting us behind the door, you're going to learn a lesson.*

> *I would love to ask the question — how are you rehabilitating me? I would love to hear the answer. How? In what way? By mopping up the floors? That's not rehabilitating me…They are meant to be doing a job from the court — to rehabilitate us and send us back to the community better than we were before — I can't see where and how.*

> *Sometimes you're made to feel like an animal and like you don't matter. We're meant to be rehabilitated in here.*

Participants also worried about what this erosion of rehabilitative activities would have on progression and parole:

> *The biggest effect that Covid has had, I think, is on Cat A prisoners...They've not been able to do any work for them to come off of the book. So automatically, it just says that they are two years behind. They have lost two years of being a Cat A and they are not going to be able to do any courses until they come back. They've not been able to do any course work. So people are going to have to do longer on their sentence.*

> *Probably progression is the biggest issue. If you are on a life sentence, you are always worried about it … You look about and there are some people that are a good 10, 15 years over tariff. You get to see that so that becomes inserted in your mind, will I be going 10 or 15 years over tariff? And it's just the point of progression and the right courses for people.*

Interviewees also wondered what the long-term impact of confinement without rehabilitative opportunities would be on re-offending upon release:

> *So now to reintegrate with the outside world, I can't even fathom that, I have to re-engage with the regime first, I've to work on walking into a room with 100 people and not being paranoid. There's a kid on my wing who hasn't been out in two years, how do you expect him to be normal, get an education and stop smoking spice, get a job and be normal? If you let him out he'd start doing mad shit.*

> *The punishment of going to prison is that you lose your liberty of being outside; now when you come in it is almost as if you are being repunished, by the regime, by the prison staff — it's constant punishment. How are you going to rehabilitate people, because we have to go back out at some point. So, by putting people into their cells 24/7, how do you think that is going to make people react when they go back out, it is only going to make them worse.*

IMPACT ON EDUCATION

During the first wave of the pandemic, education, in its previous form, came to a near complete standstill in most prisons according to interviewees. Survey respondents were asked to rate the support provided by education during the pandemic on a scale of 1 to 10, with 1 representing "no support" and 10 representing "very supportive". There was a statistically significant difference between men and women survey respondents on this question. Over half of males (**52%**) stated that education had provided "no support" and the mean score out of 10 was only 3.2. For women in the survey, the mean score was 4.21 and less than a third (**31%**) felt that they provided "no support" (see Table 2 below):

Table 2: Reported support from education staff by gender on a scale of 1 to 10.

	"No support" (1 out of 10) Per cent (freq)	Very supportive (10 out of 10) Per cent (freq)	Average rating
Education/ Teachers	-	-	-
Men	51.9% (629)	4.0% (48)	3.2 out of 10
Women	31.4% (48)	9.2% (14)	4.21 out of 10
Self-identify	60% (3)	20% (1)	3.4 out of 10

Across the prison estate, use of in-cell packs was implemented in place of in-person classrooms for learning during the pandemic. Focus group participants largely viewed these as inadequate and insufficient for a number of reasons. Participants reported difficulties regarding the contents of the educational packs and the lack of learning support to accompany them:

> *There has been in-cell learning, but what good is that if you can't understand what some of the stuff says, or if you need a tutor there to help?*

> *When the teachers collect the packages, they're given to the residents to correct, but we aren't even at the level to correct other people's works. There's a difference between a teacher and a student; in any case, we don't have the academic qualifications to grade other people's work. There's inequality in the system.*

In-cell learning was considered particularly inadequate for those with literacy issues and/or learning difficulties, as well as foreign national prisoners.
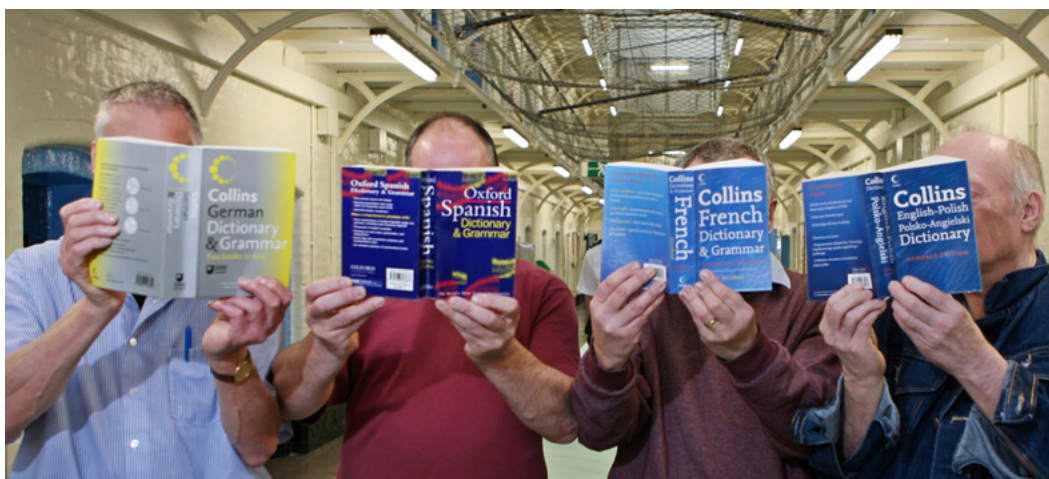
At the time of focus group data collection, education had just resumed in several prisons, yet it was still beset by delivery problems due to the requirements of social distancing. Almost two thirds of survey respondents (**67%**) reported that, in the weeks leading up to data collection, education opportunities had either not changed at all or had further deteriorated, since the beginning of the pandemic (see Figure 8 below).

Figure 8: Bar chart showing reported change in education opportunities in recent weeks compared to earlier in the pandemic.
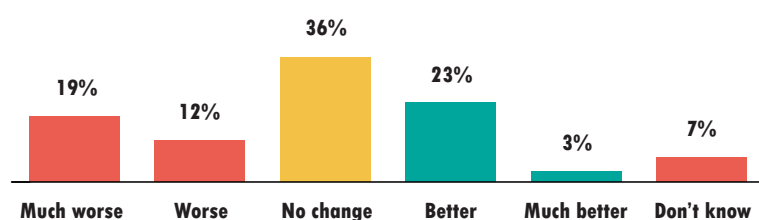
This was echoed during the focus groups:

> *They're taking the piss with the education I've been waiting to do my level two English for time. So I can start my open university thing, but they just not get around to it like I've been waiting since last December to do my English.*

> *Now it's two days per week for an hour…And even that's not long enough when you're locked up. It's terrible. And it's Monday and Wednesday, and you're not allowed to work when you're in these groups.*

Finally, focus group participants said they faced a 'catch-22' situation where they were forced to choose between education and paid employment in some prisons.

EMPLOYMENT

The pandemic lockdown had a substantial impact on vocational opportunities, as well. Having a job inside prison impacts individual finances, of course, but impacts also the even more precious resource of time out of cell:

> *Some jobs have continued …wing cleaners, kitchen staff to a degree. But the workshops doing recycling, woodwork, mattress recycling, and that, they all closed. Even now, lots of prisoners are still locked up.*

> *My job situation is exactly the same. … I didn't need the job financially but needed it to get out of isolation.*

> *Purposeful activity has been a big loss too. Those workshops may not be much but a lot of people in here really rely on that atmosphere for their social contact. Especially people with no family they relied on those.*

Despite restrictions easing, there remained great uncertainty around employment at the time of the research. Access to jobs were also impacted regularly due to Covid outbreaks and staffing shortages among prison officers:

> *Today is the first time people on our wing has actually gone to work in like two, three weeks.*

> *Staff don't come and get me* [for work] *They are understaffed apparently, so they can't come and get me to go to work. They say they can't afford to take the staff off the landing, so I end up getting locked up. I'm lucky if I get to go twice a week.*

PURPOSELESS ACTIVITY & SOCIALISATION WITH PEERS

The pandemic impacted not just purposeful activity like education and work, but also so-called "purposeless" or unstructured opportunities to socialise with peers. As reported above, this loss was experienced uniformly and acutely across the prisons in the study. The need for this unstructured time was also a major focus of focus group discussions:

> *You could be getting dinner, and suddenly they're rushing you back to the door, because they don't want people associating with others for more than five minutes, to have a quick chat.*

> *They see it as a negative thing when we just stand around and chat, like we should be doing something, or having a shower. This is something that's really important to us: to stand around and chat, and to communicate with others.*

> *When we get locked out the shower pod for half an hour, they treat us like we're supposed to be having a shower and using the pod, and not standing there and chatting. We can do what we want in that half an hour, it's our shower pod. They stand there and time us, telling us things like we have ten minutes till our time is up.*

Participants felt that staff overlooked what people gain from down-time and the impact of 'purposeless activity' on well-being and quality of life:

> *Everything now has to be about "purposeful activity". But you need down time. You need time to raise issues. This is the idea of "domestic" time.*

> *The weekend is a big problem...Weekends were the best thing about this place. You had a long week and the weekend was the time to relax, socialise. You take that away from us, and the lads will kick off.*

Time for 'purposeless' activity allowed participants to decompress, de-stress and relax together out of cell. Socialisation was crucial for wellbeing and mental health. Moreover, down time created the space for prisoners to provide each other with mutual aid and peer support. In fact, one positive to emerge during the tedium and uncertainty of the lockdown was assistance those in prison provided to one another on a peer-to-peer basis. In particular, participants discussed the efforts of some in prison to look after the most vulnerable on their wings:

> *The cleaners and carers [prisoners who cared for older residents] were still getting out quite a bit. … We were like the foot soldiers checking in* [on other prisoners]*.*

However, those filling these support roles felt that this work was largely unrecognised and unappreciated by the prison management:

> *We were checking in on those who were isolating, we were delivering meals, but we weren't rewarded for it. We were treated as 3rd class citizens. If we had said we weren't doing it and refused to help, the whole thing would have collapsed. Yet that's not been noted or rewarded or even acknowledged by management.*

CHAPTER 5: FAMILY CONNECTIVITY: CHALLENGES, BREAKDOWN AND LOSS

The Covid-19 pandemic impacted family connectivity across the globe. Travel restrictions, lockdowns, shielding guidance, and social distancing rules all placed distance between loved ones including family members in critical care. Those imprisoned during the pandemic experienced similar pains; however, heightened restrictions often resulted in even greater isolation during an already difficult and uncertain time. One focus group participant said he was unable to attend his mother's funeral due to Covid restrictions in prison; another said he missed the birth of his newborn child. Outside of prison, family connectivity reduced; inside, it often came to a complete halt.

Nearly **60%** of survey respondents had received no visits since the beginning of the pandemic to the point of data collection (see Figure 9 below).

Figure 9: Bar chart showing reported number of visits with family and friends since the beginning of the Covid lockdown period
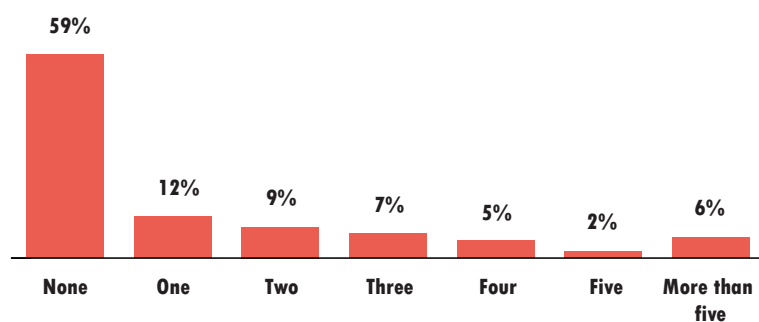
Most survey respondents (78%) said they had gone at least 6 months without a visit from anyone outside the prison during the pandemic (see Figure 10 below):

Figure 10: Bar chart showing longest period of time reported without a visit of any kind during the pandemic
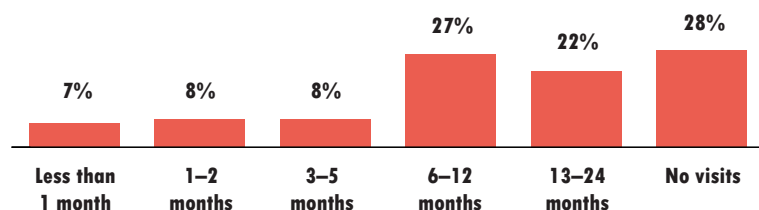
As restrictions eased on the outside world, so too did visiting regulations inside the prison, albeit at a much slower pace. There were also inconsistencies across the prison estate with the timing of re-introducing in-person visits, including new regulations around who was able to visit and stringent measures for social distancing during visits.

BRIDGING DISTANCES

During the period for which in-person visits were suspended, telephone was the primary medium for communicating with family outside of prison. Almost a quarter of survey respondents (**23%**) reported an improvement in telephone access since the onset of the pandemic (see Figure 11 below):

Figure 11: Bar chart showing reported change to telephone access since the beginning of the pandemic
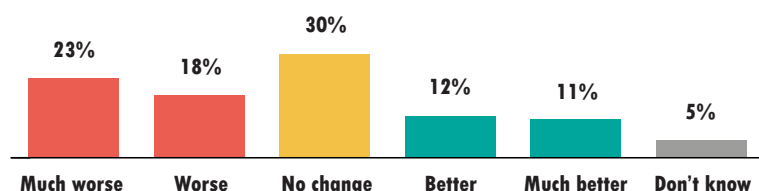
Almost all of these 325 survey respondents were fortunate enough to be housed in prisons that had seen the introduction of in-cell telephony. The value of in-cell phones was widely recognised in the focus groups in these prisons as well:

> *Oh massive. Because we are single cells, there are times when something has happened at home, and you need to break down. And you don't get the chance on the landing using the phone. Every man needs to cry, but you're not gonna [sic] on the landing, so it gets held in.*

However, most of the prisons in our study had not seen the introduction of in-cell telephony, and indeed more than **40%** of survey respondents reported that access to telephones had worsened since the beginning of lockdown restrictions. For 322 respondents, phone access had become "much worse" (see Figure 11, above). Focus group participants attributed this deterioration to limited opportunities to use a small number of shared phones leading to conflict and favouritism:

> *You are supposed to get 15 minutes and then get cut off. But, here, it depends who you are. Some people get 30 minutes or longer, where others get cut off after 5–10 minutes. There's bullying that goes on and intimidation over the phones like and that's crazy.*

> *Phones on the wings are another problem. You've often got 19 inmates to one phone because there is always one or two that are out of order. That's not easy when you only get one hour out of your cell to use the phones and shower at the same time.*

Technical and logistical difficulties also hampered efforts to maintain family connectivity:

> *The phones went out completely and I talk to my mother everyday as she has anxiety so I was trying to get into a listener cell just so I could use their phone so I could call her and tell her I was ok.* [Staff] *said "no, you're not allowed."*

The notion of support as a "two-way street" was a common theme, whereby those in prison both received and provided support for their loved ones through telephone communication, thus when hampered, this proved detrimental to both parties:

> *I've got three kids yeah, I've got family. I've got people out there to support. When I get on the phone, … I communicate with them and they are supporting me. I do that as well because it's a two-way street. The reality is, I have listened to their experiences of Covid, catching it, getting vaccinated and they've come through it. They are listening to me moaning on a weekly basis about in here now, how nothing inside prison has changed, and that is having a bearing on them. They are thinking, he's my son, he's my boyfriend, whatever it may be.*

Since I have been in prison I used to ring [spouse] all the time, check she is ok…now being here, it's hard, because you can only ring on your association [time]. Now I rung her one time in the morning, and she sounded a bit off and I asked her what was wrong, and she said, "I was in the hospital last night and I needed you." If I had a phone in my cell I could have rung her, and obviously it's a bit of comfort for her. And she said, "I needed you" and she broke down, and I broke down, and it upset me and I went back into my cell, and I was thinking about it and it was playing on my mind all day.

Some participants also raised issues around postal and electronic mail during the pandemic lockdown:

Post is another massive issue. Initially they put a stop on post going in or out for like 72 hours until they figured out what they would do. But post is always slow in a prison. Letters are survival inside especially when you couldn't get the phone time, but that's not taken into consideration.

Sometimes it would take a week to get an email that you know someone sent you. If you were doing your 14 days isolation, you couldn't send or receive a letter, you couldn't even give your canteen sheet.

PURPLE VISITS

Almost half of survey respondents (**43%**) reported taking part in a "purple visit" with around **10%** reporting having had more than 10 such visits since the pandemic lockdown had begun (see Figure 12 below):

Figure 12: Bar chart showing reported number of "purple" or video visits have you had from family and friends during the lockdown period
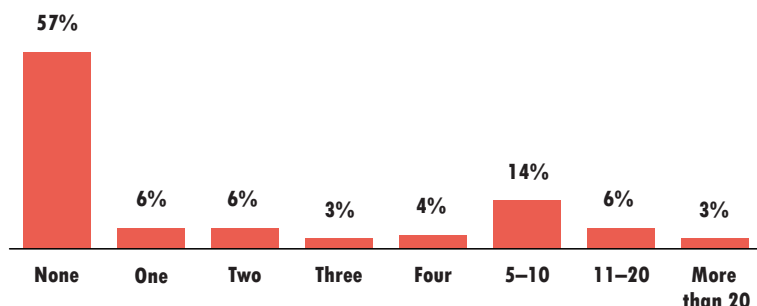
"Purple visits" were introduced to UK prisons around May 2020 partially as a compensation for the suspension of in-person visits. Purple visits were a means of virtual communication in which "up to four people…could [talk] to a prisoner" at one time (MoJ, 2020). Regulations for the calls included a 30-minute time limit, recording of calls, the presence of an officer for part or full duration of the call, and other rules around clothing that could be worn on a call and topics of conversation, and so forth (MoJ, 2020). The main caller also had to be on an inmate's visitation list. Failure to adhere to regulations resulted in the calls being interrupted or terminated.

Focus group participants found these regulations difficult and suggested the purple visits could be plagued with technological failings:

> *Purple visits just aren't good enough. They* [staff] *mess up with the purple visits every day. There's always someone moaning about the Purple Visits because anytime they smile the camera doesn't recognise them, so they have to wait to connect again. It's a shambles.*

Even securing a purple visit could be challenging with attempts aborted due to failures to verify identification through facial recognition software and photo verification:

Do you want to know something? I haven't been able to have a purple visit because my missus had a tan, from sunbeds, so they wouldn't accept her ID. They won't verify her. Just because of a tan.

Because of the facial recognition software, one of the lads on our wing was on a purple visit, and his missus showed him his new-born on the camera, and it got cut off.

Lack of privacy was also challenging as all purple visits were recorded and in some cases, an officer was present for part/the whole duration of a call. Participants sometimes felt even further disconnected by an intervention intended to improve family connectivity and mental wellbeing:

It's all recorded. … There's no privacy. … Sometimes, they'll pull your visit as well. They'll say: 'If you do it again, I'll cut you off'.

Nonetheless, some focus group participants welcomed purple visits as a way to improve family connectivity and enable those in prison to communicate visually with family in settings other than prison visiting halls:

Now purple visits, I will say, these are brilliant. The best thing they have done in this prison. So nice to see family in their own setting and context and not in a visitors room. It is really reassuring. I was able to go to a family birthday party [via a video visit]. *You get two of those* [purple visits] *a month. Personally, I'd like more. It started with one a month, half an hour. To me, that's not long enough.*

Purple visits were particularly welcomed by those who were imprisoned far from family members. However, nearly every focus group participant agreed that these were a poor substitute for in-person visits:

> *I would say that the purple visits aren't better than face-to-face, but it's a really good option, particularly for foreign nationals. It had been two years since I'd seen my parents, and since they started purple visit, at least now I can see them. At the same time, with my brother isn't here and I don't see him for a year, because of the visits, and it basically hurt. So I can't say that it's better but something that's still needed.*

> *Seeing people is much better in person.*

> *We all know there is nothing better than hugging a loved one, so seeing someone on the screen and not being to touch them is obviously not the same.*

RESUMPTION OF VISITS

At the time of our research, some in-person visits had recommenced at some sites; however, these were also beset by issues. Unsurprisingly, when in-person visits were initially re-instated, prisons were bombarded with booking requests. Focus group participants reported long backlogs and waiting lists due to staffing shortages. Timings of visits were also an issue; in some prisons, visits ran from Monday through Friday, which was not conducive with life in the outside world for loved one who worked weekdays and for school aged children:

> *I'm having to take my kids out of school to come see me, [because] they're only Monday to Friday as well, so it's not ideal really.*

Restrictions were also in place around who could visit that also impacted those inside without families or those estranged from or living long distances from family:

> *No friends are allowed to visit us under the current regime, only family. Only parents and maybe children. There are so many people in prison that don't have family that can or will support them.*

> *I was able to see my cousin, but I had to really argue for that privilege. I asked for him to visit but they said no, only my brother, mother and sister were allowed. I said: 'No, I'm foreign, at the moment I have no other family that can visit'. I have nobody else.*

Social distancing rules also meant a prohibition on physical contact with loved ones, and this was frequently raised as a challenging issue for participants after the long separation:

My son is twelve years old. I couldn't touch him. My daughter was crying for all the visit, and she's fifteen. Outside, they were saying that she didn't need to wear the mask but the moment she walked in, the woman inside the room got two masks for them and forced them to wear the masks. We were two metres away and they were still forced to wear masks, bearing in mind we had to shout with other people in the room so we could talk each other.

The hardest part is my partner coming in and I'm not even allowed to touch her — that was the hardest.

For some, the restrictions in place deterred inmates from wanting in-person visits as they anticipated the pain that social distancing, in an already societally distanced setting, would cause their families:

My mum cried down the phone to me, cried down the phone because she can't see me this month. I would be scared to see my mum come and not be able to touch me, I can't imagine what it would do to her.

I don't want my family to see that. None of my family, apart from my sister and brother in law who I've seen once, I haven't seen the rest of my family since April.

One participant candidly summed up the impact of these connectivity deficits, as well as highlighting the need for drastic change that was echoed by many other participants:

They need to facilitate contact visits. All of our number one priority is to give our mums a hug. All you hear every day from prisoners is 'How was your visit?' 'It was shit, because you can't hug your Mrs.' You'll get banned if you hug her. People in the exercise yard are all asking each other 'What's changed?' What's the point of my family coming 200 miles to visit me when you can't hold your mum's hand? None of us have had a single in-person family visit since this started. It isn't that we aren't close to our families. I've got a very close family. They'd be here every week if I let them. But I won't let them come. Not to these visits. They are soul destroying. They are punishing our families. Innocent kids. My family is begging me every day to come in and see me. I just can't do it. Not with social distancing visits. I literally haven't seen my daughter in years. When I see her I'm going to have to hug her. I have no choice. Yet, if I do, she'll get banned. I'll get punished, and she will get banned from the prison. It's awful. Someone will take a case against the prison. We have to have a discussion about how to safely move to full visitation.

CHAPTER 6:
THE IMPACT OF
# LOCKDOWN ON
MENTAL HEALTH

Participants in this research reported widespread feelings of despair, anger and frustration with no outlet, which could lead to self-harming, disruptive behaviour and suicidal ideation. Around two-thirds (**69%**) of survey respondents agreed or strongly agreed that mental well-being had "never been worse" in their prison than over the period of Covid restrictions (see Figure 13 below).

Figure 13: Bar chart showing response to statement: "Mental well-being has never been worse in this prison than the past year".
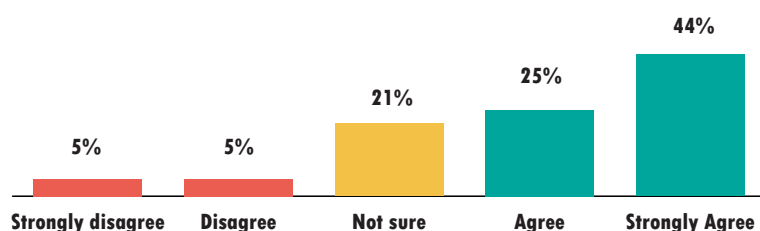
An almost identical number (**67%**) of survey respondents "agreed" or "strongly agreed" with the statement that "Many people in this prison are becoming desperate and losing hope", with only **10%** of respondents disagreeing (see Figure 14 below):

Figure 14: Bar chart showing response to statement: "Many people in prison are becoming desperate and losing hope"
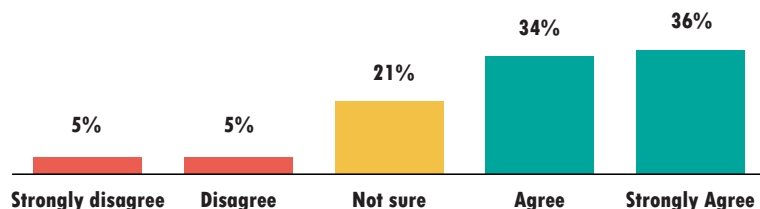
To determine the accuracy of these assessments, we included two standardised and validated measures for mental health in our peer survey: the Patient Health Questionnaire-9 (PHQ-9) and the Generalised Anxiety Disorder-7 (GAD-7). These two scales are used widely as screening tools in care settings and in epidemiological surveys (see Kocalevent et al. 2013; Löwe et al. 2008). They have also been utilised extensively during Covid-19 in studies of the general public to track the mental health impacts of Covid-related restrictions.

These two scales included a total of 16 individual items asking respondents to describe their mental wellbeing over the past two weeks (Kroenke, Spitzer, & Williams, 2001). For instance, survey respondents were asked how often they felt depressed or hopeless in the past two weeks, and almost four out of five (**79%**) said they experienced this at least once, with **34%** of respondents reporting experiencing those feelings everyday (see Figure 15, below):

Figure 15: Individual items from PHQ-9 and GAD-7 scales
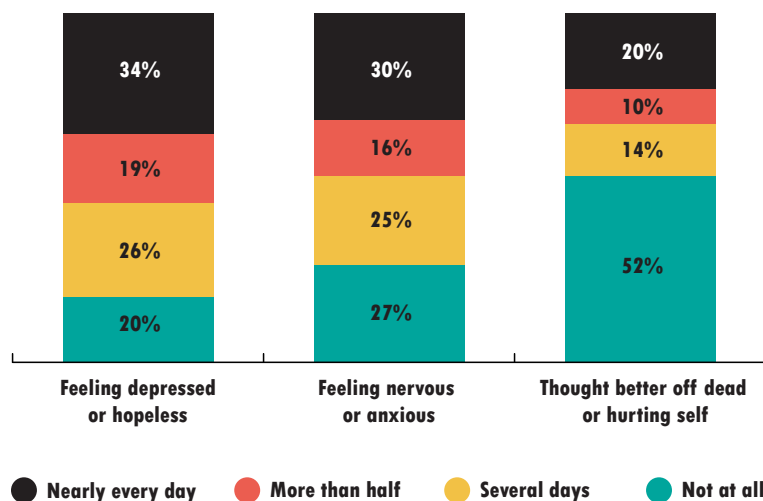
Scores on these individual items were then aggregated to generate measures of both depression and anxiety. A PHQ-9 score total between 0–4 points indicates minimal or no depression. Scoring between 5–9 points indicates "mild depression", 10–14 points indicates "moderate depression", 15–19 points indicates "moderately severe depression", and 20 or more points indicates "severe depression". Butcher and colleagues (2021) note that scores of 10 and above are used as threshold points in the community for detecting depression, however, they argue that a cut-off point of 15 (15+ meaning severe depression) reduces potential for "over-inflation." The average score among the peer survey sample was **13.9 (the median was 14)**, so approximately half of the sample (49%) scored above Butcher's threshold for 'severe depression.' For context, the population norm for this measure is 2.91, so the level of depression in our prison sample during the pandemic is almost 5 times that of the wider population. Finally, almost a third (**29%**) of our sample (almost 400 people) scored above 20, qualifying for the highest category of "severe" depression (see Figure 16 below):

Figure 16: PHQ-9 rating based on overall score — bar chart: None-minimal 15%, Mild 17%, Moderate 19%, Moderately severe 20%, Severe 29%
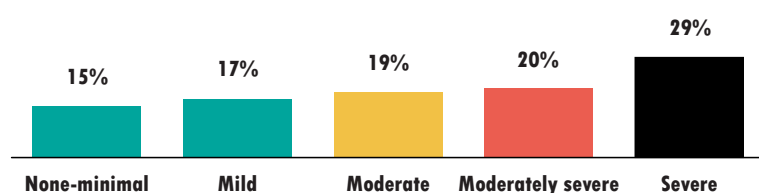
The statistics on the measurement of anxiety disorder (GAD-7) are equally striking. Like the PHQ-9, the GAD-7 is calculated by aggregating scores on self-reported measures of symptoms such as inability to sleep, inability to control one's worries, and so forth. The measure is also used for screening three other common anxiety disorders — panic disorder, social anxiety disorder, and post-traumatic stress disorder (or PTSD). A score of 10 or greater on the GAD-7 represents the generally accepted cut point for identifying potential cases of anxiety disorder, with a score of 5 indicating "mild" anxiety, and 15 and above suggesting severe anxiety. The average GAD-7 score for our sample was **10.67** compared to the population norm of 2.95. The median GAD-7 score for our sample was **11** indicating that half the sample are reporting symptoms of anxiety disorder or PTSD with over one-third (**34.9%**) scoring in the "severe anxiety" category.

Figure 17: GAD-7 rating based on overall score

Figure 17: GAD-7 rating based on overall score — bar chart: None-minimal 25%, Mild 21%, Moderate 19%, Severe 35%
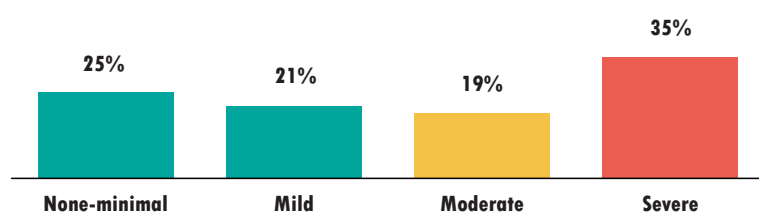
Although the mental health effects of solitary confinement are well established in prisons research (see Haney, 2018; Shalev, 2011), to see statistics like these across a sample of 1421 ordinary prisoners across 10 British prisons is truly striking. As context, consider the following baseline comparisons with two recent studies of the British public (outside of prisons) during the Covid pandemic. Shevlin and colleagues (2022) found average PH-Q scores of 5.37 and GAD-7 scores averaging 5.15 among the general public. Jia and colleagues (2020) found PHQ-9 scores averaging 7.69 and GAD-7 scores of 7.69. Both of these findings were highly concerning, as the population norms on these two scales are 2.91 for the PHQ-9 and 2.95 for the GAD-7, so these potentially indicated

a near doubling of self-reported symptoms of depression and anxiety. Yet, neither study comes anywhere close to the numbers uncovered among prisoners in our research (see Figure 18 below):

Figure 18a: PHQ-9 means compared by prison population, British general population and published norms
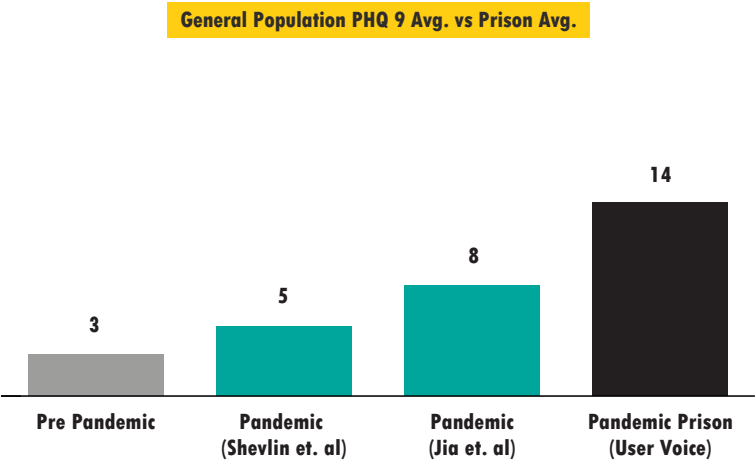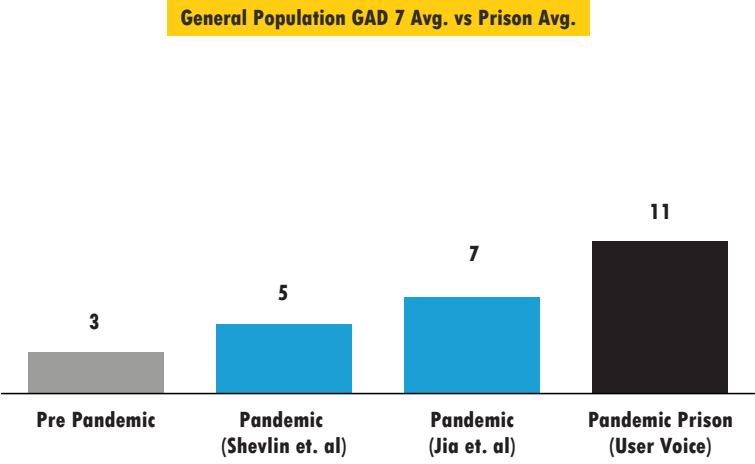
General Population PHQ 9 Avg. vs Prison Avg.

Pre Pandemic	Pandemic (Shevlin et. al)	Pandemic (Jia et. al)	Pandemic Prison (User Voice)
3	5	8	14

Figure 18b: GAD-7 means compared by prison population, British general population and published norms

General Population GAD 7 Avg. vs Prison Avg.

| Pre Pandemic	Pandemic (Shevlin et. al)	Pandemic (Jia et. al)	Pandemic Prison (User Voice)
3	5	7	11

The findings are equally stark when compared against previous (pre-pandemic) studies of British prisoners. In 2017, a largescale prevalence survey screened 1,205 male prisoners in England and Wales using both the PHQ-9 and the GAD-7 (Butcher, et al., 2021). The authors found that around **37.6%** of their sample scored above 10 and only **20.7%** scored over 15 on the PHQ-9. By comparison, in our research, **67.3%** scored above 10 (moderate/severe) and **49%** scored over 15 (or "severe" depression). Likewise, Butcher and colleagues found that around a third of British prisoners in 2017 (**31.4%**) scored above 10 and **18%** scored above 15 on the GAD-7. In our research during the pandemic lockdown, **52.5%** scored above 10 and **34.4%** scored over 15. These comparisons

suggest a considerable deterioration in mental health over the lockdown period with severe anxiety or PTSD almost doubling in the population (see Figures 19 and 20 below):

Figure 19: PHQ-9 prisoners pre-pandemic scores vs pandemic scores

British Prisoners PHQ 9 Scores

Figure 20: GAD-7 prisoners pre-pandemic scores vs pandemic scores

British Prisoners GAD 7 Scores
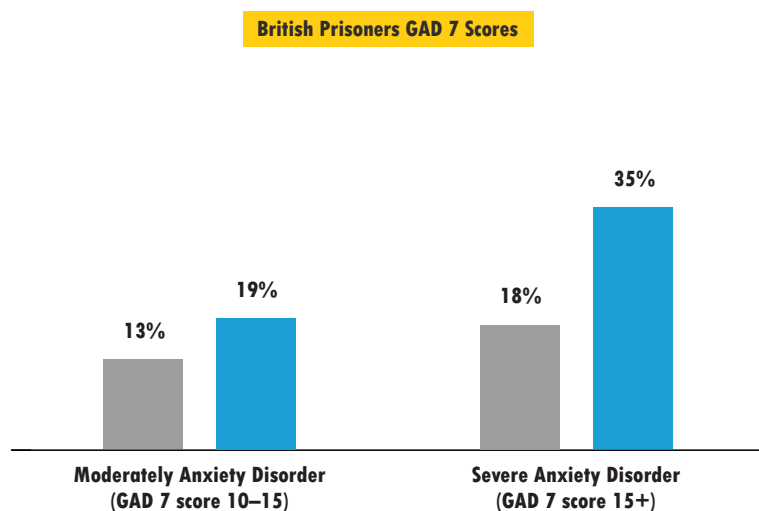
This statistical picture was confirmed in the focus group interviews as well. Participants noted the extreme impact restrictions were having on some of their peers, especially those with previous mental health issues:

> *There's men screaming in their cell, and it's not fair. They need out at least an hour or two a day cuz it's going to drive them mad, especially if you've mental health problems in here.*

Most agreed that all people in prison, even the most robust or healthy, were negatively impacted by the isolation of restrictions:

> *If you came into the prison completely mentally sane this regime would break you down… It's mental abuse.*

> *Everyone sitting around this room are probably strong-minded people, but a lot of people in here that are struggling. And listen, it has been challenging for me.*

The periods of lockdown stripped away the elements of the regime that had helped maintain basic well-being and a sense of normality:

> *I'm not saying I have mental health problems but I have never gone three days without a shower, I've never gone three days in my life without stepping out of a room.*

> *I'm missing other people, not showering. You're feeling l ow, even self-esteem is a problem — you've got low self-esteem.*

> *Even communication changes, because obviously distancing yourself from other people, you have different reactions when you are around people … You become social awkward — mental health, anxiety, depression, it all melts into one — you become a recluse as well.*

Respondents compared the experience of covid-responsive restrictions to prolonged periods in the segregation unit:

> *Right now, we are doing no different than if we were in segregation, the only difference is we have a TV but same treatment. … So, they're coming from the outside, straight into prison and into a segregation unit and all night they're banging the doors.*

Even for those not at the sharp end of distress, isolation was effecting sleep patterns and creating mental health issues:

Everyone is suffering inside, everyone.

It makes your heart dead like, I don't have no feelings left, no nothing.

You've got people who can't cope with the bang up. I mean 23 hours of bang up is really not good. Some of these lads are really ill, there's one bloke who's screaming at the top his lungs and all they keep doing is moving him from one wing to the other and his heads going further and further down the drain.

Witnessing others in distress itself can be highly stressful, making mental ill-health contagious in the prison environment: 'Other people's emotional state can rub off on other prisoners… if everyone is in the same emotional state, it rubs off.' This impacted those who would have considered themselves to be stable and settled before the lockdown:

For my personal experience, you know, I like to see myself as a confident guy, I'm not a sort of nervous type of, you know. But even myself miss, I started feeling dizzy, all of a sudden, I'm feeling dizzy. And I noticed I started feeling these panicky feelings. And then in the night, you know, and me being able to talk to you about this in front of the lads shows, I'm confident and I'm not insecure and comfortable with what I'm feeling. So, in the night, as well I'd experience to just before fell asleep. Like, like, like, whoa, what was that, like, I feel like a heart attack.

The people we spoke to were particularly concerned about the long-term ramifications of the lockdown on mental health:

If you want to find out the effects of the pandemic on prisons you need to give it another 2/3 years...that's when you'll understand the true impact on mental health of prisoners.

SUICIDE AND SELF-HARM

Focus group participants said that declining mental health was putting people at risk: '*You can only supress people for so long before you get a reaction and with mental health deteriorating the way it is, you act more reckless and you think fuck the consequences.*' This deterioration had led to participants harming themselves and their environment in their efforts to cope with the solitary confinement they were experiencing:

> *I've been sat in my pad and my anxiety has hit the ceiling cuz I still don't know how to deal with it yet and I've punched the wall and stuff. My head is just fried.*

Over two out of five (**44%**) survey participants reported that in the preceding two weeks, they had experienced thoughts that they would "be better off dead" or considered hurting themselves, with **19%** experiencing these thoughts every day (see Figure 21 below).

Figure 21: Reports of suicidal/ self-harm ideation over past two weeks
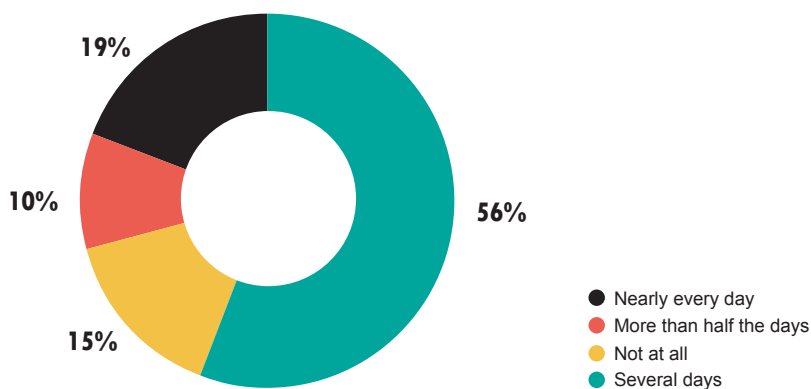
The focus group methodology is not appropriate for such issues, as sharing suicidal thoughts in a group setting not intended as a therapeutic encounter is ethically dubious. As such, focus group moderators did not include any direct questions on this topic. Nonetheless, participants frequently brought up suicides and self-harming as these are salient issues in their lives in prison.

> *In terms of my mental health, I also have ADHD, so the lockdown has affected that. I told them I was suicidal. The senior officer stood there when I slit myself, and instead of helping me, ran to get healthcare for himself because I had hepatitis at the time.*

> *This guy — mental health issue, self-harm … cuts through all his body, cuts his arm — what did they do? Chucked him in the shower, that's all they do, give him prison issue cloths, and said "Have a shower, clean yourself up" back in the same pad, which is dirty.*

> *I know there has been at least 7 suicides in the last 14 months in this jail alone. Since April, there's been at least 3 deaths, 2 have hung themselves... it's only since April. That's increased since Covid.*

> *I've seen more self-harm in this jail here than I have in other jails in ten years — I've only been here for 6 months.*

Participants were aware of official statistics being circulated at the time of the research suggesting that self-harm rates in male prisons had decreased in the first months of the Covid lockdown, and several participants agreed with this assessment:

> *In terms of actually seeing evidence of self-harm, speaking personally, it has been less during Covid.*

However, others challenged these statistics, with **50%** of survey respondents considering instead that prisons were manipulating official statistics on self-harming and violence in prisons. Only **12%** of respondents disagreed that these numbers were being manipulated (see Figure 22 below).

Figure 22: Response to statement "Prisons are manipulating statistics on self-harming and violence to extend the lockdown in prisons"
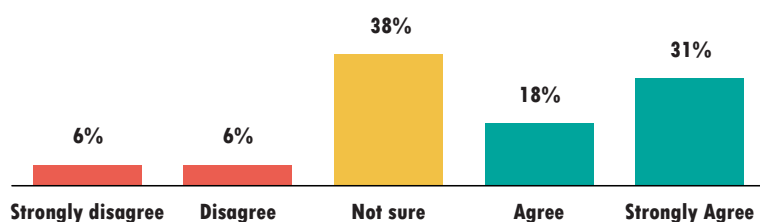
Further, **41%** of survey respondents felt that statistics on self-harm and violence were not a useful way of measuring the quality of life in prison, as shown in Figure 23 below.

Figure 23: Response to statement "Prison statistics on self-harming and violence are a good way of measuring the quality of life in this prison"
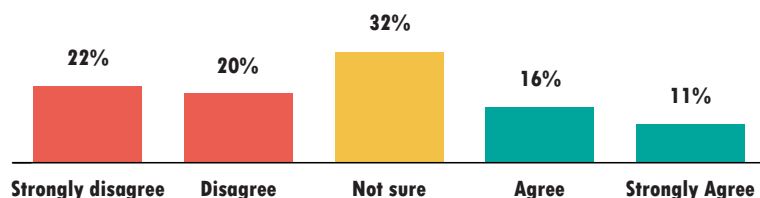
Focus group participants explained this distrust led to incidents of self-harm not being reported to staff:

> *For example, if there were 20 examples of self-harm, the data would show that 50% of those are related to one individual. Their conclusion then is that it is not as bad as it once was. But then, you still have the other lads that are actively self-harming who we have to support because the officers won't send their data through.*

> *The stats won't show what the reality really is.*

On other occasions, respondents suspected suicides on their wings, but cause of death was not disclosed:

> *Suicides…they won't even tell us but I'll swear there's been about four…there was one last week, I thought there had been a fight or something.*

Some participants reported specific incidents of self-harm and suicide that that they attributed to the severity of the prison regime or institutional failings in duty of care:

Since Covid, the lad who hung himself had severe depression and he hung himself because he felt no one was listening to him. He felt the staff weren't listening to him, they unlocked his door in the morning but they never pushed it open and never checked him. Since Covid, they're not checking on people. People on mental health are supposed to be checked on every 30 mins to an hour, they're not. I was on it myself and they never did it. They done it in the morning, then he didn't come for association. They unlocked him again at lunch and then he didn't come out and at dinner they went in and found him dead, hanging. If they had opened his door properly in the morning, they might have been able to save him from hanging himself.

You need to mentally prepare to come into a place like this and some people aren't so they come in and go in the cells and hang themselves, cutting their throats. Did you see [name] hanging in the cell the other day?

While complex issues underpin individual acts of suicide and self-harm, the overwhelming view of prisoners was that lockdown was causing significant mental health harm, with many prisoners ill-equipped to cope with the suffering restrictions provoked.

PUNISHING THOSE WHO CANNOT COPE

Also of particular concern, focus group participants described situations in which they personally or others on their landings have been ignored or even punished for experiencing mental health crises:

They never really take notice. … They patch you up and they punish you, that's what they do.

They stopped feeding him. … Cos' he was constantly banging and shouting out the door … I get mad, that's still a human being. man.

Prisoners who experience episodes can be hugely disruptive, even frightening, with their behaviours, but focus group participants emphasised it was important to understand the source of these mental health crises:

> *The majority are acting out because of the frustration, and mental health issues from lack of coming out of your cell, or for lack of getting a shower, or not having a phone in their cell.*

> *There's some of the people that come in … they're mentally unstable. They will be banging and throwing stuff around. And [staff] are like "just leave him". I live on that wing myself, so I'm upset myself. Yeah, because you're obviously disrupting my sleep so it's making me feel shit, but it's still a human being. … It's all very well you [staff] wind him up and then ignore him. But it doesn't stop, it gets worse. … They just get left like… and you think someone can't speak to them, from healthcare or wherever it is?*

Respondents said that individuals who were not deemed by staff to have hurt themselves 'enough' could be ignored:

> *They open your door and then lock it again and walk down the landing laughing saying, 'Did you see that, he's got a tiny little cut' and those are the first calls for help, so to ignore them...*

> *Once, I had a nurse say, "Well, it's just not bad enough", since it was just a superficial cut, but so what? It's still self-harm.*

Eventually, some respondents said, individuals in distress who were ignored just stopped asking for help they needed:

> *I came in with [X], good lad, strong head on his shoulders. He took paracetamol to kill himself, he got put on an ACCT[2] document and, it got to the stage where he was so sick of being banged up and not being listened to — nobody engaged with him and it was simple things like phone credit, but people with no experience don't understand and through Covid he's suicidal.*

In this way, help-seeking was suppressed by institutional responses. Participants also described how on occasion, they were made to choose between maintaining jobs, or receiving help for their mental health issues:

> *I had to decide: recovery or work? I asked to keep my job and go up there [for recovery sessions] but I was told I will lose it immediately.*

> *You lose your job if you're on ACCT — but they deal with you better if you're on an ACCT.*

Too often, participants said they found themselves in a 'damned if you do, damned if you don't' situation with mental health during the pandemic.

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2   ACCT stands for Assessment, Care in Custody and Teamwork, the care planning process for those in prison identified as being at risk of suicide or self-harm

CHAPTER 7: DIFFERENCES IN COPING

Any person, especially when facing prolonged periods of isolation, can be vulnerable to mental health difficulties. Interviewees frequently discussed fellow prisoners who '*came in here with no mental health problems ended up with them.*' However, participants also suggested that '*some people are able to cope better than others'* and that '*people have different losses'* impacting their resilience:

Everybody is subjected to the same regime, but we're all different and we all react different.

This chapter discusses these differences across groups as measured on the GAD-7 and the PHQ-9 scales (we report only statistically significant[3] differences) and as identified in focus group discussions. We look at both structural factors, like those who were employed or in double-cell accommodation, as well as personal factors such as age, gender, and background.

EMPLOYMENT/TIME OUT OF CELL

People in prison who had the opportunity to maintain employment — often in roles such as cleaners, carers for other prisoners, or kitchen staff — were able to be out of their cells for several hours a day, even when other prisoners remained on 23-hour locked down. Unsurprisingly but importantly, we found a substantial and statistically significant (p<.05) difference between those who were unlocked either 3 hours or more and those who were out of cell for only 1 hour per day or less. Those who were out of their cells for 5 or more hours per day scored an average of **9.42** on the PHQ-9, a score at the high end of "mild depression". Whereas those on 23-hour lockdown, scored an average of **15.66** on the PHQ-9, a score in the "moderately severe depression" category and over 5 times higher than the population norm (see figure 24 below).

Figure 24: Average PHQ-9 Score by Time Out of Cell

15.66	13.6	11.7	9.42
1 hour or less (578)	2 hours (532)	3–4 hours (110)	5 hours + (141)
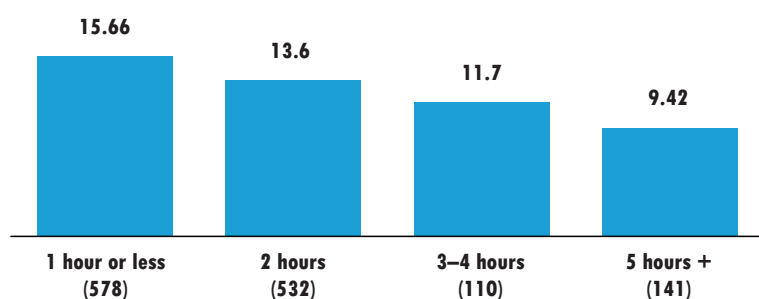
Likewise, those survey respondents who reported being in their cells for 23 hours per day scored almost twice as high on the indicator measure for anxiety and PTSD (**11.79** on the GAD-7) than did those who were out of cell for 5 hours or more per day (**6.84**) (see Figure 25 below)

Figure 25: Average GAD-7 score by time out of cell

11.79	10.55	9.06	6.84
1 hour or less (580)	2 hours (533)	3–4 hours (110)	5 hours + (140)
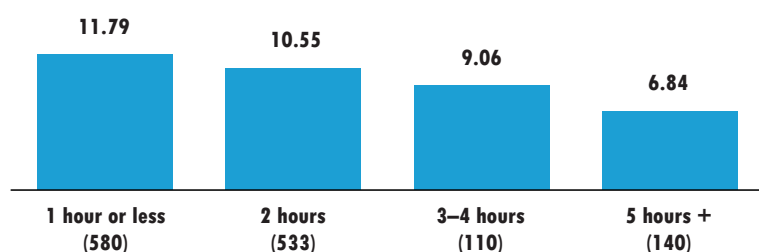
3   Differences between means were assessed using standard T-tests. For PHQ-9 and GAD-7 scales, analysis included those who completed at least 7 of the 9 items on the PHQ-9 scale and at least 6 of 7 items on the GAD-7 scale. Missing values within this remit were imputed by calculating the mean of remaining items on the scale (see Kroenke et al. 2010). Cases that included less than 7 responses for PHQ-9 and less than 6 responses for GAD-7 were treated as missing and not included in this part of the analysis. For clarity purposes, we present only descriptive statistics in this report. Later academic publications will include multivariate analyses of these data.

This relationship between time out of cell and mental ill health was confirmed consistently in the focus group discussions (see Chapter 6, above):

> *Just not getting out your cell makes you want to scream, innit, makes you feel so depressed every day. (YOI)*

Likewise, those focus group participants who were able to get out of their cells, said that their jobs helped them to stay occupied and cope with the isolation of lockdown:

> *I work in the kitchen myself, 7 days a week, so I haven't been effected as much, I've been out every day even in the hardest times.*

> *I'm out of my cell all day and I don't get banged up until the last person comes in from reception.*

> *I was an essential worker, we were making face masks for other prisons, so lockdown wasn't too bad for me.*

CELL OCCUPANCY

Cell-sharing was a factor that could impact the experience of lockdown as well. Of the survey respondents, around three-quarters were in a single cell and the rest shared a cell with at least one other person. The differences between these two groups in our sample were somewhat mixed. Those in double-celled accommodation scored higher on the PHQ-9 (an average of **14.58** versus **13.64**), but this difference was not statistically significant. With the anxiety measure (GAD-7), however, single-celled prisoners reported fewer symptoms of anxiety and, in this case, these differences were statistically significant ($p < .05$). Both groups scored, on average, in the moderate anxiety range, but those in double celled accommodation scored significantly higher at **11.47** compared to **10.39** for those in single cells (see Figure 26 GAD 7 Cell-sharing, below).
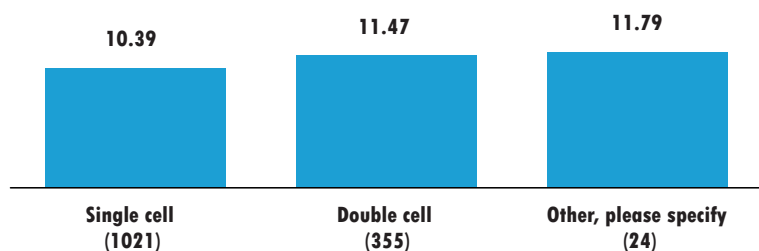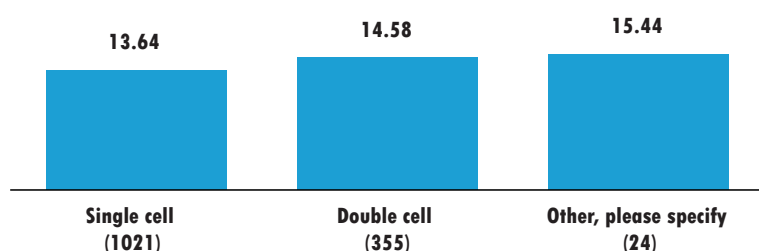
Figure 26: Average GAD-7 score by cell-sharing

10.39   11.47   11.79

Single cell   **Double cell**   **Other, please specify**
(1021)   **(355)**   **(24)**

Figure 27: Average PHQ-9 score by cell-sharing

13.64   14.58   15.44

Single cell   **Double cell**   **Other, please specify**
(1021)   **(355)**   **(24)**

Focus group participants were also somewhat mixed on this issue. Some participants reported that if they hadn't been cell-sharing, they would not have been able to cope with the long periods behind the door, *'It's the lads who are banged up all day that have to suffer on their own.'* Yet, all participants recognised the considerable risk that cell-sharing posed as well:

'Their padmate might not be listening all the time … you're in such a confined space.'

In particular, focus group participants recognised that the risk of cell sharing was that one could be put into a cell with someone who was themselves struggling to cope:

> *They put me in a cell with a … guy who self-harmed and they said they had to put him in with me cuz he couldn't be on his own. He's on spice and everything else. So, I'm sitting watching tv and I hear a commotion by the door and I look up and there's blood everywhere, like it looked like a crime scene. … He had cut his own throat so bad, blood on the wall, blood on the floor and they moved him to his own cell, which they said they couldn't do, so then they said they were going to have to move me cuz I was in his blood. They walk me a few doors down and to the door of the cell and say yeah, this guys on AC review, with someone else who is on AC review. I was like, 'You just did this to me, like three seconds ago and now you're trying to do it again'. I told them to bring me back to my cell and have someone come clean the blood. I had to wait three days before they got someone in to clean the blood off the walls, the floor.*

Focus group participants discussed this from their own perspective as well, suggesting they did not want to share a cell for fear of what they might do to someone else in such tight confined quarters:

> *I have bad health anyway and because of anxiety. I don't know how to process it. I end up lashing out and I tried to say this to the staff and it took three months for them to put me on high risk so I'm in a single cell. During that time it was torture cuz I was getting on with the lad I was padded up with but my anxiety was going through the roof, so I was going, 'Please don't say anything, because I'm struggling'. If he says anything, I'm going to snap and really go at him. And it took 3 months, 5 applications to get put on 'high risk', even though mental health [staff] was saying it, my psychologist was saying it, everybody was. And they kept saying 'He's not high risk, he's no history of mental health'.*

Those with pre-existing mental health issues were especially vocal about the need for single-celled accommodation for these reasons:

> *I suffer from mental health, severe anxiety and chronic depression and in my psychiatric report it says I have that, but I've spoken to the staff and said look, 'If someone says one thing wrong to me — I'd rather that not happen — I'd rather be in a cell on my own — even one of the small cells'. But they say, 'Naw, you aint going to do that'. It's like they egg you on, so they put someone in your cell and he ends up saying something and you batter him. You say, 'Well I did tell you this was going to happen', and you get punished for it.*

Those who reported anxiety from cell sharing felt the relief of a single cell when they were moved out of double cell accommodation:

> *They keep trying to put someone in my cell but I've had my own cell for the last week and a half and to be fair it's brought my anxiety right down. When I don't know who they're going to put me in a cell with, my anxiety goes through the roof … when I know someone else is coming in my cell and I have to keep an eye on everything, have to count everything I've got, if I come back in and something's missing, what am I meant to do with that?*

Finally, participants discussed the importance of feeling 'safe' in the prison environment for maintaining mental health, and stressed the importance of having some control of your environment:

> *There's a feeling of like, being able to control your own environment and to an extent where I can't get out, but the control the safety of it, control the challenges of it, you know. … You need that feeling of safety, you need that feeling of optimism … but it just isn't that broadly in the prison services. Subconsciously these things have an effect on you on your mental health. …*

AGE AND LENGTH OF STAY

Our research indicated that those who had spent long stretches in prison, were somewhat better able to cope with the isolation of the lockdown than those who were newer to the prison environment. In our survey, those who had 60 months or more in a prison scored significantly lower on both the PHQ-9 measure of depression (**11.37**) and the GAD-7 measure of anxiety (**8.15**) than did those who had spent less than two years in the prison. (See Figures 28 and 29 below)

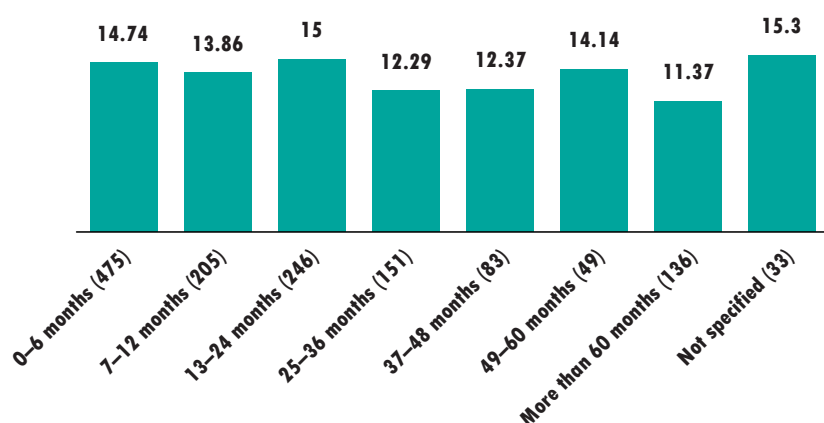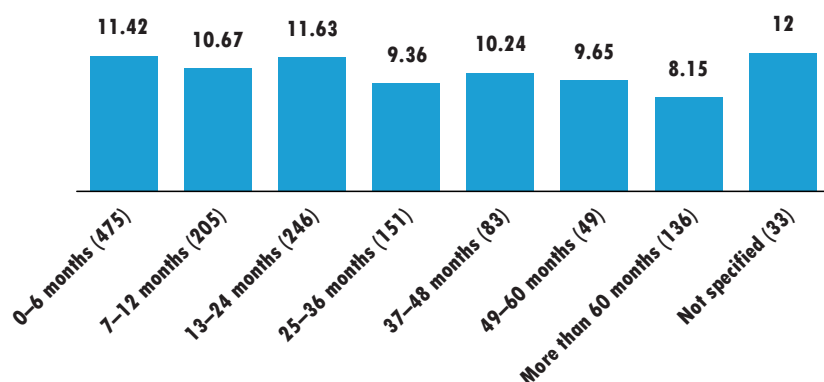*Figure 28: Average PHQ-9 score by sentence length*

Figure 29: Average GAD-7 anxiety scores by time in prison

This pattern reflects other research on the ways that long-term and life sentence prisoners (e.g., Crewe, Hulley, & Wright, 2017) are able to adapt to remarkably long periods of incarceration. Indeed, this theme was strongly supported in the focus group discussions, especially among individuals serving very long sentences themselves:

> *In a high security estate, you find that most people cope, they do have the coping mechanisms for those knock-backs.*

> *I'm mentally strong, I've been on segregation before for 4/5 months, I've done 11.5 years [in prison]. … I've learned how to build myself around the structure and I know how to stay strong.*

> *I'm a life sentence prisoner so I'm quite good at putting things to the back of my head anyway.*

Conversely, research participants felt that coping with lockdown was more difficult for new and remanded prisoners:

> *If I had to go through Covid whilst I was on remand for this crime, I wouldn't have come to terms with it.*

Coping ability was enhanced by the development of resilience to imprisonment over time. An additional feature of this resilience was the development of support networks during long stretches in the same prison:

> *You get to know people more, you have friends, you have people you know and who will support you. There is a lot of informal peer support being given in the prison estate itself.*

This pattern also probably explains another unexpected pattern that was found in our survey data. The mental health data would suggest that survey respondents who were 60 and over (just under **10%** of our sample) had significantly lower scores on both measures of depression and anxiety than younger age groups in our survey.
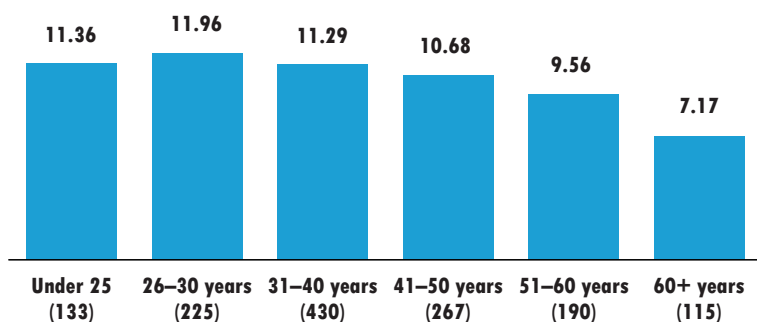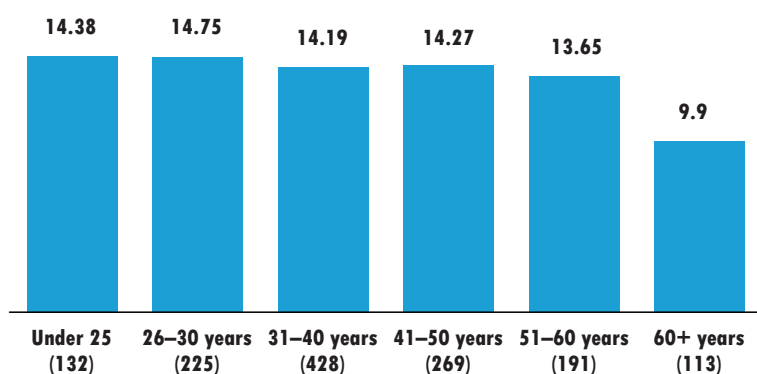
Figure 30: Average GAD-7 score by age

11.36	11.96	11.29	10.68	9.56	7.17
Under 25 (133)	26–30 years (225)	31–40 years (430)	41–50 years (267)	51–60 years (190)	60+ years (115)

Figure 31: Average PHQ-9 score by age

14.38	14.75	14.19	14.27	13.65	9.9
Under 25 (132)	26–30 years (225)	31–40 years (428)	41–50 years (269)	51–60 years (191)	60+ years (113)

These findings did not line up with the perspectives of focus group respondents, however. Focus group participants often expressed concern for elderly prisoners and said they could see a visible and rapid decline in their well-being as a result of isolation and loneliness:

> *The lack of social interaction is worse for [older prisoners] out of everyone.*

> *I've asked older fellas and every one of them has said the loneliness is the worst part. Some don't even know about the library. They are locked away in their cells.*

> *There's no elderly provision at all. I can understand why it was taken away during the pandemic, but now why is it not re-starting? Because of under-staffing.*

Focus group participants even speculated that lockdown may have contributed to the death of some elderly prisoners:

> *The elderly in particular suffered during that time. So many had gone downhill and died during that time. A lot of them would still be here today if they could have pottered around the workshops or gotten out to exercise. You could just see the legs just swell up with the blood clotting like, because they were stuck inside their cells.*

In-cell activities that focussed physical exercise often excluded the elderly in terms of their capacity to participate in activities that were beyond their physical ability:

> *There was an in-cell training plan distributed, but it was not specific for the elderly. I couldn't do most of the exercises they described.*

Focus group felt that older people should be considered in terms of time allocated for "domestic" activity; with reduced mobility, older prisoners were often unable to benefit from short period of time out of cells:

> *They are getting "domestic" time the same as everybody else. It is very hard for them to get a shower in, get exercise in that window. It is very very difficult for the older guys.*

Respondents also advocated for age-specific wellbeing days with a focus on improving the mental health of older prisoners by facilitating socialisation, purposeless activity and returning to an ethos of inclusion of the older population in prison life:

> *You need to have a gym day for the elderly to keep them active. Remedials, and a gym social time, just for the older ones. We used to have things like a Veterans group, AgeUK, and all that has been taken away.*

The thing that would benefit the elderly most would be the reintroduction of 'core days'. They were great. You'd see everyone playing dominos, chess, doing quizzes. It made you feel as if you were a human being. It wouldn't take much. You need to bring it all together again. With some of the old fellas, that's all they have, and all they really need.

Some focus group participants also expressed concern for the "young lads" on the landings as well, however, and many recognised the unique pains of solitary confinement for young people with high energy levels and low tolerance for boredom.

If you go to the wing you can see lads banging off walls, they need to release... going to the gym releases a lot of things.

The young men we spoke with in the YOI focus groups confirmed how the isolation could be experienced in heightened ways:

Makes you want to harm yourself or whatever.

I just went mad and ended up going to the block and kicked a single corner

NEURODIVERSITY AND EDUCATION

Unsurprisingly, those respondents with previous mental health diagnoses and neurodiverse identities, experienced declining mental health in comparison to those participants with no previous mental health issues (see figures 32 and 33 below).

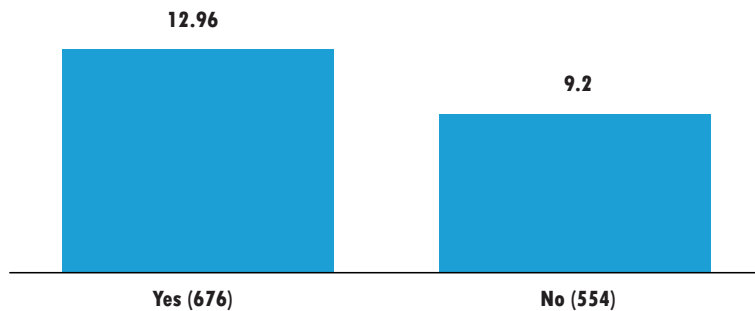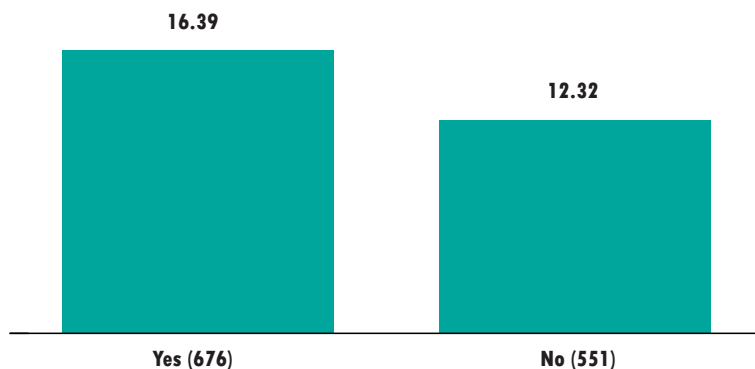*Figure 32: Average GAD-7 score by previous diagnoses*

Figure 33: Average PHQ-9 score by previous diagnoses

Focus group participants spoke at considerable length about how difficult the experience of isolation could be for those who already suffer from mental health conditions compared to those without:

> *We've had about four lads come in who are already suffering mental health. They are doing 22.5 hours behind their door. … I know how to stay strong, but a lot of people don't. They're up all night, banging doors, kicking walls, then coming out, fighting officers, they don't know. They have mental health issues already so they don't know how to go about it.*

A further significant difference in the mental health data could be seen between those in prison with a university education and those without. In particular, survey respondents who reported only having a primary school education or those who ticked "other" in regard to educational attainment scored at least two points higher than those with a university degree on depression and over a point higher on the anxiety scores (see Figure 34 below):

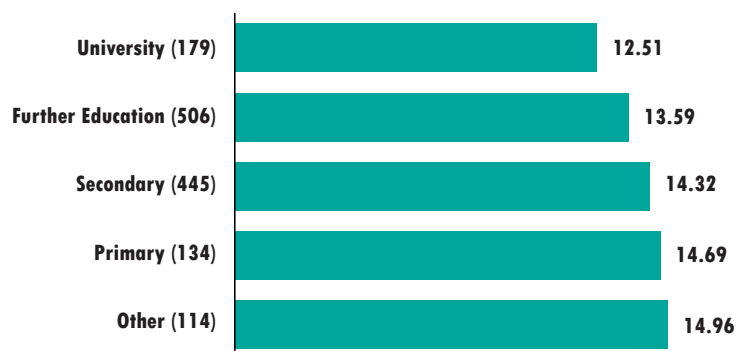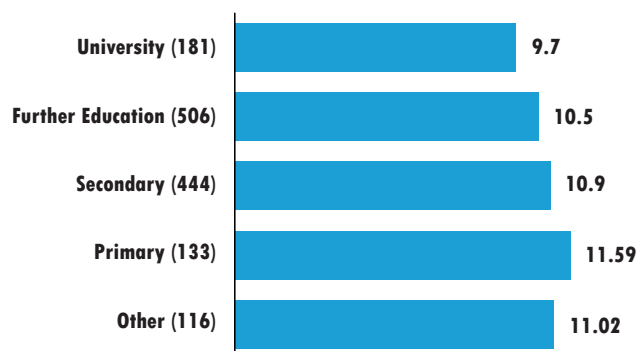*Figure 34: Average PHQ score by highest level of education*

University (179)	12.51
Further Education (506)	13.59
Secondary (445)	14.32
Primary (134)	14.69
Other (114)	14.96

Figure 35: Average GAD-7 score by highest level of education

University (181)	9.7
Further Education (506)	10.5
Secondary (444)	10.9
Primary (133)	11.59
Other (116)	11.02

Likely, this finding is related to literacy differences between the two groups. Solitary confinement is a much different experience when a person can get "lost" in a book:

> *Yeah books, just read books. Even now, my books have got me through a lot with being banged up. I just get my partner to send me loads of books and that's what's got me through…I used to read loads of books.*

For those who lacked the literacy skills, isolation could be far more difficult:

> It's no good if you can't read or write. What's the point in giving you a paper, saying "here you are, learn that"?

> Makes it harder for people with dyslexia… Or foreign nationals…And they give you packs but you haven't even spoken with a tutor about anything having to do with it… So, you did have the education package although no support.

> Our Level 2 English and Maths can't be good; we can't read or write.

SOCIAL BACKGROUNDS

Our survey data suggested that individuals from a Muslim faith background were suffering higher average rates of both anxiety and depression than those who self-identified as being Christian or having no religion. See figures 36 and 37 below.
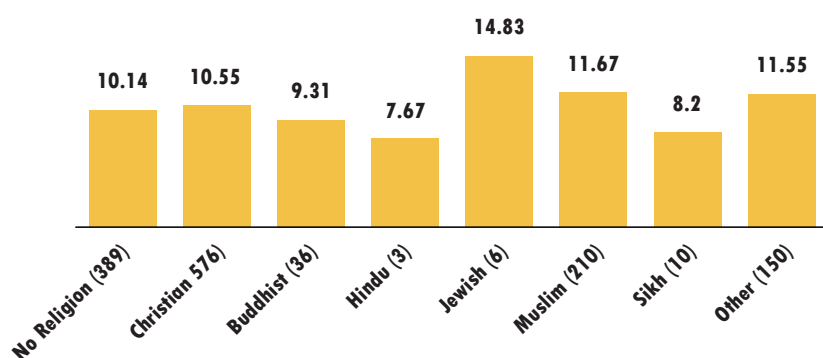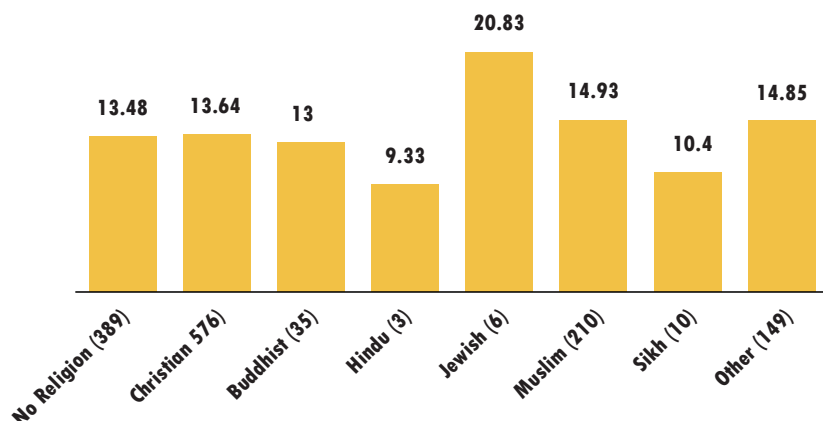
Figure 36: Average GAD-7 score by religion

Figure 37: Average PHQ-9 score by religion

This finding might be explained by the impact that the pandemic had on the religious practices (see Chapter 8 on "How Did People Cope?"):

> *Going back to equality, I've had serious breaches, one example was I went around all the staff and I said…"would it be okay if…during Ramadan [I] spend a few days secluded…to reconnect with God?" and I'm a cleaner…I even got a couple of lads to cover my tasks while I was in a period of seclusion. [One of the officers said] "If you don't come out and do your job, you're going to get sacked".*

Focus group discussions focused on the prejudice and racism faced by minority prisoners in particular:

> *As a foreigner, this may not be the case for English [people], but racism has increased higher during Covid. It is worse, trust me, you can feel it from the face of the officers, from the face of the prisoner. It is really bad.*

> *There was a Somalian brother, Muslim person. He's asked me, "have you got any DVDs?" I said, "No, I'm sorry, mate." He asked the officer what he's got, "the only one is got is, Captain Phillips," you know, with reference to his Somali heritage…in any normal social environment outside of prison, that would not go, that would not fly anywhere…the officer is happy to just show this racism.*

A number of participants described their own experiences of discrimination, as well as observed discriminatory treatment of others:

> *The black guy who refuses the search gets sent to the block and the white guy throwing piss at the SO is still on the wing and let out the next day — where's the equality in that? And the day after they ask in a meeting "how can we change equality?" There is no equality.*

The focus group analysis indicated that foreign national prisoners, particularly those who had difficulties with the English language, were marginalised and disadvantaged during lockdown restrictions. Firstly, difficulties with communication had a direct impact on wellbeing:

> *Most of them don't speak English. Who are they supposed to speak to in order to access fresh air, medicines, everything? They don't have a choice because they have no one to talk to.*

> *The education packs … were reportedly printed in English only, and so were inaccessible to those who could not read or write English.*

Foreign national prisoners in our focus groups shared a number of issues that they found difficult to navigated during the lockdown. In particular, such prisoners risked greater loss of family connectivity due to higher costs of international phone calls, in comparison with those charged at local rates:

> *The thing is I'm foreign, and often have to call my family in Brazil, which is expensive.*

> *I had to call my country and it cost me a lot of money. And if I talk with my sister one day, that is worth two days credit, so I cannot talk to my children because I don't have enough money.*

In this regard, the value of purple (video) visits was recognised amongst foreign national prisoners, particularly those with family members in different countries.
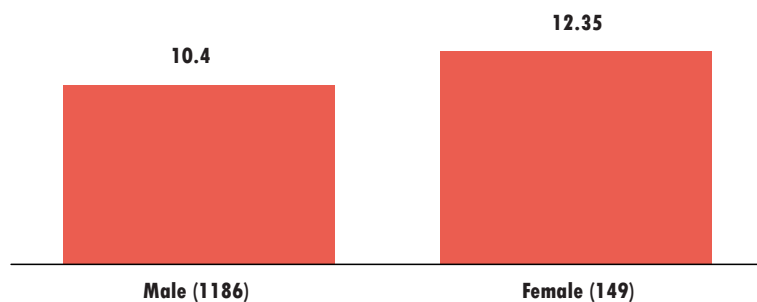
GENDERED EXPERIENCE OF LOCKDOWN

Finally, our data suggests there were gender differences in the experience of lockdown that are important to note. Women scored significantly higher on measures of both depression and anxiety in our sample (see Figures 38 and 39 below):

Figure 38: Average PHQ-9 score by gender
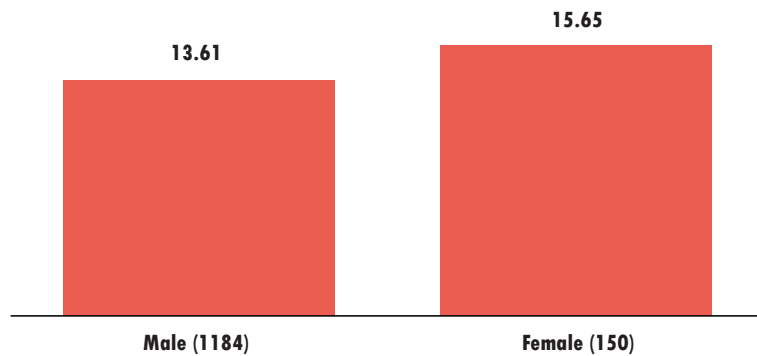
Figure 39: Average GAD-7 score by gender

Similar gender differences can be found in samples of the mental health impacts of Covid in the general population (Shevlin, et al. 2022; Jia, et al. 2020) and pre-pandemic studies of mental health in prison (Butcher et al. 2021), so these numbers may be a general reflection of gender differences in mental health.

However, focus group data suggests there may be distinct gender differences in the experience of lockdown. Although both groups struggled with the lack of visits from family, this issue was far more central to the focus group discussions in the women's prisons. In particular, women with children returned to the loss of visitation throughout the interviews:

For the mental health, of course if you're in your cell for twenty-three hours a day and you get to see your children, even for half-an-hour, this is going to help your mental health.

One mother painfully described not having physically seen her daughter for the largest part of the pandemic and the impact this had on their relationship:

My daughter sometimes calls me 'auntie'. She's three years old and I feel very crushed by that. In seventeen months, I haven't seen her physically. She's three years old.

Women also described the challenges of not being able to touch loved ones and the distress experienced by both parents and children during visits in lockdown:

Slowly, we are able to see our families face-to-face. It hurts me to see my children behind the screen. I can't do it. I couldn't do it, it's so hard. Even when the children were coming in face-to-face, in front of you, you're told you can't touch them, you can't hug them…after six months.

CHAPTER 8: HOW DID PEOPLE COPE?

A central question driving this research was the fundamental one of 'how'. That is, how did people in prison cope with what was essentially solitary confinement for such an extended period of time? Research participants reminded us that coping was an active process and whether one was successfully coping or not could vary daily, and was impacted by the numerous environmental issues which could affect coping from one day to the next:

> *It all depends on when you are in your cell, how your mind is working, and the thing is as well, it depends on the governor you have on the day, or the person that is doing the nicking.*

For some prisoners the coping mechanisms they turned to were negative, such as drug use, and in fact led to the production of harm. However, others were able to find creative outlets to make their time in lockdown tolerable or even meaningful and maintain a level of mental stability.
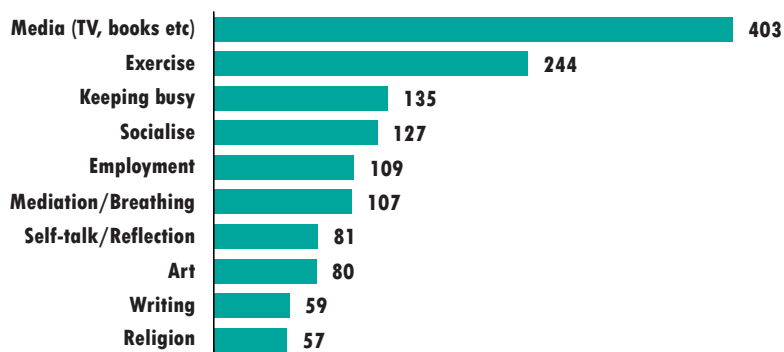
POSITIVE COPING MECHANISMS BEHIND THE DOOR

Prisoners found different ways to cope with the boredom and isolation of these long periods spent behind their cell doors (see Figure 40 below). In some prisons, temporary measures and comforts were put in place to mitigate the harms of lockup. Participants also felt that being proactive and 'keeping busy' by finding activities to ease the boredom was a crucial aspect of coping. As one participant stated:

I can do bang up all day long, because I work out, play music. Education are pretty good. You can read books, do puzzles, try to learn maths.

Figure 40: Self-reported coping strategies

Strategy	Count
Media (TV, books etc)	403
Exercise	244
Keeping busy	135
Socialise	127
Employment	109
Mediation/Breathing	107
Self-talk/Reflection	81
Art	80
Writing	59
Religion	57

As is clear from these responses, reading was a core mechanism for in-cell coping for those with functional levels of literacy, so access to books and magazines from prison libraries became absolutely vital. However, survey participants reported that their access to book and library facilities had been impacted negatively during the lockdown, with **77%** considering access had become worse or much worse (see Figure 41 below).

Figure 41: Response to impact of lockdown restrictions on library access

Response	Percentage
Much worse	45%
Worse	32%
No change	11%
Better	4%
Much better	1%
Don't know	7%
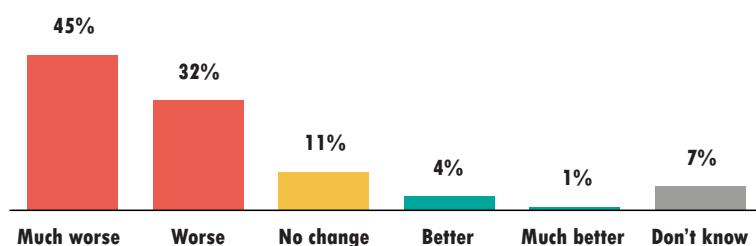
Where library resources were available, access could be inconsistent and often failed to give prisoners choice of reading materials:

> *They took ages to come and give us some more*

> *They've got no books in the library. I asked for a book about physics — they gave me some primary school shit. For like kids and stuff, this is what an atom is.*

As with many areas of the prison, library support was dependent on staffing which could be impacted by Covid-19:

> *In the beginning, we didn't get any books, because [the librarian] was isolating. So we started getting books at the end of November.*

> *It got worse…probably in November/December it got a bit better … and then stopped again…Weren't we meant to have library every Thursday?*

> *They reason they are not open now is that they can't staff it. They can't spare the officers.*

In many prisons, a library trolley was provided which provided participants access to books during lockdown. However, participants missed the 'normality' of visiting the library:

> *The shutting of the library has had a big impact. It is still shut today. There are like 50 books on a wing trolley. And you get the same few DVDs passed from person to person. But you miss that normality of going to a library. Because a library is a library, whether in prison or outside, they are all the same. So going to the library in prison is like a little taste of normality.*

Moreover, the library trolley implementation could be inconsistent and not all prisoners knew that resource could be accessed:

> *They don't really bring the library round. When you first come in, they don't bring you books, and then its 80p per book. When I first came here, I never knew it existed, they say they come around every Monday, but they never do.*

Equally implementation issues occurred when participants tried to order books in from outside the prison:

> *You can order books but they get stuck at reception. There is library but you have to put an application in, it's about two weeks. If you order out books they can be at reception for 5/6 weeks.*

For participants who valued the library, its continued closure under the premise of Covid-responsive precautions seemed inconsistent with institutional responses to other activities:

> *The library is still closed. They say it is about Covid yet the gyms are open and they've got people mixing much more than libraries would. You used to be able to get CDs from the library but that has totally stopped. Yet music is essential for mental health. You've got meetings and the gym open and mixing, so why can't the library open?*

Inevitably, watching television was also a widespread mechanism for coping during lockdown, and was especially essential for those who could not read and write:

> *I watch a movie, or sleep-in most of the time.*

> *For some people they have an X-Box or something like that, but if you ain't got a DVD player then you're screwed.*

Participants reported examples of best practice relating to television use in some prisons, such as putting box sets on the internal television channel and filming a Q&A with the prison's governor for broadcast internally about changes in the prison regime. However, focus group participants did report the boredom of continuous viewing: '*Watch tv…the same thing over and over again*'…'*once you've been in jail for like eight months, you would have seen everything on TV*'…'*TV is boring, its repeat, repeat, repeat. It gets monotonous after a while*':

> *TVs on all the time. Same channels. I think they have given us two channels since Covid…I think we've all got shares in ITV.*

In some prisons, television access could be hampered by mechanical and network faults: '*Broken TV, network providing only 2 channels throughout Covid*'…'*They switched off all the ITV channels — it said there was no reception.*'

As Figure 40 outlines, some prisoners self-reported using creativity as a strategy to cope and adapt to Covid restrictions, including writing, music and arts and crafts:

> *I just do nothing in my room really. I read a lot and write my feelings down.*

> *What I did is that I composed music. I just zone out and go back in again. That sort of helps quite a lot. I'm not sure how I got through it.*

> *I do paint as well in the afternoon, from twelve till two*

However, participants reported lack of consistency in being able to access resources for this creativity:

> *Some people do things, like crocheting. When I was in Houseblock Three, no one supported me. I was in art and design for two years and I create things. I had been asking for a needle for three or four weeks. Nobody gave it to me, nobody ever said I could do something in my room… It's bad. I was asking for four months, saying I couldn't do things, and [staff] never got back to me…I just got moved to Houseblock Four, and when I asked for some stuff, the woman was able to get it to me.*

Overall, many participants reported being able to use a mixture of positive coping mechanisms to pass their time behind the door. However, these were often framed as arising from prisoners own self-initiative, or support of each other, rather than being instigated and supported by the prisons:

> *I always try to find something to help me. I ask but they don't respond. Sometimes I get some books, every now and then I watch movies, I draw, I love drawing, even the back of the colouring — I got it from another prisoner, rather than from custody staff.*

As discussed in Chapter 12, these efforts to cope could also be impeded by the inconsistent application of regimes occurring during the transition back from lockdown:

> *Before I knew I was going to be locked up for so many days, I got used to what I was doing, so I made allowances. I got some paints and I did some painting. Bought different things, got a guitar and things like that. So, you had things that you kept yourself occupied with. But when you have the uncertainty of whether you are going to be out 4 hours, 2 hours, half an hour; whether you are going to work for a few hours one day a week, or whether you are going every afternoon. … So it's as the regime is being lifted, that it is actually, in my mind, becoming a bit harder to cope with than it was when it was a little bit more consistent.*

While participants reflected on their ability to pass the time behind the door when given ample notice, as discussed, this was not always the case with regards to the regimes prisoners experienced. Moreover, not all respondents had the resources to 'keep themselves busy' during periods of lockdown.

TEMPORARY INSTITUTION-LED MITIGATIONS

As the Covid-19 responsive lockdown commenced, prisons across the prison estate put in place institutional led-mitigations, to provide some temporary comforts to prisoners. These included access to electronic resources such as electronic games consoles and DVD players, extra phone credit, and distraction packs. They also included increased access to funds through enhanced wages during the period of halted employment, and with the cessation of prison-led fines:

Before lockdown, self harm was pretty bad. So, what they've done is, when we've gone into lockdown, they let everyone that was standard, that had a DVD player or Xbox or PlayStation, in reception, they give it to them.

They put phone credit on, which they're still doing, which made a massive difference, they reduced the charges. They did that in all prisons, I think; it was nice to have extra channels.

In some prisons, access to these comforts could be impeded by problems in institutional implementation:

It takes ages for them to even get it to ya, when it gets to ya it take ages to go and get it from reception.

While this provision of electronic entertainment could alleviate boredom and aid coping with lockdown, participants reported other effects:

People are coming out of their pads mashed up because they have been playing X-Box all day.

The issues of local implementation of temporary mitigations impacted the level of comfort they could provide, often creating uncertainty and frustration that could in fact impede coping. One such issue was the failure to put in place mechanisms or oversight of distraction packs:

Equality team have packs, education have packs, food service has packs, everyone seems to have packs but we don't know where they are so we're like, can you put together a master list and give it to us so we can give it out to people when they come to us and say 'I've got nothing to do and I'm always stuck behind my door'. ... We don't hear absolutely anything from them.

They came up with this thing — a "distraction pack" — it was a case of a good idea but poor execution. Your family was allowed to send you 7 CDs or 7 DVDs. So, it sounded really good. The problem was that you had to buy it off of a certain website, but this wasn't explained well. The whole thing was poorly written and poorly communicated. Then when the DVDs started pouring in, they didn't have the staff to search it and distribute it out. So, it just piled up. But they claimed that as this big victory. 'You asked and we delivered'. Yeah right.

Further, focus group participants worried what would happen when these mitigations were taken away, especially as prisons had still not moved to normal regimes:

And now the time's coming, where, I think it could happen at the end of this month, where they just take it. … Once that gets taken away and we are still on this type of restricted regime, you've got people in their cells not doing much, just sitting watching the telly.

There was a lot of effort you can see. For example, the 5 pound extra credit on our telephones; people who were on basic were given a better pay. ... Different things have been done to make our lives better and it's an appreciation of the fact that we are locked up more and we've got problems. So a lot of effort has been made, but that's going to be withdrawn now. … Which is fair enough if Covid is over, but the regime inside hasn't caught up.

> *So, we are in stage 2 still, but what they are saying is that the 5-pound credit, the Xboxes, the DVDs, they are saying they are taking that away, but we are still in the same regime, under the same restrictions, so why are you taking this stuff away? You are now making our lives harder.*

This created particular problems in those prisons that were still essentially under lockdown conditions at the time of interview:

> *Nothing's changed [on the regime], but they've got rid of all the benefits. Getting money, phone credit, comfort packs; so obviously they took all that but we're not getting unlocked, there's no gym. So, it's like we've come out of Covid, but we're not…and they'll still [keep us] behind the door.*

RELIGION, SPIRITUALITY AND RESILIENCE

Some participants found the fortitude to cope with Covid-responsive restrictions from their religious practice and/or spirituality (see Figure 42). Having faith could enhance resilience to long periods behind the door:

> *I'll be honest, I didn't suffer as much as a lot of other people. It didn't really affect me that negatively because I found an inner peace. I'm actually quite at peace at myself.*

Participants reported how some prisons put '*a Christian feed*' on the in-cell television system to help prisoners practice their faith. In addition, in some prisons, members of the chaplaincy would walk the wings to visit their parishioners ('*Rabbi comes in to say hello … chaplain guy every week*'). This was not consistent across prisons, however, with other participants discussing the lack of religious visitation:

> *There was no chaplaincy there was with nothing nah.*

> *Last week, they've only just come back.*

> *I used to enjoy when the chaplain comes here, they come…once.*

> *Bible study was supposed to happen, but didn't.*

Many prisoners voiced how their opportunity to practice religion was eroded, with **59%** survey participants considering access had become worse or much worse during the lockdown (see Figure 42 below).

Figure 42: Reported change in access to practice religion since beginning of lockdown restrictions
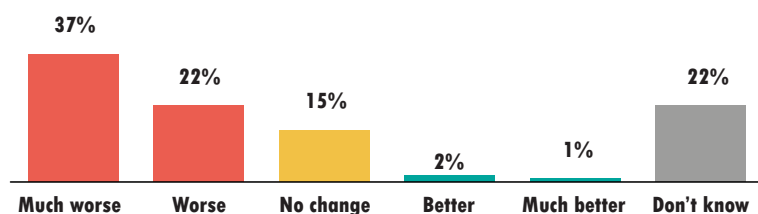
Focus group participants also discussed impediments to practicing their religions that emerged during the lockdown:

Religion? None at all — no opportunity to practice religion.

It is non-existent. There is no chapel or anything.

This was particularly the case with regards to collective practice of faith:

The whole time I've been in prison I've only been offered to go to the chapel once. And that like this weekend.

They stopped Friday prayers.

Religious holidays and festivals in particular were disrupted:

The Eid celebration, it was boring, they did nothing for us. I was alone. They wanted me to spend my Eid alone in my room. The guards were fighting hard to make the officer accept it. It's not fair. This is not fair.

We all spent Christmas behind the door… All the denominations have been through the same. So no one was able to celebrate.

> *During Ramadan, when we were fasting, nobody came in to check in or ask how we were, because we were fasting all day. Nothing. Nothing happened.*

In some prisons at the time of data collection, religious services were resuming but at a reduced capacity:

> *I think they might select 5 people per week, per wing, but that has just happened.*

Where this did occur, implementation could dilute the spiritual impact of the proceedings:

> *Even when you go to chapel, it's a rush, they just get you out. They don't even do the full prayer, they do half a prayer and a little bit of a speech and say go back to your wing and do it there, and you think, 'Well, that's not complete'.*

The ability to maintain religious practice was important for helping prisoners cope with the difficult situations they experienced:

> *Sometimes, when you get that feeling that you just need to get into church, and there's no real access to support or religious visits. When they come in here, they don't really judge you, you could be a murderer or in for robbery, they do not really care, because of forgiveness and all that… sometimes you need it, for the sake of interacting with someone and it calms me.*

However, while individual practice of faith still occurred, and contributed to resilience and coping of some prisoners, the opportunity to observe fulfilling communal faith had been eroded, leaving a gap in the participants' lives.

NEGATIVE COPING MECHANISMS: VAPING AND DRUG-USE

In addition to finding positive coping mechanisms to ease the isolation of lockdown, participants reported that many people in prison were turning to less coping mechanisms, such as smoking and drug-use, to alleviate the boredom they experienced:

People have been smoking a lot more [others agree with speaker]. … Some people have gone from smoking 3 packs a week, to smoking 7 packs a week. … It's because you're locked up all of the time. It's boredom, yeah.

When you're locked down in a cell for over 23 hours a day, you're vaping all the time, so you are doubling or tripling the amount that you smoke.

For those who used vapes, periods in lockdown without electronic cigarettes or cartridges could lead to negative feelings that erode coping:

It's only a little thing, a vape, but when you're locked down for over 22 hours, you're thinking I've to do all this time without a smoke.

I've never been banged up without a vape…I have and it's horrible — it makes time go by so much slower.

Participants described how new prisoners would have to choose between having credit for smoking or for canteen on arrival:

When you come through reception, you're offered a vape or a canteen card, so obviously you get the canteen five credit or vape five credit but you are choosing between eating and smoking so an addict who smokes…

Prison poverty could exacerbate ability to purchase vaping materials and lead to those addicted to nicotine getting into debt with other prisoners.

Participants felt that helping those who smoked quit, could help ease this issue and the pains of addiction they saw others experience:

I think healthcare should have a package for smokers, which would give them a 12 week plan to stop smoking, and you would give people patches, so a care package from healthcare, I think that would help people who are getting into debt.

This was particularly an issue for those who entered prison with smoking addictions who were experiencing withdrawal from cigarettes:

There are still people coming from outside, who used to smoke, coming into prisons. So, you need to provide that support for them. And also with the debt… people are getting in debt because of smoking, if they want to stop smoking then that option should be there for them.

While recovery packs for smoking were available for some, they were conditional and temporary:

You know, our recovery thing for smoking, they try and help, and they give you these packs and stuff. If you've done it once and failed, they won't put you back on.

If participants wanted to give up smoking themselves, they were left with the only option of purchasing nicotine replacement, from the canteen, where exorbitant pricing meant:

It's more expensive to quit smoking than it is to carry on smoking.

Participants also discussed the use of illegal drugs to help cope with lockdown restrictions. Drug use is a persistent issue of prison life; many people with pre-existing drug addictions and drug related offences are in prison, and many prisoners take drugs to self-medicate and alleviate the pains of imprisonment. More than a quarter (**28%**) of survey respondents thought that illegal drug use had increased during the lockdown, whereas a roughly equal number (**25%**) argued that levels of drug use had largely stayed the same, and **11%** thought there had been a decline in drug consumption (see Figure 43 below).

Figure 43: Reported change in drug use since beginning of lockdown restrictions
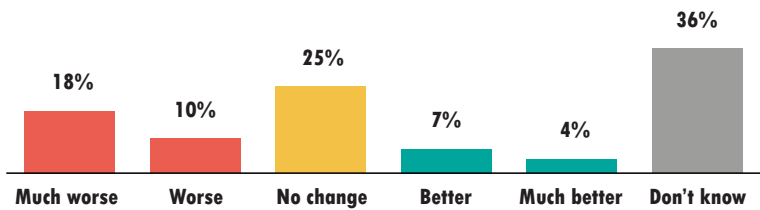
Focus group participants, likewise, were split in their views about drug use during the lockdown. Participants in some prisons reported that drug use had dropped in their establishments, '*since the X-ray machines came in and there's only a limited supply and only certain people are getting it.*' The limited supply elevated prices of in-prison drugs which in turn could lead to less people using drugs:

Yeah it's hard to sell it at the moment cuz of the lockdown and it's hard to get it and that's why it's not worth it. ... You're more likely to get sponged cuz there's twelve people on the wing and they're more likely to see what you're doing so it's not worth the risk.

However, most were openly sceptical of the idea that drug use had decreased during the lockdown due to the ending of visits or the reductions in unstructured time to socialise:

> *There's always going to be drugs in prison…but what they are saying is that it's the visits, it's not staff that do it* [they say], *it's always visitors. … If someone wants it that badly, they'll always find a way…weed, hash, spice, bit of coke, ket.*

> *That's increased, the fact people are in their cells. Of course, it is still here…It is probably worse, because people are trying to escape from the situation that is going on…A lot of people have nothing to do, so they are going to turn to them to take their minds off it. The stress. There is more of a reason now.*

> *The idea that drug use is down because of lockdown is not a thing either. There's still plenty of drugs on the wing. The first time I ever saw heroin was on this wing. Staff are turning a blind eye to it. Prison is getting worse. Residential staff agree with what we're saying too.*

Some even suggested that true rates of drug usage in prison were being masked by institutional recording techniques:

> *When people are having mamba attacks and they're dying from the mamba, they're recording that as cardiac arrest and not mamba. But the mamba is the cause, but they try and say cardiac arrest.*

Indeed, many participants suggested the boredom of the lockdown was driving an increase in drug use in their prisons:

> *I seen people who were alright before Covid, start doing drugs, start to lose themselves*

> *Drug use gone up — I've thought about smoking weed from boredom*

Some participants considering taking drugs an act of survival:

> Yeah, they're coming out taking drugs just as much as they were before, using herbal or whatever, but mentally they are destroyed. They are confined to a room 22.5 hours a day and that is a lot…you have to adapt to a situation and we're not caged animals.

> It's the only way we can survive. If they're putting us in a situation, we're going to box ourselves out of it and it's the only way. They're pushing us.

Some participants described the cessation of drug testing and 'MDTs' (mandatory drug tests) in their establishments during the lockdown. In some prison institutions recovery programs had also ceased during the lockdown, alongside opportunity for people to detox:

> *It's a joke this, I can't even detox. They keep saying AA and NA members aren't clearing security to carry meetings out.*

> *They did stop them for a while. 2/3 months they stopped them for.*

While recovery programs had commenced again as lockdown restrictions lifted at Stage 3 and below, this was not always consistent or reliable, causing uncertainty and impeding coping:

> *Recovery programs have just started for one hour. … It's there, but it's so unreliable. Even though they'll do it in two weeks, you can't even rely on that, because the chances are it won't.*

Overall, the picture of drug-use across the estate varied from prison to prison. Although views differed on the availability of supply, it appears clear that demand seemed to be escalating, with the pressures of lockdown pushing even non-drug users towards negative coping mechanisms:

> *I don't do drugs but I feel like doing drugs, I don't drink but I feel like drinking. … It pushes you to that.*

CHAPTER 9: WHAT HELPS? SUPPORTS DURING LOCKDOWN

Participants considered that some people in prison needed extra support to respond to the mental health challenges they faced ('*Certain lads here need a lot of support*'). These different levels of support range from pastoral care delivered by the staff on the landings, to peer/family supports, to professional mental health support and psychiatric care. This chapter explores all of the different support mechanisms available to those during the pandemic from the perspective of those in prison.

In a series of questions about sources of support during lockdown, survey respondents were asked to rate the support they received from various sources on a scale of 1 (meaning "no support") to 10 (meaning "very supportive"). Table 3, below, ranks the responses on the mean scores, with prison governors receiving the lowest score of **2.61 out of 10**, and families receiving the highest score of **7.84 out of 10**. Prison officers scored higher than teachers, psychologists or probation officers during the pandemic (probably because these other groups had difficulty accessing prisons in person), but lower than Samaritan-trained prison 'listeners' or prison chaplains. Fellow prisoner peers were ranked higher than any other group except families and partners/spouses. In other words, much of the mental health support prisoners self-reported came from sources that were not trained mental health professionals (see below):

*Table 3: Reported level of support received by prisoners during the pandemic*

	"No support"	"Very supportive"	Mean Score Out of 10
Spouse/Partner	20.5%	27.7%	7.84
Your Family	12.6%	54.5%	7.84
Friends/Assoc Prison	8.6%	30.8%	7.11
Friends Outside Prison	26.1%	29.6%	6.2
Chaplain/Imam	28.3%	13.1%	5.14
Listeners/ Samaritans	38.8%	11.5%	4.58
Prison Officers	28.7%	3.7%	3.91
Prison Council Rep	47.6%	4.3%	3.7
Keyworker	46.2%	5.6%	3.4
Education/ Teachers	49.3%	4.4%	3.38
Psychology	59.8%	3.1%	2.99
Probation	64%	2.7%	2.76
Prison Leadership	61.5%	2%	2.61

MENTAL HEALTH PROFESSIONALS

Respondents across the estate reported gaps and deficits in official support from the prison and professional staff. Three out of five (**64%**) survey respondents considered that access to mental health support had become worse or much worse since the beginnings of lockdown restrictions, while only **4%** of respondents considered it had improved (see Figure 2.25 Q5 MH Support).

Figure 44: Reported change in mental health support since the beginning of the pandemic

Much worse	Worse	No change	Better	Much better	Don't know
40%	24%	14%	3%	1%	17%
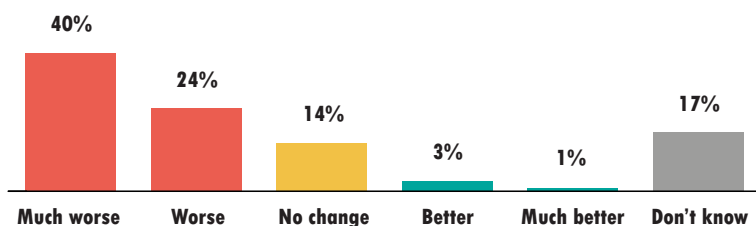
Likewise, focus group participants felt there was no-one to support those individuals who were not coping with isolation:

> *They keep banging the doors, no one will go up and see what's going on, no one. They can kick that door for as long as they want, no one cares … it's just another person kicking their door. So, there's actually no one who cares, no mental health, the only help is listening.*

> *Do you know what it's going to take? Some of them to die, and kill themselves and watch CCTV, why the fuck has he been banging for two solid days, and you haven't even fed him?*

One focus group participant in a women's prison state that:

> *There's mental health support every day and a governor every day, asking you what is wrong.*

Other participants in the same focus group disagreed:

> *The official bodies that are supposed to help you are giving us nothing … the official people do work-in checks, but they don't do anything.*

This was followed up by reports of long waiting lists, and random access to adequate support:

> *The only reason I'm on the medication I'm on now is because on the way back from court, the psychiatrist, the only one in the jail, was sitting there and I went into her room.*

Other participants noted the insufficient quality of the support given when they did receive it:

> *I've been waiting seven month to speak to someone, since I had a mental health breakdown, and I've been waiting ever since. You put down, it'll say capacity, they'll come over and talk to you once. It'll be twenty minutes, half-an-hour, and that's it. There's been no support at all.*

In some prisons, specific services such as bereavement support and trauma counselling had been terminated during lockdown while mental health services had either stalled entirely or diminished in capacity significantly:

> *The mental health, you used to be able to just walk down there and you can't do that anymore…they're just sitting back and it works in their favour, where they never would have been able to do it before.*

> *I'm meant to be getting therapy every like twice a week, once a week. But no one's showed up.*

> *Mental health — they always used to come to you every week and then they stopped. They used Covid as an excuse.*

> *B4 Covid I was meeting with the mental health team at least once a week, lucky if it once every six weeks now, if that. You haven't got a choice, you just have to cope.*

Some respondents said that they did not know who to go to for support for their mental health, nor did they feel there was anyone adequately trained to support them. Key workers were seen as a particularly valuable resource by many, but respondents said there was a decline in availability of key workers during the pandemic. Nearly half of survey respondents (**48%**) reported that they received "no support" from their key worker during the pandemic, while just **6%** considered they had been very supportive during that period (see Figure 45 below). One focus group participant reported that 'nobody's got a keyworker' and others said they did not know what a keyworker was.

Figure 45: Reported level of support from keyworkers provided to you and other prisoners during the pandemic
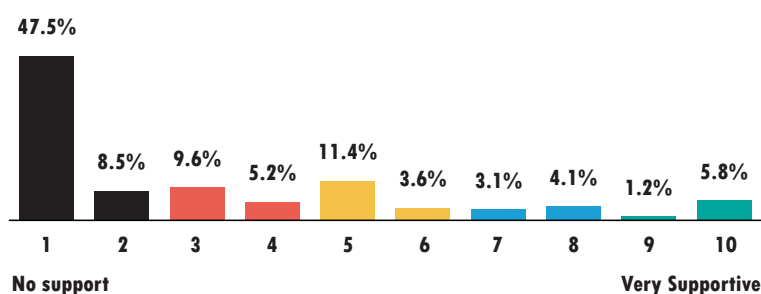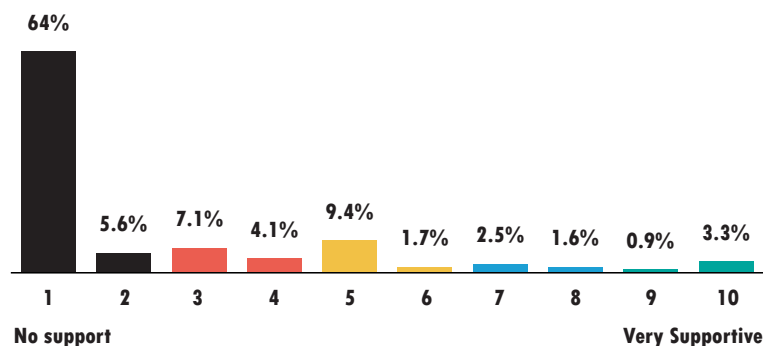

Several participants noted a lack of support from psychology units:

> *'At the minute, psychology is a myth isn't it?*

Sixty four percent of survey participants considered that psychology had provided "no support" to those in prison during the pandemic period with only **3%** finding psychology very supportive (see Figure 46).

64%

5.6% **7.1%** **4.1%** **9.4%** **1.7%** **2.5%** **1.6%** **0.9%** **3.3%**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No support **Very Supportive**

This was seen to be a significant issue due to the increased levels of need:

We need psychology in here to talk to us to help us deal with the situations cuz we're like volcanoes

Other respondents noted that while psychological support was available, the quality of the service delivered was questionable:

The majority of the times if you sit down and listen to them — they listen to you and just tick a box and have no form of constructive input for people.

Others complained that psychology staff choose only the easiest clients to support:

There are a lot of people here on short sentences and they're bringing the people who have only got a few weeks left on the psychology so they can cover as many people as possible rather than the people who need it most. … They know those people are going home so they'll just sit there and say 'yes sir, no sir,' but there are people who are serving life sentences who really need the help … and they get told go away.

I first came in at the end of October, and I was struggling a lot mentally. Initially, they asked me if I wanted support for my mental health, or if I wanted therapy. When I said yes, they told me that during lockdown they're not facilitating it for everyone, but only the people who it matters for 'the most'. How can they say that I didn't need it? I haven't had a single mental health interaction, or a single therapy session since then, not one. They leave shitty packs under my door, they don't even come and see me, do you get what I'm saying?

Overall, the survey results regarding supports available tended to support this statement from a focus group participant:

There was no support at all for nothing. … The prison don't want to help you. Get on with it. Sink or swim.

Participants felt that the only time people got support was when they were in crisis:

You're only seen if you're trying to kill yourself or cut yourself, you see them coming in in their outfits.

There's no one caring for these guys. Unless you are hanging yourself, you aint got mental health. That's what they're saying to you.

Some suggested that this lack of attention could lead to some individuals harming themselves to receive the support they craved:

Some people self-harm just to have attention, because they were asking for something they were needing and nobody was giving them, so they are self-harming, and they get the attention

HEALTHCARE IN PRISONS DURING THE PANDEMIC

In general, the physical health of those in prison is poor in comparison with the general population, due to both imported health issues and the inevitable impact of prison upon health and wellbeing (see Novisky et al., 2021). Prison healthcare systems have a duty to provide an equivalence of care between those within prison and the general population of society; however, this is not always the experience of prisoners. These complex issues were inevitably exacerbated during the pandemic, where prisoners faced long periods locked up behind their cell doors and encountered the erosion of the pillars of health and well-being.

Importantly, some of the people we interviewed reported positive experiences of health care during the pandemic:

> *Personally, for me, healthcare has been phenomenal.*

> *I had Covid on the 6th of April last year and they were absolutely brilliant.*

However, these experiences were very much in the minority. Seven out of 10 (**71%**) survey respondents reported that access to healthcare had deteriorated in their prisons since the onset of the pandemic (see Figure 47). This was echoed during the focus groups, with issues arising around inconsistent healthcare provision, staff gatekeeping of prisoner healthcare needs, and long waitlists for appointments.

Figure 47: Reported change in access to healthcare since the beginning of lockdown restrictions

Much worse	Worse	No change	Better	Much better	Don't know
38%	32%	19%	3%	1%	6%
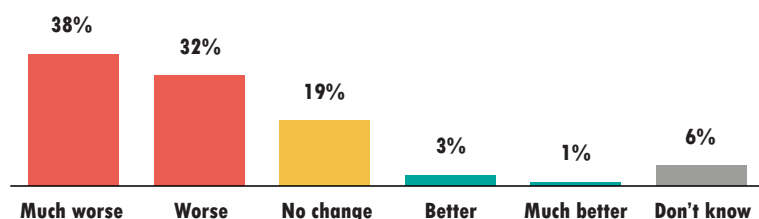
Medication was discussed in terms of inconsistencies in prescribing and distribution. Those in prison were not being prescribed medication or given referrals/ examinations for physical ailments or injuries they had sustained prior to entering prison:

> *I've told them I was meant to go in a couple of months for check-ups and scans, and get medication from the outside, but they haven't given anything to me.*

Research participants discussed the possibility of self-medicating with illegal drugs and buying/selling prescription drugs in instances where medication was not prescribed in a timely fashion upon entry into prison.

Respondents said that paracetamol became the "go to" medication for all ailments during the pandemic:

Healthcare… you've got that one doctor down there that says paracetamol sorts everything. You're there and your bone is broken, and he says, "ah you're fine, don't worry. … Take some paracetamol.

Indeed, peer researchers reported that prisons often ran out of paracetamol, causing repercussions for those in pain, particularly dental problems. One participant was waiting for 7 months for a dental appointment at time of interview; another was informed they were number 40 on the waitlist. A peer research team member told us he extracted his own tooth for pain relief after finding out he was number 276 on the waitlist to see the dentist.

Gatekeeping was also highlighted as a major issue. One participant described waiting for four months, only to be told that he had three previous missed appointments as a result of staff neither communicating knowledge of nor facilitating access to the appointment:

Yeah I've waited four months to get a dentist appointment and I've had 3 and they just haven't come to get me — it's ridiculous.

Access to specialist appointments and referrals also proved challenging and participants' health continued to deteriorate as they waited to be seen:

I have a problem with my knee and I need an operation, and it has taken them 10 months to see me and when they saw me they said I needed an ultrasound and that was two months ago — still nothing.

Inadequate healthcare has the potential to result in serious harm, and even death, for those imprisoned. One participant said he sustained an injury which was reported to staff, however, an examination did not take place for a number of days, at which stage he was sent to hospital due to the severity of the injury:

> *I actually burnt my foot in the early hours of one Monday morning and on the Monday, two nurses came on the wing and they gave me paracetamol. On the Tuesday, they came back on and I said no, you need to see this burn as it's really bad, by the Wednesday, I was near to tears and I was sent to healthcare and they sent me straight to hospital. I'm talking amputation, like it was really bad, third degree burns.*

Another participant entered prison after an accident wherein he sustained a serious head injury, however, this was never followed up by healthcare staff following entry into prison:

> *I had a hit or run, and I received a personal report, and I have a bleed in the back of my brain. They've never checked on it since I've came here, and it makes me forget things. They haven't prescribed my medicine, and I told them, but they asked: how do we know this is true?*

> *One of my old cellmates was coughing up blood. He was coughing up blood and going in and out of consciousness. Ringing the alarm bell all night to get him taken to the hospital. They didn't come. He had to wait until the next day, and even then they just come and give him a little check-up and that's it — no hospital or nothing.*

ACCESS TO PRESCRIBED MEDICATIONS

Prescription medication use was a significant issue for many respondents. Over **50%** of survey participants reported being diagnosed with mental health issues such as depression and anxiety prior to Covid, and **39%** reported currently receiving medication for their mental health problems (see Figure 48 Prior Diagnoses & Figure 49 Receiving medication below).

Figure 48: Reported diagnosis of mental health condition prior to COVID lockdown, e.g., depression/ anxiety

Figure 49: Percentage of sample currently receiving medication for a mental health problem like depression or anxiety

Some participants noted that in the absence of talk therapy or other forms of emotional support, the vacuum had been filled by an overreliance on medication:

> *Instead of anyone talking to anybody if you complain or anything or are upset, you're just on meds straight away. There's no alarm, or speak to him, no assessment, it's just instantly, "Prescribe him this and we'll see how he gets on with that".*

They just give medicines, like for depression and anxiety, without clarifying if the medication is or isn't needed…The treatment is not long-term. It's easier to put them to sleep.

There's a lot of them are just sedated, they'll sleep all day.

Some participants suggested that sedation was seen to be the first response to individuals who needed help:

That's the only help you get; they just prescribe you something. I'm not taking tablets, me, no piss off. But, everyone else, they just jump on it. They'll just keep maintaining that medication because they'll … go asleep.

Although this was not a new issue in prisons, around a quarter of survey respondents (**25%**) considered that since Covid-lockdown restrictions, over medication of those in prison had gotten worse (see Figure 50 below).

Figure 50: Reported change in over-medication of prisoners since the beginning of the Covid lockdown restrictions

Bar chart data:
- Much worse: 15%
- Worse: 10%
- No change: 29%
- Better: 2%
- Much better: 1%
- Don't know: 42%
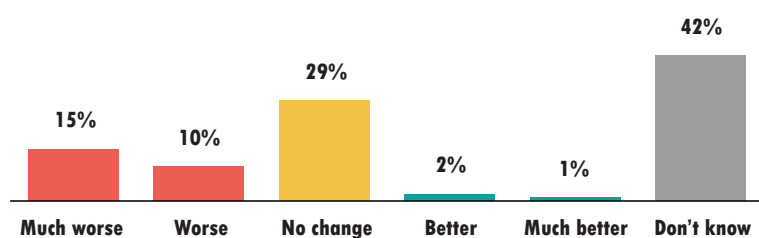
Participants reported that so many prisoners being prescribed medication during the pandemic led to medication dispersal taking longer than ever:

The size of the med use. Absolutely I can't believe it. The meds take about three or four hours a day to do.

Participants described these changes in dispersal times as impacting their mental health:

> *Now I'm not getting my meds until lunchtime. It can be quite a detriment to mental health when medication is distributed inconsistently like that.*

Participants described an increased reliance on medication once prescription commenced:

> *Before I came to prison, I had never been on medication. When I came here, I started having already only because I was here, and after corona, now they have to increase because it wasn't working anymore.*

Some respondents who did not like the medication they were prescribed, felt like they were left no choice but to take it:

> *I've been waiting 4 weeks on a GP appointment. I've been on these anti-depressants but they're making me feel weird, like short term memory is horrendous and it used to be really good and I keep having really weird dreams. I spoke to the nurse on the hatch and she said oh we can stop it, but then it gets cut all together, so I've been waiting 4 weeks to see this GP and I've only just been told I have an appointment a week on Thursday so that's been 6 weeks since I put an app in.*

Conversely, other respondents discussed how their medication had been stopped, decreased or changed on entry to prison, with no appropriate oversight or support, affecting their wellbeing and emotional health. As figure 2.33 outlines, since the beginnings of the lockdown restrictions, **40%** of survey respondents reported that their access to medications had gotten worse (see Figure 51 below):
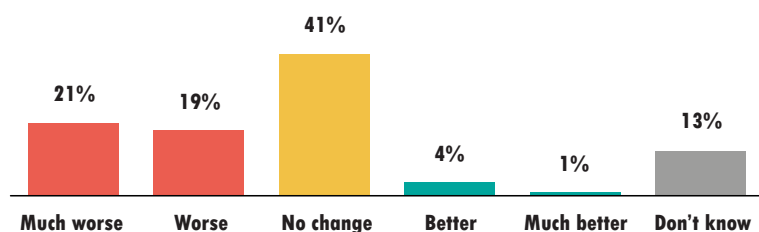
This theme was also prominent in focus group discussions. Participants said that the inconsistent application and access to medication as well as other forms of mental health support could exacerbate the mental health issues they were experiencing:

I've got ADHD, emotional psychotic personality disorder, anxiety and personality disorder and PTSD. I'm supposed to be on pregablin and diazepam, so it's diazepam for my anxiety cuz I get so stressed at being locked up causing myself to be injured. So, I came to jail and straight away they said, you're not having none of your meds. Out there, I'm getting phonecalls from mental health teams saying "have you took your meds?" because I lose it very quickly, but in here I had to segregate myself and sit in my cell and then come out and have a little laugh with the lads and then straight back to the cell … my head was mash, I was constantly down and going my heads gone, my heads away.

Then he took me off my medication off the same today and told me I was mentally strong. Just because I look physically fine doesn't mean I'm mentally fine; just because everyone gets on with me, it doesn't mean I'm not okay. Who are they to tell me I can't have my medication?

With Subutex, one day [Name] went to the hatch and they had stopped [his meds]. They said we're doing a 5-day detox — just stopped it — and he's worried about withdrawal and the poor lad walking round the wing in tears and there's not an officer in sight.

PEER SUPPORT & MUTUAL AID

According to our research participants, one of the few positive stories to emerge out of the long lockdown was the impressive levels of peer support and mutual aid that, in the absence official support and on occasion despite attempts to prevent it, occurred organically in prisons during lockdown. As Table 3 demonstrates, peers were listed as one of the top two mechanisms of support in prisons that prisoners experienced, exceeded only by family outside the prison. As Figure 52 (below) shows, over **32%** of respondents recorded friends and associates in prison as 'very supportive' (10 out of 10) during the lockdown:

Figure 52: Reported level of support provided by friends/associates in prison during the pandemic
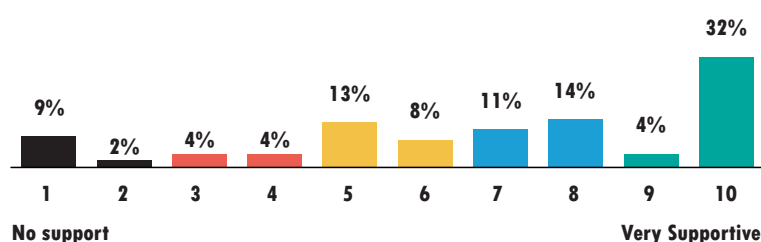
Many focus group participants supported the argument that peers helped '*more than the staff have*':

> *I've been down, and this guy here has helped me a few time, I've been sat in the pad in tears, and he sat down with me and had a good chat for an hour and a half and that meant something to me….*

> *I had to help some kid. He was cut up and barricades himself in his own cell and that I helped calm him down and shit.*

However, participants felt that the opportunity for informal support was eroded by the lack of time for socialisation, which reduced the space for mutual aid:

> *You know, if we're going to get support of someone its of our friends, it's the people around those and we're not going to get back walk into the servery together or walking to the showers. We're gonna get it when we're sat like this in a comfortable environment in our cells and having a coffee together and talking that's when conversation comes up. You don't want to have a deep conversation on your way to the gym.*

Moreover, while participants tried to support peers who they perceived as vulnerable where possible, they recognised the limits to the support they could provide to those who were seriously distressed:

> *This man he's got paranoia, he just keeps saying that he's gonna get killed … when he's behind his door he is trying to self-harm as well and he's got a pad mate who's stopping him, but there's only so much you can do as well … I'm talking to him every morning, every morning, just tried to calm him down. Every morning but they're not doing nothing … Do something! He's literally pulling his hair out. You know what I mean?*

> *A lad in here, his mum passed away and he has a history of suicidal thoughts and he's at a crossroads, he's either going to do something bad to himself...because he aint getting the right support in here...I tried to support him but there's only so much we can do. I can see something bad happening.*

Most prisons had formal peer support schemes available for those in prison to access. Some of these were bespoke projects unique to individual prisons, whereas others were part of wider initiatives such as the Samaritans' Listener scheme. However, access to these supports were mixed during the pandemic, with **42%** of participants considering that Prison Listeners/Samaritans provided them "no support", whereas over **13%** considered the same group 'very supportive' and **16%** rated this support as 5 out of a possible 10 (see Figure 53 below):
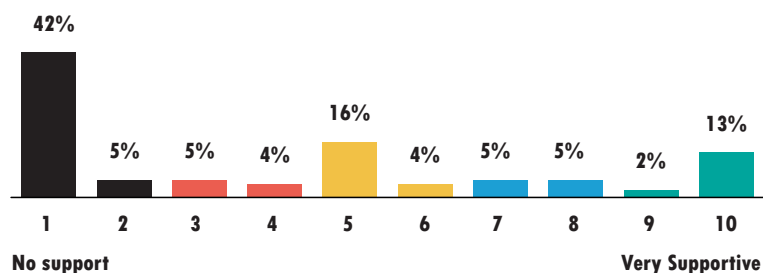
Participants who were themselves Listeners reported a drop in the callouts they received over the lockdown period:

Before lockdown, we'd do about seven or eight calls a day. Obviously, because of lockdown, everything stopped.

In the view of some Listeners interviewed for this research, prison staff were not fulfilling the commitment to call for them when a prisoner made a Listener request:

Yeah not asking me … over a month's time we've had zero callouts … there's no way.

There's no way that in four weeks no one has needed a call out. We're behind our door all day, I'm a listener and even I've needed a listener — there's no way someone hasn't called in a month.

Listeners reported that even as restrictions were relaxed and schemes reopened, *'things just aren't reaching the same level as they used to'.* Some speculated that the new, younger prison officers hired during the lockdown did not appreciate the impact the Listener scheme could have:

They don't like the fact that we can't say anything about what we've heard as Listeners… the officers can't get that control.

Others felt that the Listener call outs were being curtailed as part of the limitations on association and social contact:

> *On the anniversary of my best friend's death, I asked for a Listener … it was a hard day for me and an officer came to my door and said, 'This is finished … you're done now.*

However, in other prisons where Listeners had been allowed to continue delivering the service, participants reported an uptake in the peer support they offered during the lockdown period:

> *I was a Listener there, and for the first three or four months of lockdown, the callouts were very high. I was doing about 12 calls a week … there was a lot of frustration and self-harm was through the roof. Absolutely through the roof, and I saw the newspapers… those newspapers like the Inside Times saying "Self harm is going down, we need to stick to this regime" and I thought to myself, who is writing these reports, because I see it first hand?*

> *I am a listener. People need that stuff 10 times more now. They can't hack it.*

Other prisons did not have Samaritan-trained Listeners, but did have drug peer support models for drug users. In prisons without official drug peer support, those in prison self-mobilised their own NA and AA support groups during the lockdown: '*We asked for materials to be sent in so that prisoners could run them … staff don't know about these meetings.*'

In other prisons, participants in peer support roles, reported how they provided extra support, often informally, during the lockdown to help their fellow prisoners:

> *I had a lady that came to me, she knew me from when I was in here before, I used to be a recovery mentor before, and she used to just tell me she was struggling, and we talk it through. I'm obviously not gaining anything from it, but I do it obviously because I care.*

> *I've been doing buddying in addition to my peer support in here, helping others.*

Those with experience of providing peer support reported that they wanted the institution to give them the opportunity to be able to provide support to others:

> I'm resilient. But I know so many others can't do that and need the extra support. I'd rather be allowed to move between houseblocks and provide that support as a peer. Since November, October, I've been asking to see some sort of mentor. Now I've found my own ways to cope, so let me use that to help others cope too.

Although respondents suggested that formal and informal peer support could be crucial elements of surviving lockdown for prisoners — plugging the hole left by retreating third sector input and staffing shortages — participants also recognised that these initiatives were under supported and ill-equipped to respond to some of the very serious mental health problems they witnessed.

CHAPTER 10: COMMUNICATION PATHWAYS AND IMPLEMENTATION

Positive or negative, communication was described by many research participants as '*the biggest thing*' impacting their well-being during the lockdown. As one focus group participant explained:

> *Prison is a place where people want to know where they stand. People don't want to be lied to — they just want to know where they stand and what is going on. That message since I've been to [Prison X] is not clear. It's not the same across the prison estate. … Why is* [this prison] *more or less torturing people and stressing people out and more or less wrecking our futures.*

There were examples of positive communication pathways and initiatives in some prisons, but, equally, many participants outlined deficits relating to communication vacuums, inconsistencies, and information reliability. The issues that emerged related not only to the quality of communication in some prisons, but also to the one-way hierarchical communication models implemented across the estate. This included not consistently providing prisoners with the agency and opportunity to communicate their own lived experiences or impact policy changes meant to protect them.

Some participants reported positive communication strategies and initiatives in their prisons that helped counteract the uncertainty the pandemic provoked, with information being provided by Prison TV, newsletters and notices:

> *We had something where they updated you on what was going on and what things mean.*

> *Here they do the newsletter, which is good, and sometimes it answers questions.*

> *And they used to do a news desk [on the prison television channel], and you could ask the governor questions, you would write a question on a card and put it in one of the boxes, and then the governor would read the question out on the channel, you could be anonymous or you could put your name. If someone put a question down, there were probably lots of people asking that question — so it was good in that sense.*

However, these initiatives were not consistent across the prisons sampled for this study, nor were they always implemented in a manner robust enough to promote longevity. Where positive communication strategies were implemented, they could wane over time:

Communication is a big one that travels in every direction. We were sat in a [prison] council meeting just one day before the start of the lockdown, and we had zero communication prior to that for a few days because everyone was confused. To be fair to them, for about three or four weeks, they did put things under the door and explain what was happening. I know that the information is changing constantly and that it is being updated constantly, but that started off and then there was just nothing.

The issue is people not knowing what is what. They started a newsletter early in Covid, but that didn't carry on. They had tannoy announcements too that lasted a few weeks, but that didn't last either.

Overall, when asked to rate the communication practices in their prison from a scale of 1 to 10 with 1 meaning "terrible" and 10 being "excellent", **88%** assigned a score of 5 or under, with **41%** labelling communication practices as a 1 out of 10 or "Terrible". Only **1%** considered communication to be "Excellent" in their establishment (see Figure 54).

Figure 54: Reported rates of communication within respondents' prison around changes in regime levels during the pandemic
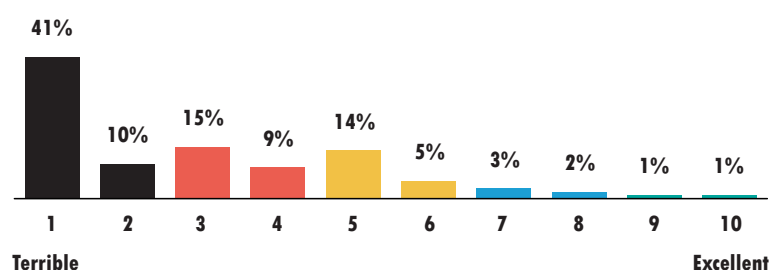
VACUUM, CONSISTENCY AND RELIABILITY

A major factor in communication issues, as described by participants, was the deficit of information they received during the Covid pandemic, leaving a vacuum of knowledge and fostering uncertainty across the landings. As participant's noted

nobody told us anything.

There's no communication.

communication — it's non-existent for a start.

it just drifted on and on with no communication.

Participants explained what this felt like as Covid progressed through their prison:

At Christmas there was an outbreak and people actually had it…they decided to test people and it turned out that half the people had it so they told us they were going to have to lock us down for an undetermined period of time, they wouldn't tell us how long and they didn't tell us how it would work ... the staff were getting really aggressive because everyone was on their bells, and we thought they were just taking the piss out us.

This vacuum created uncertainty, with participants not knowing what was happening at any point in time, '*there is nothing saying definitely* **this** *is what's going to happen*.' Moreover, uncertainty fed into feelings of frustration that impacted the whole implementation of prison regimes, creating a cycle of stress for prisoners and staff alike. The lack of communication came into sharp focus regarding the changes between regimes as prisons progressed up and down tiers of pandemic responsivity:

They don't really tell you anything. Just don't go in here and keep your mask on, that's it.

No one knows what Level Two is, the difference between Level Three, Level Four, no one knows.

I've never heard anything about. I see it on the news, but I never really got to understand it because they didn't tell me about it in the prison.

Participants described a lag between the different levels of communication in the prison with those on the ground the last to hear about changes:

I had no update about four to six weeks after it had been said that the regime was changed. Let me say it to you. The whole prison service is four to six weeks behind on updates.

When information on regimes was given, research participants said it was often unclear or inconsistent:

There's one thing we've noticed that's causing all of us problems. And that's the constant changes in regime: every week it'll be a different system, so you just don't know where you stand.

It has been so topsy turvy. The rules change at a whim. Do stuff one week, don't do it the next.

Participants reported that lack of consistent messaging about regime implementation/change was an additional catalyst of uncertainty and frustrations — in effect, compounding the negative experience of lockdown:

> *We can have three regimes out in one week…that is very galling and frustrating. What is causing the frustration is being told one thing and then before you know it has changed again…two governors not saying the same thing, that's what is causing problems. If they just sit down together and say this is the plan, this is what's going to happen, and tell the prisoners, we're happy with that. If they say to us, you're going to be on a restricted regime for another 2/3 months, we'll be happy with that because at least we are told and we know what is happening. But at the minute, you are waking up in the morning and you're wondering, what is going to happen today?*

This inconsistency in communication resulted in what some described as 'misinformation'. Prisoners reported that the information TV channels '*are putting out information that is not right.*' At other times, participants outlined incidents of multiple, contradictory counter directives from staff, for example in relation to emotional support on the landings, with a peer supporter reporting:

> *There was one guy and he was refused a supporter, and I told him the next day, you are allowed a supporter. … The staff said to me, 'Why did you tell him he could get a supporter, he can't because of Covid. There are restrictions.' And, I said, speak to the Governor, don't speak to me. … Well, the next day luckily, the governor happened to be on the wing, and the prisoner asked him, said he needed a supporter the night before, and the governor told him, you're allowed a supporter 24 hours a day. He said if you need a supporter, get on the bell, and tell them I said you are allowed one.*

Participants told us frequently that governors' objectives regarding regime were not being implemented on the wings:

> *My Mrs has spoke to the governor, and this is how far detached the governors are from the wing, he seems to think the domestics are out at 6 o'clock at night when everyone else is banged up but we're banged up at 4 o'clock.*

> *Information from the ground is not filtering back up to the top. Information flow in both directions is practically impossible. Those of us on the ground are totally left in the dark and it is creating real frustration.*

Sometimes, participants said, the problem was miscommunication. Other times, participants felt that senior staff orders were being ignored by staff on the ground:

> *You know we've got a new [governor] now. … She's tried opening up, cause it's meant to be on enhanced wings and she tried giving us more benefits and that yeah. When she wasn't on, they wasn't letting us out and that. And then, when she came back…everyone was shocked that we was out and that and she was saying, we should have been out for about the past couple of weeks.*

Equally, respondents felt that decisions being made by "Gold Command" were far removed from their own knowledge and experiences:

> *Everything now is 'Gold Command', who are Gold Command?*

> *Gold Command are calling the shots now — green light, red light, amber light, they are calling the shots to do with anything opening up, locking up, x, y, z.*

The idea of the prison system's 'Gold Command' partially absorbed some of the frustrations participants felt, allowing them to blame this unknown entity rather than their prison's senior leadership team. However, it also led to frustration about the hierarchical flow of communication; they were unable to even make an appeal to this far-away 'Gold Command'.

Perceived inconsistency in communication bred distrust between those imprisoned and the staff and governors of their prisons. First, prisoners felt that they couldn't trust the official information they were given in the prison because it changed so frequently:

All this uncertainty — they'll say in the newsletter we're planning to do this, we're planning to do that, but we're reading it with tongue in cheek. Because we know they might be planning to do it, but frequently it's pushed back and pushed back and pushed back.

Second, participants said they lacked trust in staff to implement what was communicated to them: '*they make up the rules as they go along, they just do what they want each day.*' Some participants felt that the withholding of information was intentional, and used for control purposes. Respondents told us that staff were '*not going to let us know cos then they can manipulate how they want'*:

When you ask them something, tell us the truth and not be fobbed off cuz if you lie to us and we find out later, because staff are like I'll fob him off and then the next staff member gets hit full whack.

Equally, participants felt that staff were not reliable sources of information, due to their own lack of knowledge, '*you can ask three people the same question and you'll always get three different answers.*' This perceived failing of staff as 'knowledge holders' led to some participants withdrawing from information seeking:

I've asked staff a question and I know they don't know, and now I just don't even bother going back to them.

Nothing materializes, it is all lip service.

Prisoners instead relied on each other as informal sources of knowledge within the prison:

> *We find everything out through other prisoners, never from management. You can't trust information you are getting from staff. You have to wonder, are staff trying to mess with us? How can we have confidence in staff when they don't know where they're going themselves?*

With communication central to prisoners' ability to cope, these deficits could erode wellbeing:

> *in terms of coping…more often than not, the consensus would be that if we knew what was happening we would be in a better place.*

> *there is no structure, everyday is like living in the jungle, you don't know what you're going to get today. Every morning you are stressed out.*

Equally, erratic and inconsistent messaging was shoring up tension across the prison:

> *Yesterday on my wing, staff under pressure. When I say under pressure, it is ready to go off really soon on my wing. All this talk and it is not materializing. … So, what I am saying is inconsistency; they will tell you this, and they will sell you dreams, and they will give you the talk, and everything calms down, everything goes flat. Two days later or a week later, the same thing will occur, everybody's temperatures rise again. They are saying one thing, nothing is materializing. You can't say one thing to me and then 3-month, 4 months later, it is not materializing.*

The tension created by misinformation, inconsistent communication of information, and failure to action that which is communicated, held the potential to erupt into serious conflicts across the estate. This frustration was compounded by lack of pathways for prisoners to feedback their views or exert their agency over the communication deficits they experienced.

PRISONER AGENCY AND THE USER VOICE

An aspect of communication of central concern to participants was having their voices heard by the prison. In many prisons, a process existed that created space for prisoner agency and voice to be expressed, harnessed and utilised, in the form of prison councils or governor/prisoner feedback sessions. However, in some prisons prisoners were not given the agency to participate in communication structures in the environment. As the survey captured, **74%** of participants disagreed/disagreed strongly that 'the prison service is listening to the voices of prison residents' (see Figure 55 below), while **66%** considered opportunities 'to be heard' had got worse or much worse since lockdown commenced (Figure 56).

Figure 55: Response to statement: "The prison service is listening to the voices of prison residents and our concerns"
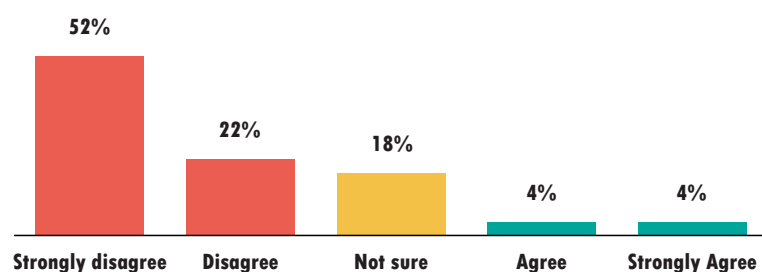
Figure 56: Reported change in opportunities to have voice heard since the beginning of lockdown restrictions
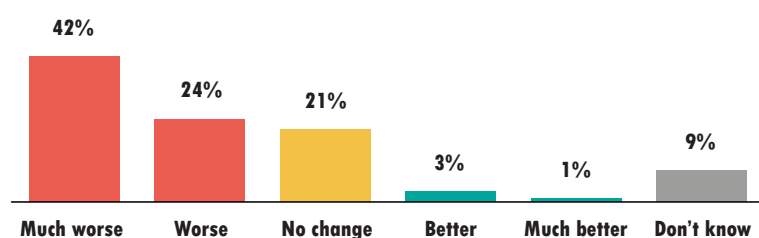
Many participants reported feeling ignored by the prison; 'it feels like we don't get heard a lot'…'Nobody listens to you'…'You haven't got a voice in prison that gets heard.' This had the effect of silencing 'prisoner voice' and removing participant agency to impact their own lives. This was a prominent issue on the landings:

> *I found there was a breakdown in the communications. They may be officers, but they don't take on board what we say to them…our concerns aren't being taken on board.*

I'm not being listened to because when you move behind your door, and you bang and bang and bang, and they come to your door and they say, "Yeah I'm going to do that". But they never come back, and they never do.

If I was to write a petition and get everyone to sign it, that's illegal because you're inciting other prisoners

Part of the failure of information flow from the ground, up to the top of the prison hierarchy was attributed to the disconnect between governors and prisoners:

You don't see governors on the wing, they don't come round and have a conversation, that just doesn't happen.

There's something wrong in this situation, because how does the governor not already know people's opinions on this issue.

Some participants reported that the only way to stop their voices being ignored was to get family members in the outside world to advocate for them:

When Covid first came on the wing...it took 5 days to get a shower and the only reason I got one was that I was speaking with my Mrs and she rang up the jail complaining that I wasn't allowed one.

It's like when we try and complain, we're told to fuck off but if somebody outside does it then they act on it and listen. If the outside world was to see more of what goes on and voice their opinion on it, the jail might get a lot better through Covid.

Several of the participating prisons had developed structures, such as prisoner councils, that provide a specific space for prisoners' voices, concerns and ideas to be heard:

You have it every Wednesday to tell them about progress, we have separate wings, and we all tell them about the separate issues affecting each wing.

We used to get like two meetings a week, Mondays, and Thursdays. So, Mondays, I thought it was supposed to be like any problems, any issues, tell them and then they'll give the feedback and what's going on.

What [the governor] is saying is … as soon as lockdown is lifted, they are going to try and make improvements. I said, it is about time that you get ideas that come from the bottom, because I'd love to see changes for all of the people…fridges, microwaves, the canteen sheets, things that have been taken off that we need, all these things I have written down so we can make some changes. But if we don't try and force these changes and make these changes then they are not going to happen.

However, over the Covid period, the frequency and utility of these meetings had deteriorated according to interviewees:

> *It was like we were doing three meetings a week getting all these things and then all of a sudden, it goes to once a fortnight and she doesn't come, we get fuck all. Yeah, we used to get some answers off her. You didn't always get the answer you wanted but at least you got an answer. If there was something gonna change in the jail, she'd tell you so at least you could bring it back to the other prisoners.*

Even in cases where these formal settings for prisoner communication were held regularly, some participants felt their needs were not actioned appropriately:

> *You have it every Wednesday to tell them about progress, we have separate wings, and we all tell them about the separate issues affecting each wing. … They said they'd talk about this later on. But it needed to be addressed then and there.*

> *I've spoke to the governor, and what's he done? Nothing. ... They say yeah, yeah, yeah but nothing ever happens.*

> *They trust us enough to have the job but not trusted enough to do the job.*

Equally, participants felt they contributed novel ideas on how things could be run differently, that the prison failed to take up:

> *The Governor came to one meeting and he talked about how tragic it was that prisoners were dying alone and he said he was often the only one who came to the funerals. I said, 'Bring the coffin in here, we've got a chapel, people could go from inside'. He said that's not a bad idea. But nothing happened. They treat things like this [focus group] as talking shops. Nothing gets done.*

> *I believe that when we are having morning meetings with staff and so forth, there needs to be a general meeting with the wing staff, the cleaners, the listeners etc, it needs to be having an agenda, and saying, 'in light if what happened last week, moving forward, what needs to change from last week, what went well that we can improve on, to make it work better', and work alongside each other to make it better for everyone — they have no vision. None of these people can help.*

Some participants felt that existing prisoner-forums pay 'lip service' to the idea of giving voice to placate prisoners without bringing about the actual changes required:

> *What they do, they'll promise you a few things. The next couple of weeks they'll implement those things, make you think that things are starting to change, and all of a sudden they'll go back. They'll say, oh we're short staffed… that's tactics.*

> *The most demoralizing thing about being a prisoner is that you have no say. At all. Nothing. It doesn't matter how many people come to talk to you, how much you repeat yourself. Nothing is going to change.*

As with other areas of communication, inconsistency and miscommunication led to issues being actioned and later withdrawn, which created frustration for participants:

> *You have minutes from these meetings that you attended. These minutes are getting fed back to the wing. On some minutes they are saying how we are going to open up kitchens on the wing, or get freezers on the wing and we can have this that and the other. Cool. The atmosphere is buzzing, yeah, we are going to get this and we are going to get that. Two weeks later, you go to another meeting and the governor is telling you, you're not having kitchens, you are not having this, you are not having that and then it has a ripple effect on the mentality and mindsets of people.*

I'm [on a council] and we sit down and talk to the doctors and stuff like that, and we've had promises, and they never materialize. We've even had promises that they are going to come and sit in on our meetings, and they don't turn up! And that's the truth!

These failings in implementation of existing 'prisoner voice' models gave participants the impression that their function was based on staff needs, not prisoner needs:

They're not trying to resolve, they don't try to resolve issues, and so like we're not a priority, the priority is the officers and how we can make life easier for them.

Finally, in additional issue was the fear of repercussions faced by participants who offered feedback to prison staff:

You've got to be careful. We went to this meeting last week, you know there's all like big heads of whoever there, like, and come to the end, he says, "Anyone got anything to say?" and everyone was like "Fuck this, I'm bringing the gym up, do you know what I mean?" You shouldn't feel like that. They're asking you a question "Should I say it?" And also, when you do ask, they try brushing it off … No, you're not listening to what I'm saying… It was one case I just kept interrupting, so they listened to me. … And then they were looking at me like "shut your fucking mouth"

Thus, even when the structure for prisoner voice and feedback was in place, participants felt it was often deprioritised for other institutional needs, not harnessing the full potential of such initiatives. As outlined in Chapter 9, the peer support and mutual aid that arose organically during the lockdown was a positive development during a difficult time, highlighting a potential area of focus for the recovery period. As prisons transition out of lockdown, these voices may be more important than ever.

CHAPTER 11: STAFF RELATIONSHIPS UNDER THE STRAIN OF LOCKDOWN

Staffing is unquestionably one of the most important issues in prison. Staff provide the human interface between prisoners and the prison institution, as well as being custodians of the welfare and rights of those within their care. Of course, due to the structural positioning of the two groups, relationships between prison residents and prison staff are almost always fraught and oppositional. However, a considerable body of contemporary social scientific research (e.g., Liebling, 2011) suggests that staff/prisoner relationships can vary greatly across prison and over time. Our respondents described the pandemic lockdown of 2020–21 as an era of severely deteriorating relations between prisoners and staff. As this chapter will outline, the interrelationship of staff and prisoners during this period, impacted day-to-day experience of restrictions with staff responsivity to participant concerns a crucial aspect of surviving lockdown. In addition, as this chapter explores, structural staffing issues raise significant questions regarding post-Covid transition, and the transformations prison institutions should undergo.

RELATIONSHIPS BETWEEN STAFF AND THOSE IN PRISON

Participant feedback painted a picture of generally negative staff-prisoner relationships during the lockdown. As this section will outline, qualitative analysis revealed lack of prisoner trust and lack of staff professionalism. Perceptions of 'favouritism; was an additional issue, which could feed into discrimination, racism and job allocation. Over half (**56%**) of the survey sample felt that relationships had deteriorated during the course of lockdown (see Figure 57, below), with **34%** reporting that relationships had further deteriorated in the weeks leading up to data collection (see Figure 58 below). Only around **13%** of survey respondents felt that staff-prisoner relationships were getting "better" or "much better" as lockdown restrictions began to lift:

Figure 57: Reported change in staff/prisoner relations since the beginning of COVID lockdown restrictions
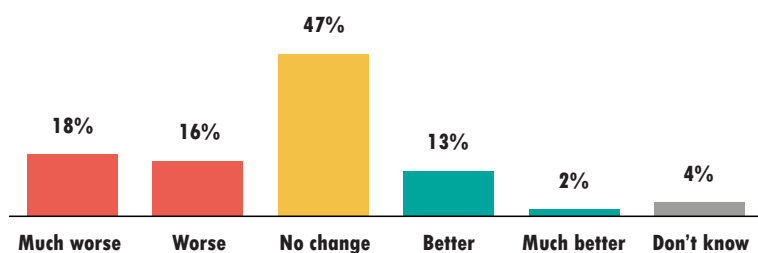

Much worse	Worse	No change	Better	Much better	Don't know
28%	28%	23%	10%	3%	7%
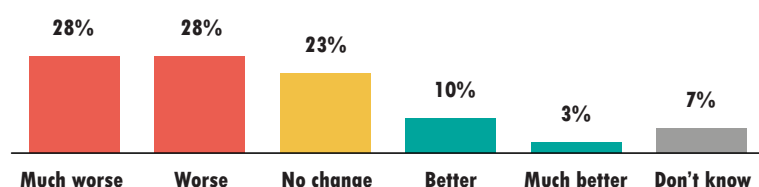
Figure 58: Reported change in staff/prisoner relations in recent weeks compared to earlier in the pandemic

| Much worse	Worse	No change	Better	Much better	Don't know
18%	16%	47%	13%	2%	4%

STRUCTURAL ISSUES AND STAFFING

Focus group participants explained that structural issues related to staffing had a direct impact on those in prison during the pandemic. In particular, interviewees attributed much of the stress of inconsistent regimes to issues around staff shortages, and high levels of staff turnover:

Covid is used as the excuse for everything. Once this Covid kicked in, I've never seen anything like it, no-one has ever seen anything like it in the world. I've been in jail since I was 14. The impact that Covid has had on the system is crazy. I would go so far as to say, worse than the spice epidemic in prison. Covid has had the worst effects. These staff, psychology, health care workers, anybody that works here, that has a bearing on the whole regime. Staff have their meeting first thing in the morning, and they say we're short-staffed today, and it has a bearing on the whole ethos of the whole day.

It's still the same problem — the problem starts with starts with staff shortages.
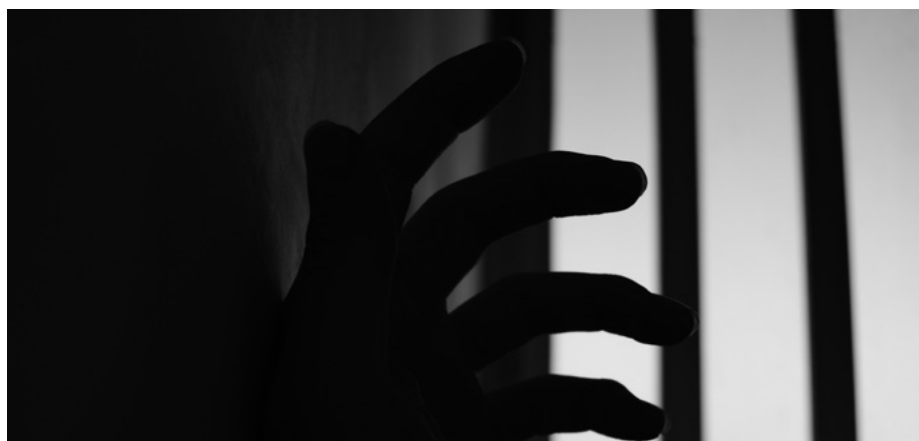
Participants suggested that understaffing is often the deciding factor in whether an individual would have time out of their cell that day, have the ability to go to work that day, or even have the opportunity to have a shower:

> *They don't come and get me. They are understaffed apparently, so they can't come and get me to go to work. They say they can't afford to take the staff off the landing so I end up getting locked up. It's not really a job — I'm lucky if I get to go twice a week.*

> *Us trapped in here, we watch the news, we can see what's going on outside, and these lot are trying to tell us that they get 'pings' and they've got to self-isolate. The short staff, that impacts negatively — you get up in the morning and you don't know if you are getting out that day or not. You don't know if you are going to be having a shower or not. Because it could be a short-staffed situation.*

Respondents said that shortages in staff also led to staff being drafted in from other prisons to work under different regime conditions. Participants found these conditions stressful because the opportunities to get to know staff as individuals were even further dissolved and new staff drafted in did not have the background knowledge or access to deal with requests from prisoners:

> *Understaffing, guys coming on contract from other jails for like 3–4months, by the time you've got to know them, they're gone again and new guys coming from a different establishment.*

> *How are you going to have officers from other prisons who don't have access to what we need — like the whole catalogue orders, post stuff, they can't check stuff so why are they here, why are they not in visitation or something or helping out at reception and having people who actually work here on the wings.*

Staff shortages and turnover related to the pandemic also resulted in recruitment of new staff, who were perceived by participants as young, inexperienced and lacking in knowledge of prison regime:

> *Two members of staff to look after 90 men, that's 90 men with 90 problems. They've only been signed in a month before. They don't have a fucking clue they're asking us. Someone once asked me "What time are you banged up?"*

One individual likened the training of new staff to "the blind leading the blind" and another stated:

> *You've got new staff coming in and they are being shadowed by other new staff, there's no experience for them — babies teaching babies.*

One participant with long-term experience of prison life expressed his frustration at the impact of staff shortages and inexperienced staff during the pandemic:

> *I've been 22 years in jail. … How it is being run during the pandemic and the ripple effect it is having on residents is atrocious. From recruiting new staff because you are under-staffed, and training and putting new staff on wings who haven't a clue about fuck all, and they are 21, 22 years old, prancing around the wing like they know everything — they are 20 years old! I've done that [amount of time] behind the door! They know nothing about prison, fresh out of college. No people skills and talking down to prisoners and locking and unlocking who they want to unlock and not following a regime. Prison is about regime, before you get to anything else. Staff are coming in from college with a different mindset.*

He later speculated about the detrimental impact this could potentially have for violence towards staff erupting, were prisoners not under the current restrictive regime:

> *Little do they know that they could get smoked any day of the week for the way they are getting on. That has a bearing on the whole atmosphere, the whole consequences for everybody on the wing.*

This sense of impending trouble was widely shared among interviewees. In particular, numerous respondents expressed concerns around the lifting of restrictions for the new staff as prisoners perceived them as incapable of dealing with situations where the population was not locked down for the best part of each day:

> *This place is a ticking time bomb because the majority of prison officers have never experienced anything outside of Covid. Situations like that there, on the top corridor, happened six or seven times a day, and they won't have a clue how to deal with them.*

These mounting frustrations with staff resourcing, and the impact they were having on the regime prisoners experienced, were compounded by the negative staff relationships and staff responsivity to their needs that participants experienced.

FRAYED RELATIONSHIPS

Some participants felt that diminishing trust in prison staff was associated with the lack of experienced staff in position during the pandemic, due to high rates of turnover and lack of retention (see section Structural Issues for further discussion):

> *It is trust and communication… These people [staff] don't have the skill capacity to deal with some people because of their inexperience, immaturity, and a lot of the time, prisoners understand other prisoners and respond in a respectful way, and say I understand what you are saying, and listen.*

> *Staff in here, they haven't a clue what they are doing, and they are creating the problem.*

As well as the loss of trust in staff, respondents described a perceived lack of professionalism and disrespect among staff. Participants said the staff treated them like "kids", and recounted instances that were described as "*bullying*" or "*harassment*". For example, one participant claimed a prison officer called a prisoner a "*nonce*" [a slang term for sex offender (Cowburn, 1991)]. Respondents said they resented the lack of respect they received from staff:

> *The thing that surprises me is the attitudes of the officers I've come into jail and I'm quite a nice guy, I look at how you speak to people and how people speak to me and the thing about the officers, they will treat you like shit, they will talk behind your back, and they will stir up so much shit.*

Research participants said that staff did not show respect in their manner of speaking to prisoners. Several also felt that officers did not value their jobs and were looking for ways to get out of prison work:

> *The staff working here look like they've been picked out from the street and been told to work here. This is the whole prison. You need to be delicate with us, but the people they bring here aren't. They have no respect for us. ... They use their middle fingers and use the 'f word' around us. When the wardens tell us to go back to their rooms, they never say please or thank you. They'll use the 'f word'. I don't deserve to be treated like this.*

Respondents said that the staff showed similar disrespect to visitors to the prison, particularly those coming to the prison to provide support for those inside:

> *Anyone trying to help prisoners is treated like shit, the way they speak to the lady from the library, I had to tell them to mind their manners'*

A number of participants reported staff "goading" prisoners and the negative impact this behaviour could have on individuals:

> *That's what happens — those small little snarky comments, but it's those comments that I've seen people cut themselves up over. That comment could be really detrimental.*

Although similar dynamics could be found in prisons pre-pandemic, some participants suggested that the pandemic had exacerbated these poor relationships between staff and prisoners. In particular, the extreme nature of the prison lockdown has severely curtailed the rights of prison residents and increased the rules that staff have to enforce:

And it's so much [worse] the last 18 months, you thought they were bad before, because it's like they're just so consumed with this empowerment [of the lockdown]. They actually live in this this this fantasyland, right this Alice in Wonderland, right? This is almost like with Covid, we put them in this wardrobe. Right? They come out the other side and there's all these lions. ... They believe this now because it's because it's been instilled for 18 months, and we've been not challenging it beyond our doors and we've had to put up with it.

In particular, with the majority of prisoners being locked in their cells 23 hours per day, the allocation of work assignments that would allow some prisoners to be out of cell became highly divisive.

The workers are getting more favouritism over the normal prisoners. So the room cleaners are usually meant to be out for 45 minutes in the morning cleaning the cells, and now they're out from morning to night.

"Favouritism" was discussed in several of the focus groups conducted across the prison estate. One participant stated, "There's like favouritism, discrimination, racism, it's all going on here." In these discussions, participants noted disparities in treatment of individuals associated with job allocation in particular:

There's a certain criteria when they want to give a job in here... it shouldn't be like that in here. It shouldn't be one rule for one and another for another.

For some, race came into the equation in this regard (See Chapter 8 Diversity for further discussion); for others, they felt it was those who had money and resources who were treated more favourably:

You need to have a bit of pull in here. One thing you need to get through in here is money — if you have money, it shines though. The officers notice it. If you have money — you'll have nice clothes, your pad will be [better] than anybody else's and so they'll be the people who will get the jobs — more influential. I get that because it brings peace in the community but it needs to be balanced as well.

> *Overall, participants noted a lack of empathy in how many staff related to those in their care. However, as the following sections outline, this was accompanied by respondent recognition of the structural issues regarding training and resourcing which impacted and underpinned their interrelationship to staff.*

STAFF HARASSMENT AND CONFLICT

Participants also described verbal abuse and harassment from staff, which they described as a trigger for violence and unrest on the wings:

> *There are people who are people who are cutting themselves and hanging themselves and the officers are going to the cells and laughing at them saying "stupid bastard"... and then shutting the door and I'm going what the fuck? ... That person could hang himself later on, like what the fuck? Like what are taking the piss out of him for, it's madness. …They think they can talk to you like that. … Those are the things that can bring violence.*

> *Most of them can't relate. Even when you're listening to officers talking to prisoners through the cell… calling people smackheads. … They think treating us like shit is a way of punishing us.*

> *You're here to do your job so do your job. Communicate on that basis. Because if someone doesn't like it, they're going to smack them in the face.*

Other participants described harassment of a clearly sexual nature. It is not possible to determine how common these sorts of accounts are using focus group methodology. However, even if they are extremely rare, the incidents clearly have a long-lasting impact on prisoner-staff relationships:

> *They'll say to young lads, when they come in here: 'I was doing your mum last night'. It's disgusting.*

> *I remember our officer told an officer on his visit, [obscenity involving a prisoner's mother], and his mother is right there. ... There's no ways about it, they can't do that to us. They open the padlock and see pictures inside and say, 'She's fit, I'd fuck her'. I don't agree with that shit man. Keep your opinions to yourself.*

> *They're taking pictures off lads from the walls, putting them on the floor and putting tissues around them. … Saying 'This is what I'd do'. It's wrong. They only do it to people who they know they can do it to. It's very selective.*

Participants felt that officers abused the power they had over the people under their care, deliberately provoking and harming prisoners because they knew they could not or would not retaliate:

> *Someone on my wing, was cooking food for everybody, chicken curry or something, and he was bringing it out and they twisted him up and sent him back in. Said 'Stay on your bed, don't move', you know, are you are real? Just for cooking they come in all military and chuck you on your bed.*

> *Even officers try to bully people as well. Officers come into showers and get in people's faces saying things like: 'You're a fucking pussy, you're nothing'. They do it because they know people can't react. What are you going to do in that situation when you're in a shower? Are you going to fight and get overpowered by the officers when it gets down to it? It's bullshit.*

> *I was told to get back into my cell 'you c––'... we got face to face, I was going to have it off with him. … I was stood there listening, I thought you were going to grab him by the back of the head…That was me giving into him — he would have given me more years*

The extent of the harm participants described as being inflicted upon prisoners by staff, extended to direct physical violence, alongside what they considered to be 'strategies' used by staff to cover up violence inflicted upon prisoners:

> *I've seen officers get gobbed out and they'd punch him and they say I can do what I want, and they'll make it up and say he went to throw his dinner at me. I watched one male and female go into a cell and they pushed him and he had his dinner in his hand and they blamed it on the kid in the cell and said they threw his dinner at them.*

> *They will slag them off, when they're screaming help me, they'll kick their doors. If you've got something about you, they'll leave you alone until you start gobbing off and then they'll have to make a stand so they'll wait until everyone's away and then punch the head of them and say he attacked me.*

Participants discussed how they felt there was a lack of oversight and accountability regarding what they experienced at the hands of prison officers:

> *This lad, when he got attacked, he asked for the video footage of the cameras, and they just come back to him on the opposite, we've forgot to turn this video on. Now, if he had attacked a member of staff, I guarantee you they wouldn't have forgotten, they would have had the footage there. So, they covered each other up as well, Miss, it feels like you're dealing with criminals, you know, where we're supposed to be the criminals, you know, the way they work together and back each other up and all the rest of it.*

> *When I lost my job in here, it was illegal. I was bullied by the officers. When I tried to tell another officer, they'd join in and just do the same thing. When they sacked me, I phoned my solicitor to see if they could do anything and they said we don't get days to do that. There is no one who we can access legally to fight legal battles and as soon as you complain about one of them...I was asked well why are you grassing on them?*

If I was to get punched by an officer and go to the police to say I want to press charges, 9 times out of 10 nothing would get done about it. This society isn't governed by the law out there.

Where accountability did occur, participants reported that problematic officers were just shifted around units and prisons:

> *We decided we'd go to the governors, tell them straight, and wasn't liked for it. We said it's not fucking right, bullying. They come in here, having been bullied in schools themselves, thinking they can bully these boys and intimidate them. It's only because they're vulnerable. The governors took it seriously; they brought in investigators from other prisons and one was suspended, one was transferred to another unit.*

> *They should have been sacked for that shit. If they're going to do it there, what's the point in removing you from here and moving them to another prison…They're going to do the same thing.*

Rather than being a protective buffer against violence then, participants considered that instead staff were key actors in the production of violence in prisons. Just as peers stepped into vacuums left by staff regarding support, participants also described the role peers took in trying to reduce and prevent outbreaks of violence on their wings, as the next section explores.

KEY WORKERS AND RELATIONSHIPS

Relationships between staff and those in prison were not described as universally negative. Almost all of the focus groups involved discussions of prison officers who showed genuine empathy in helping those in prison, throughout the pandemic period. In some cases, these were described as "old-timers" who had been in position for many years; whereas others were described as new staff, who adopted their role without preconceived notions of judgement and unfair treatment of those in prison:

> *There is a very small number of staff that take an interest in prisoners. On the night shift, you will hear them talking to everybody. That's massive. That's absolutely massive. But they are few and far between.*

> *You see these new officers come in and at first they want to help you, some of them are really nice, but then they see that other officers don't do anything.*

Key workers, where implemented, were also viewed in a positive light, with one participant describing their working model as "exceptional." It was reported that, prior to the pandemic, prisoners had weekly contact with key workers, however, this halted for a period of time and, when it resumed, it did so in a limited capacity and was restricted for "priority" prisoners; those struggling to cope:

Every prisoner has a key worker. Before the pandemic, you'd get a 45 minute a week conversation with them. They stopped this for a very very long time [during Covid]. It did pick up through. You do have the priority key workers from the Assessment and Intervention Centre, but these are for the priority cases. When they first started up it was like "who are these ladies?" They sort of stepped into the key worker role. Staff now focus on "priority key worker" sessions. These are for people who are struggling to cope. These started up again in January [2021]. But they are only for the 'priorities' — people who were struggling. They'd just be "How are you? OK?" "Ok." "OK, then." That's your key worker session done.

Focus group participants also reported inconsistency across the prisons in terms of key worker role and implementation, and even knowledge of their existence. When asked about the role of a key worker, one participant responded that they could be approached for "anything you need." Another elaborated:

Anything you need, you address to them and they take care of it… they do help you out.

The key workers had an exceptional key worker model, sixty officers to ninety prisoners, but that was only for care leavers. It was like ninety-six lads across the jail. Since then, the key worker system just hasn't existed until last week when the Inspectors arrived.

There's a lot of questions on the wings, so if you had staff that could answer it straight away it would solve a lot of problems. You wouldn't have to keep asking for the stuff you want as a key worker is going to sort it for you by next week.

In some prisons, respondents questioned the allocation of key workers to each individual in prison:

> *I don't even know what a key worker is.*

> *They said, you got one, but it wasn't at all. They said they come and see you when they can, but nobody knows who they are.*

Where positive staff innovations were in place then, such as the keyworker model, they were not universally or consistently implemented according to interviewees. Yet, where they did work, they held the potential to improve prisoner lives immeasurably — and highlighted the possibilities as prisons transition to a post-Covid regime. Similarly, individual staff members made a positive impact on the lives of participants, but as the next section discusses, they bore the load of the vacuum created by other officers, which carried the risk of burnout and impeded positive staff retention.

STAFF RESPONSIVENESS TO CONCERNS

Across most of the research sites, respondents said they felt that prison staff showed little concern for their well-being during the pandemic. This perceived lack of responsiveness and support crossed a number of domains, including deficiencies in pastoral care, in following up on requests and/or applications from prisoners, and in responding to in-cell buzzers. Respondents across the different prisons expressed the view that after reporting lack of institutional support they experienced, the majority of prison staff just did not care about their health or wellbeing:

> *There is no support system anyway. There is nothing there. No-one checks on you. There is no-one checking to see if you are all right. The officers don't care.*

In instances where prisoners were checked upon, particularly those on ACCT, the gesture was perceived as more of a "tick-box exercise":

They'll come round and say, "Are you alright" and they say, "yeah I'm alright" and they can blatantly see they're not alright, but they are quick enough to lock the door before asking you what the problem is.

Responses from the focus groups and peer analysis sessions indicate that a perceived deficiency of care on behalf of prison staff further entrenched the lack of trust between those imprisoned and those employed by prisons, often resulting in a sense of hopelessness:

I don't care anymore; I've been waiting too long to receive any individual support from somebody. I just want to be provided with enough things to help me get through my day.

If you have issues, you wouldn't go to staff.

Prison staff are the first and often only point of contact for those locked behind a cell door for up to 23 hours each day during the pandemic. As a result of being locked up during lockdown, in-cell buzzers were the primary mechanism to alert staff that they were needed, for one reason or another. However, according to the interviewees, calls for staff were often ignored:

Ringing the bell and banging the door and being ignored and not getting any response. It's going on for days and days and everyone's on your case because you're banging on the door. You aren't getting any support.

Participants recognised that the frequency of in-cell buzzer use had soared due to increased need as a result of lockdown. Prior to the pandemic, individuals could have approached staff or another peer in-person in order to fulfil basic needs, and in-cell buzzers were generally used for emergencies only. However, the nature of 23-hour lockdown meant that buzzers were used more often, and staff were less inclined to respond, despite the risk of harm in cases of medical emergencies (see Chapter 4 for previous discussion of prison healthcare):

My cell mate was coughing up blood, going in and out of consciousness, we rang the bell all night, no one came.

Them [sic] bells have been on for hours on end. God forbid someone was hanging. That is the reality, because they would be dead. No-one would know.

Slow response times caused real concern and genuine frustration amongst participants and contributed to feelings of dehumanisation of prisoners by prison staff:

They aren't stuffing envelopes; they're dealing with human beings.

It's like they don't see them as humans, just numbers. Cattle.
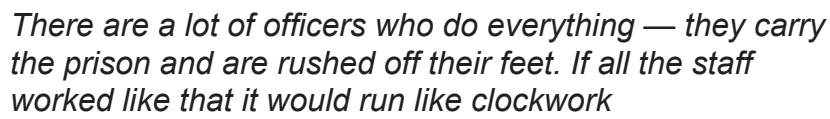
It is a legal duty, it seems like a moral duty because they should show morality to human beings, but more than that they have a legal duty, because that is what they get paid to do.

In cases where participants approached staff with requests or applications, participants described feeling as though they were stone-walled:

They make it seem like it is nothing, like we are nothing, whenever we ask for stuff or make requests. They make it seem like you aren't allowed to ask for anything.

Some officers will look at the applications and others won't bother, put in bin.

Yet, as described in the section above, some officers went above and beyond the call of duty for those in their care — going out of their way to ensure that their charges needs were fulfilled to the best of their ability:
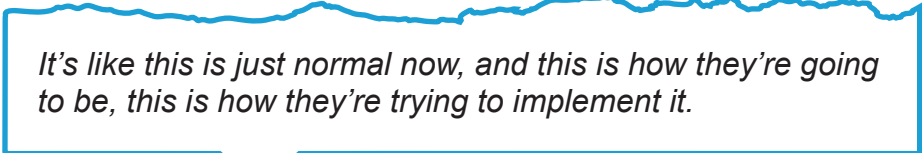
> *There are a lot of officers who do everything — they carry the prison and are rushed off their feet. If all the staff worked like that it would run like clockwork*
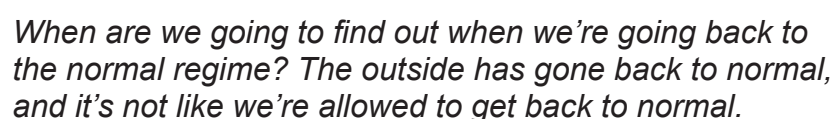
As peer feedback reported, this could lead to overuse of certain officers — the ones that could be relied on. However, this in turn ran the risk of prisoner overreliance on certain staff members, and eventual burnout.

CHAPTER 12: "THE NEW NORMAL" AND THE "MYTH OF VIOLENCE REDUCTION"

All of the preceding chapters have been written in the past tense. They describe a situation that was happening in prisons in England and Wales at the time of our research in 2021 that we refer to as the "Covid lockdown" or the "pandemic lockdown". However, the general consensus among focus group participants was that that lockdown restrictions were not an historical aberration, never to be repeated, but indeed were about to become the "new normal" for those in prison:

> *It's like this is just normal now, and this is how they're going to be, this is how they're trying to implement it.*

> *When are we going to find out when we're going back to the normal regime? The outside has gone back to normal, and it's not like we're allowed to get back to normal.*

> *Every day is hopeless. It's the new normal.*

In short, participants did not believe change was coming, and feared that they were living in what would become seen as 'normal' incarceration. Participants' scepticism around prospective change was two-fold; first, respondents discussed the prison system as "*already broken*", with Covid used as "*an excuse*" to mask the problems of under-resourcing and mismanagement. Secondly, participants consistently argued that the restrictive regime lockdown was preferable for staff, and so they perceived reluctance on behalf of staff to facilitate easing of restrictions.

As previous chapters have discussed, prisons were experiencing the first stages of recovery at the time of our research, mostly shifting from Level 4 to Level 3 or even Level 2 in terms of the stages of lockdown. Around three quarters of the survey sample reported having experienced a change in regime in the weeks prior to data collection. Interestingly, around **6%** were not sure if they had or had not. However, at the same time, participants reported that restrictions around many aspects of prison life were perceived as having gotten "worse" rather than better at the time of the change. For example, **37%** of the sample felt the overall climate of their prison had gotten worse or even" much worse" (**22%**) since the reduction in Covid level. The most common response had been that there was "no change" in the climate of the prison despite the loosening of some of the restrictions on movement (See Figure 59 below).

Figure 59: Reported change in overall climate of prison since the beginning of lockdown restrictions
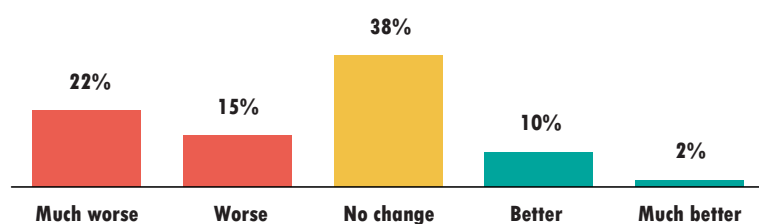
Data from focus group participants suggested that temporary easing of restrictions in prison between the first and second waves of the pandemic, alongside disparities with the outside world regarding the extent to which people were locked down, compounded negative perception around prison regimes in place at the time of data collection:

> *When we first went into lockdown, there was in a strange sort of way, more clarity, because outside everyone was in lockdown. You saw on TV that people were being furloughed, and not allowed to football matches, and all that was being stopped. Then there was a period of time when we were being locked up for long periods, only being allowed out in small cohorts, but we got used to that. That became a routine regime. We're not saying we liked it…But then there came a period of time which is more recently, where it lifted for a while, and you could see outside things were being lifted — on TV, papers, radio — you could see now people are now going to football, going to chapel, doing things that are important to them. But then we are seeing the confusion almost, or how best to move out of the regime we've been in, and it seems harder now in my opinion.*

Focus group participants had little hope things would be improving with further stages of the recovery process:

> *Even now, the changes, I don't think they have a future plan set out…You have one governor saying one thing, and another one saying another thing and it is like, which one is even lying or telling the truth? This one wants us in, this one wants us out — so you never get full transparency of what it is going to be like.*

In comparison with the outside world, life in prison seemed static and this left some participants feeling hopeless, with little prospect of change anticipated:

> *We have seen no normality — like shops and businesses have started to reopen again, but we're still in the same position.*

> *When things are getting properly back to normal outside…it's getting worse in here.*

> *If Boris is going on the news saying we are going to open pubs, take away table service, why is it that prisoners today are still experiencing this and Gold Command are still keeping a tight lockdown?*

> *We are lucky if we get 7 hours a week… things are opening today outside so why are we getting more bang-up as opposed to getting more freedom?*

Part of the reason for this scepticism was that interviewees felt that Covid was being used as "*an excuse*" to mask bad practice within prisons and to "*plaster over*" already existing cracks in a failing system, and this had considerate bearing on perceptions that little would change in the near future, despite moves between levels of lockdown:

> *It is a high security prison, but we only ever see it going downhill. And Covid is just one of things which is almost you might say, giving them an excuse to send it even more downhill. And that's the direction it has been going in over the restrictions. We can't see a way for it going back up hill again, because we are not being given any positives in relation to workshops, education, we know they are there but the access to them is unfair, so it is not something you can get into a positive mind set about.*

> *A lot of stuff, they use Covid as an excuse, a lot of things they put on the back burner because of Covid.*

> *A lot of the cracks in the prison are being plastered over with Covid. Before Covid started there was big problems and this is the way they hide it. They can mask all the problems around this now.*

> *They are using Covid as an excuse. It's not the disease anymore. Things have settled down with the disease, but they are still using it as an excuse to do what they wanted to do anyway.*

Participants also felt that little would change because they thought the restrictive regime suited staff better — in particular, younger, more inexperienced staff without any experience of the old 'normal' prison regimes:

> *Staff want to keep it like this. … It's an easy life now with lockdown. Unlock is getting shorter and shorter. … No one can claim to be listening to the science at this point.*

> *It's like Covid has been a trial to see how regimes can be used in prisons and they have obviously noticed that it works better by having more lockdowns, it makes their job easier.*

> *I've been in jail now for four years. I've been here for the start of Covid, I've been here during Covid and I'll be here all the way through Covid and I'll be here after Covid probably. But they've [staff] had it too easy for too long. Now they think it's the norm, that it's the new norm.*

Those we spoke to in focus groups were also aware of rhetoric from politicians and prison leadership that there had been a "silver lining" to the lockdown, which was that prisons were now much calmer, with reductions in the record-levels of violence experienced just before the lockdown. Interviewees worried that this '*myth*' of violence reduction was being used to justify the restricted regime they continued to experience:

That's what we're worried about. There's nothing we can do about Covid but what we are worried about is that it becomes the new norm...we are hearing reports that violence is down.

How do you know that they'll keep the regime the way it is? Because there is not a lot of violence.

It's time to get control back in the jails but now they're thinking this is easy, violence is down, drug use is down, the small group that are doing that sort of stuff are people who are locked down.

There were multiple accounts that focussed on control that restrictions provided within the prison system:

The Government, when they announced a national lockdown and they completely locked us down, they contained a lot of the problems that were already inside the prison. They feel like they've got it contained, they now have a fear factor for it to go back to normal but we need normalisation and back to the way it was, but we still have to live and live under these conditions.

It just seems to be that they've got control back of the jail and their happy with that and fuck the impact it's had on people.

> *Now Covid has allowed them to lock our doors, that's, that's another level of control.*

Focus group participants discussed the current climate in prison as negative, with one likening the situation to "a ticking time bomb." They felt that staff, particularly new recruits, would not have the skills or experience to deal with the prison population if/when restrictions were eased:

> *Through Covid, a lot of staff have left, new staff have come and now they feel like they're vulnerable, cuz they aint got a clue, and so they feel like they can't contain us. They're struggling to give jobs and do things like that and that's just day to day things in the prison.*

> *It's going to go really wrong for them one day and these new staff — they don't have experience and they'll be first out the door when something does kick off.*

THE 'MYTH OF VIOLENCE REDUCTION' AND THE 'FOREVER LOCKDOWN'

When asked to rate how the lockdown has impacted their feelings of personal safety and security, **28%** of survey respondents responded that the lockdown had made their situation "worse" (**12%**) or "much worse" (**16%**). The most common response (given by 606 respondents) was that there had been "no change" in terms of violence levels as a result of the lockdown and only **17%** of respondents considered their personal safety had become "better" or "much better" as a result of the lockdown (see Figure 60).

Figure 60: Reported change in personal safety/ security since the beginning of lockdown restrictions
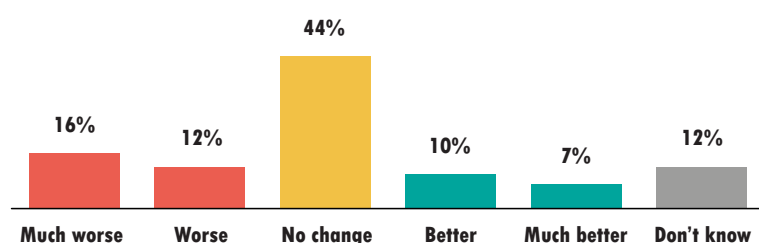
In other words, the 'myth' of violence reduction is not a complete myth. Our findings would suggest that personal safety has increased in prisons but only for a small minority of prisoners (around 1 in 6). The reason given for this provided by survey respondents was the obvious one: if no one is allowed to leave their cells, it is difficult to fight.

> *Because there is a lockdown and there is no sort of integration so even if people do have a conflict they can't see each other, and even if it is being reduced in inmate on staff, it is because of the limitations.*

To probe this 'myth' in greater depth, survey respondents were asked to respond to a number of statements and either agree or disagree with the sentiments from their lived experience. First, we asked survey respondents whether they thought that "Most people welcomed the lockdown because it has reduced violence and bullying". Over half of survey respondents (**56%**) disagreed or strongly disagreed with this and only around **22%** agreed. (See figure 61 below):

Figure 61: Response to statement: "Lockdown has reduced violence and bullying"
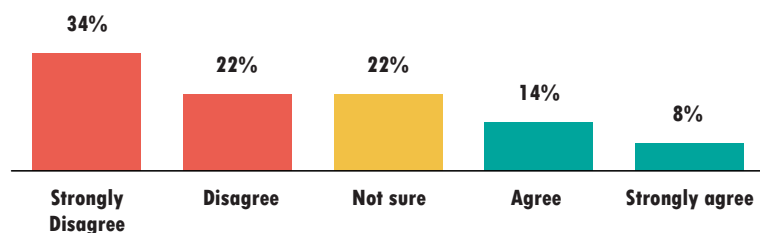
When we restated this question differently it received more support, however. When we asked them to respond to the claim that "a small number of people in prison have welcomed the lockdown because it has reduced violence and bullying", over a third (**38%**) of survey respondents agreed or strongly agreed, and only **34%** disagreed (or strongly disagreed). The most common response in the second rephrasing was "not sure" at **29%** (see figure 62 below).

Figure 62: From your experience in prison respond to the following: "A small number of people in prison have welcomed the lockdown because it has reduced violence and bullying"
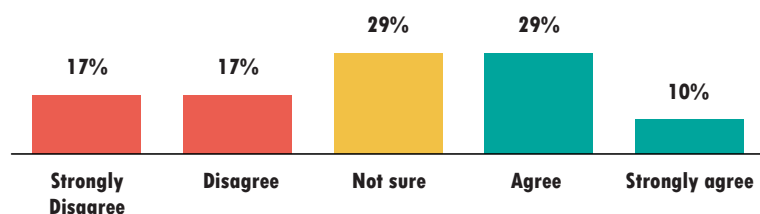
This appeared to be the conclusion that was most supported in our focus groups: yes, a small number of prisoners agreed that a small number of those in prison probably welcomed the lockdown because it has kept them safe from predatory behaviours, but that these prisoners were a small minority. We met a few of them in our groups. One stated:

> *I actually think we've seen a lot of benefits from lockdown. … I don't really want to get out to be honest. … Less violence in jail, less everything.*

Others agreed that there was a reduction in violence, but felt that this was not a result of positive prison policies or practices:

> Yes you do have a reduction in violence, but it wasn't because of any infrastructure the prison implemented in terms of making changes or helping people. … They can't put their hands up and say we have a reduction in violence and that is a good thing, because who has it changed, it hasn't changed anyone, and who have they helped, they haven't helped anyone?

The vast majority of focus group participants instead argued essentially that violence had persisted but was being covered up:

> 'They took violence away? They haven't took violence away…They say there's no bullying? Ha, I think it [the lockdown] has made it worse…what they've created is more toxic than what it was before.'

As outlined in Chapter 6, almost half (**47%**) of our survey sample agreed or strongly agreed that prison statistics were manipulated to support staff/management's goals (only **12%** disagreed with this well-accepted belief among prisoners). One interviewee stated bluntly, '*They're saying the violence is going down? They're not reporting it, that's what it is.*' Focus group participants offered lists of recent incidents of violence they had witnessed on their landings including murders and attempted murders:

> Someone got killed in here … about three or four months ago… violence reduced? We just had an attempted murder in the prison.

Instead, focus group participants reported that incidents of violence had just changed in how they manifested, with prisoner-on-prisoner bullying occurring between cell-mates, or violence between staff and prisoners.

THE CHANGING FACE OF PRISON VIOLENCE

While recorded incidents of prisoner-on-prisoner violence may have decreased, participants reported that incidents of people in prison intimidating and bullying each other had not disappeared but instead had simply changed. Participants in some prisons reported that violence now '*was all verbal*':

> *The idea that bullying has decreased is nonsense. There is no silver lining. It is still happening even under lockdown. You hear it out the windows.*

Some prisoner groups were seen to be more vulnerable to bullying and coercion than others:

> *Compared to 2018 and 2019 there's a big difference. There's also a lot of people in here, who are thinking they're like top criminals or whatnot, who want to shove their way around. But they're only doing it to people who they can do it to, if that makes sense. There was nothing like that before.*

Focus group participants discussed the particular vulnerability of older prisoners, who were vulnerable in public spaces and could bear the brunt of bullying over the scarcity of resources during the pandemic (see chapter 8 for further discussion of older prisoners' experience):

> *A lot of them are too scared to come out when the young lads are milling about. The feel vulnerable. A few of the lads on our wing are terrified of being attacked … Prisons can be volatile places. Some old fellas avoid showers because they are worried about being jumped. That's not good. They're also bullied to get off the phones by young lads we call phone hoggers. They're scared.*

In other prisons, prisoners considered drugs were still a contributing factor to violence on their landings:

> *100% drugs trade violence and it creates a toxic environment. Like me and this man here, we don't run in drugs or that society so we're just suffering because of the minority of people. A minority are ruining it for everything else.*

Participants felt that people in prison were generally frustrated by the lockdown environment and culture, and that that was reflected in prisoner relations:

> *Yeah, more people slagging each other off all the time now … it's easier to be mentally affected than it was before. Where people could go to work and stuff before... they're just not themselves, they're ghosts of themselves*

This was heightening the feeling of risk across the environment as frustrations erupted:

> *Opportunities for violence are still there. In the old days when an altercation happened, it was two prisoners going at each other. Now, it is turning into whole groups going to war. [Prison x] was a settled prison before Covid.*

Opportunity for violence towards other prisoners still existed then, whether it was via verbal abuse, or coercion over the decreasing levels of resources created by Covid-restrictions. Moreover, the production of frustrations outlined in the previous section, carried the threat of manifesting through prisoner acts of violence towards each other.

EFFORTS TO REDUCE VIOLENCE

Focus group participants frequently emphasised the impact of negative staff relationships on safety and security inside the prisons. Several respondents, for instance, described staff incitement of negative relationships between prisoners on their wings:

One person will do something that [staff] *find hilarious and then they'll go to another prisoner and say he's a fucking idiot. … That doesn't make sense, they're supposed to be here to keep us in line. I think they do it on purpose, I think they stir this little pot and then stand back and watch it go off.*

Yeah, they can play us off against each other or they can stand back and watch the show. They come in and split us up and then they can move people within the prison.

Others described situations in which staff turned a blind eye to blatant bullying or abuse between prisoners:

Officers just don't really care. If they see someone getting bullied, they just laugh about them.

Officers would sit on the stairs and listen to people abusing this one fella, all the time.

Everyone's aware of this bullying for places in the gym, but they let it go on.

On the other hand, focus group participants suggested that other prisoners do make efforts to try and neutralise the violence they witnessed occurring or potentially erupting around them:

We're controlling the violence down, when it all kicks off, we're all RA [restorative approach] *trained.*

I heard that there was gonna be two guys are gonna be fighting…I gone over there, stood outside the door as soon as the kids come over to attack, I've walked over to these other two guys…and I'm there making sure everyone's cool, do you know what I mean? If I didn't do that, that would have kicked off, do you know what I mean? I don't need to do these things.

However, prisoners spoke of how these attempts to improve their environment were often overlooked or could even end up with them receiving punishments:

Someone the other day was getting twisted up, I went over there and I told the fella listen, calm down, chill out and I helped the staff members because they were getting stressed and they couldn't control the heat, and I calmed the situation down. And because of my actions, it got entered on my nomis. But the CN of the wing thanked me. So basically the staff in this jail are shitbags, haven't got a clue what they are doing, they can't control the situation, but when we step in we get punished.

Why should we be punished when we've told them what's going to happen and then it does and they just ignore you and brush it off.

Equally, participants felt that there was much more they could do if they were given the support by the prison and its infrastructure to implement their skills and fulfil their potential:

That is the case when you've got prisoners like me who's a prison safety rep on the way I could do so much for them if they wanted me to, there's already things I've done on that wing.

I've just realised how many people in this jail just can't take care of themselves… when I first came to join, I was one of those people that was bullying others, taking the piss out of people, but now I've realised how wrong that is. Now I'm telling others not to intimidate people or speak to others the way they do.

As with other areas of prison life, interviewees felt that peer support and mutual aid had the potential to problem solve issues on the landings of prisons. Yet, many prisons failed to harness this potential and utilise the valuable resource peers could provide.

LOCKDOWN AS INCREASING VIOLENCE RISK

Finally, many focus-group participants argued that the lockdown was exacerbating the risk of violence rather than reducing it. Although bottled up by the lockdown, violence was always under the surface ready to explode they thought:

This idea that violence has reduced because of the lockdown is nonsense. I mean, at first people accepted it [lockdown] because there was a sense that the country as a whole was all in it together. We were 'clapping for carers' just like everyone else. But the longer they keep people segregated, the risk of violence goes up tenfold. You get to the point where a riot is going to happen. They are making themselves a deep hole.

People described how conditions '*made me feel like a zombie or an animal or not human. You get angry.*' Men spoke of the impact of overcrowding under lockdown conditions:

A majority of the singles [single cells] *they just bolted a bed on top* [to create a double cell]. *Yeah, and then they go "Why's the violence risen?" Cos you got two men living on top of each other for 24 hours a day. They don't have a clue whether they're coming or going. You're feeding them pop and crisps, and then giving them a sausage roll for their dinner.*

Interviewees said that often the anger men were experiencing was an outcome of institutional failings that left them feeling ignored and helpless, resulting in acts of protest and resistance:

They're on their bells all the time because they can't get out of their cells. I've seen bells on for over 2/3 hours, and still no-one is coming to see them…It causes anger. Helplessness. And aggression as well. Because you're thinking I've had my bell on for two hours — and it might only be because you need some toilet roll.

Participants reported the high number of their fellow prisoners who were directing their violence during lockup towards the only thing they had control over — their cells:

> *We had one prisoner who smashed up his pad, he wasn't happy, because the phone wasn't working, so he smashed his pad up.*

> *So, I just went mad and ended up going to the block and kicked a single corner (PL YO).*

> *When the Covid first hit the amount of cells that were out of action... (PL YO).*

> *They locked the whole wing down for 10 days and then everyone was kicking off about it. Someone smashed their cell up.*

This could create cycles of anger, stress and frustration, as prisoners would then be faced with harsh fines from the prison institution for the damage caused:

> *There is one fella who is probably 70000 in debt from breaking cells.*

This was exacerbating existing prison poverty, creating and compounding cycles of debt related stress which could provoke prisoner's violence against themselves and their environment:

> *In here, some people are having to live on £2.50 a week. You know, they've got no support, the prison don't help you get that support, you know, so that in turn leads to debt…smashing your cell up, self-harming, then also like assaulting officers, just to get off the wing.*
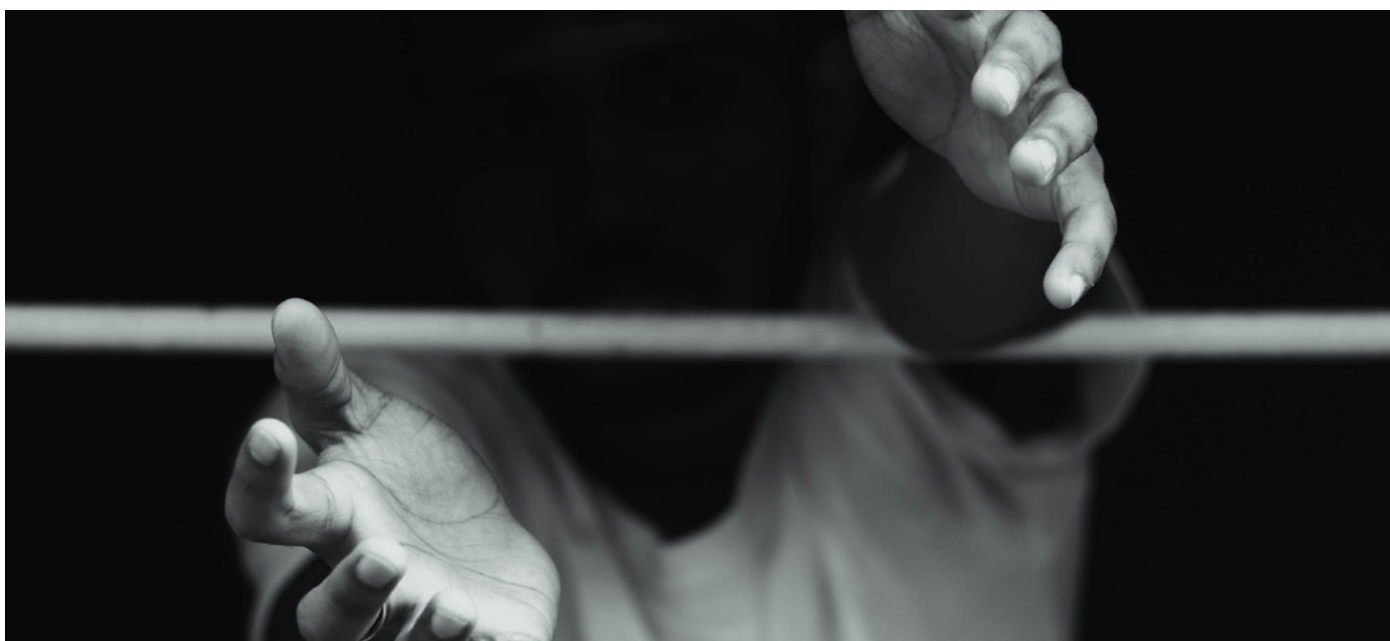
Participants said that people locked behind the door also used dirty protests as an act of resistance, disrupting life on the landings for everyone:

> *There's a man on the wing … he smashed his flap up last night and started throwing shit out it, ran the whole wing, everyone's cell is flooded. He smashed the whole wing up, got another two people moved.*

> *People expressing their discontent in the most vociferous way, out the window, particularly the window warriors. In many cases I can have a lot of sympathy. I might not like the fact that morning, noon and night, whenever there is a break, I've got voices going across the yard, it affects you, it affects me a little bit. You get the same kind of negativity all the time. About how the regime is shit. So much so that shit packages are coming through the window, just maybe a small group of people, but they have expressed their discontent in a very physical way.*

> *It's been for the last 2 weeks, people have got really pissed off. What they don't realise is that them chucking shit out the window is only affecting those who go into the yard in the morning.*

When prisoners did get unlocked, the build-up of frustration could sometimes lead to outbreaks of violence according to the interviewees:

> *What do you think locking people up for hours and hours is going to do to people when they are let out? They have a lot of angst in them, it's no good for anybody full stop being locked up for that amount of time. Locking people up its only going to anger people more — it's a vicious circle. Lock-ups and then there's fighting, lockups and then there's fighting; it's non-stop.*

This included group acts of violence, including riots, which participants saw as being provoked by the staff interrelationships during the inconsistent regies they experienced:

For the first time I've been in this prison … all the prisoners started going mental at one time and there was quite a lot of new staff on they were very scared and upset by this and some of the staff were young women and they were getting a lot of abuse but it was because the staff as a whole were behaving so badly and callously towards us that we were losing our nut.

6 months ago, there was a riot on our wing, every other week they're bringing a new regime in and you've got new staff coming in.

This build-up of negative relationships between prisoners and staff also led to, and increased risk of violence being directed towards staff according to the interviewees:

Well by the time you figure that out, 7 of your officers are off because they've got punched in the face because people are fed up, people in pain so they can't come to work — it's mad — this whole place is like a circus.

There is more angst and more anger about certain situations. A lot of people fighting, it may be about certain situations but it is more about being locked up for so long and then the staff members talk to you and you snap at that staff member and things escalate, don't they?

That's why prisoners get angry with staff, they get angry about being locked up. And they say, oh prisoners get aggressive with staff — that's because they are being locked up for so long.

Yea, it's impossible, makes you want to start, you know, smash the face of them.

In this sense, participants felt that continuing lockdowns and prolonged periods behind the door, were shoring up of risk of violence for when landings opened up again:

Lack of education, of exercise — hundreds of men full of testosterone willing to prove themselves — it's going to go through the roof. The outcome is going to be, when you do open the prison, we've got people we don't know with other issues from outside and different blocks and wings and it's just going to be madness. Violence is going to happen.

Prisoners had hoped that the roll out of prison vaccinations taking place at the time of interviews would allow an easing of restrictions. If this easing did not occur, many predicted trouble ahead:

It's just a moment in time. All, the hardships, if we can just think things will go back to normal…but if things don't, we start getting more and more frustrated, it's just going to cause more problems.

Nothing materializes, it is all lip service. Yesterday on my wing, staff under pressure. When I say under pressure, it is ready to go off really soon on my wing.

When things are getting properly back to normal outside, and it's getting worse in here and it stays like that, there's going to a lot of things that go wrong, a lot of rioting and that. They can only contain it for so long.

In short, the continuing restricted environment made men feel they had nothing to lose:

You can only supress people for so long before you get a reaction and with mental health deteriorating the way it is, you act more reckless, and you think fuck the consequences.

They'll end up pushing it back to the 90's where we had riots — don't look backwards, look forward.

In addition, participants considered the prevalence of new, young staff, as discussed in the previous chapter, to be a destabilising factor heightening the potential risk of unlock when regimes relaxed, '*they're going to have a real problem*'...'*It will kick off. The attitude of staff aint right at the minute.*' Staff were also exhibiting a lack of confidence regarding a 'post-restrictions' regime, which fed into the risk prisoners felt building:

Two officers from safer custody left … and we said why you leaving and they said when you lot come out of custody it's going to be mad and I'm not going to be here for that — that's two officers from safer custody saying that.

A lot of staff started during Covid, a lot of these young ones that started, they don't know what prison's like outside of Covid so they feel threatened and all the staff are saying to them it's going to go bad when it ends so they're thinking of leaving. How can we have confidence in a place where the staff are frightened?

This was leading to staff keeping prisoners locked, when there was no justification to do so according to interviewees:

On Monday, they locked down the wing, not because they didn't have enough staff but cuz they thought it was going to kick off cuz they kept us locked down the day before.

Finally, participants commented on the impact being locked down in prison had on people who were exiting prison:

> *I came out of* [prison name] *just as the pandemic was kicking in and the difference between jail now and then, like [prison x] was ruthless, now it's a totally different thing. When I'm out and the pandemic was on, I had mates coming out of jail worse than when they went in, coming out thinking well nobody gives a fuck about me, why would I give a fuck or have empathy for anyone else. They're punching people up and putting that mindset in them. The whole point of jail is rehabilitation.*

> *Can you imagine the pent up energy of being locked up in a cell for 6 months and then getting let out and going yeah, I don't give a shit if I go and burn a house down.*

Overall, the impact of this "new normal" — continuing isolation and punitive restrictions — left respondents feeling like '*you just can't win.*' Participants remained hopeful nonetheless that possibly the experience of a 'lockdown' of sorts in the wider community might increase public empathy for what they are experiencing inside prison:

> *To people outside. Consider the fact that you have suffered over the last 18 months and are still doing. Many people have died, many people have lost relatives, and that sense of being helpless and hopeless. A lot of people are saying they have mental health problems. We're saying consider that, and then consider being in that position all the time, and then on top of that you've got no control over the regime that you are living in. You've gone through a lot, you know what it is like not to be working, not to be able to see your friends, not to hug them, not to kiss them, you've seen your loved ones die. We're seeing that all the time anyway. Add to that, the fact that we're here … what we would say is, help us to get back into at least the minimum work, education, worship.*

CONCLUSION: THE NATIONAL SERVICE USER COUNCIL VIEWPOINT

THE NATIONAL COUNCIL'S TAKE ON THE RESEARCH

We have shown what life is like from the prisoner point of view and shone a light on the bits people don't see.

This report highlights a lot of issues that are Covid related, but many of these issues are ongoing, they were more prevalent and prominent during Covid, but they were there before and after. It may allow people to have their eyes opened to the reality of prison and the conditions people lived through during that Covid period. That is important to understand. It was not a nice place to live, it was a boiling pot of suicide, mental health and self-harm. Hopefully that knowledge will trigger a change in people that will make a difference.

It was important for this report to be user-led so that what you get is the real raw information – nothing is prefabricated, it is from the horse's mouth. It's the outcome of open conversations through focus groups and interviews, from the people who lived there every day, who were constantly there throughout the whole of Covid.

The national council is nationwide so you have this expanse of knowledge from across the country. The report gives little snippets of how things were in these different areas. Prisons can be run completely differently – every prison is run differently, there is no consistency. We provide lots of different experiences from different prisons. Real experiences, real facts, real testimonies — it is invaluable.

This report gives a voice and a mechanism for user led suggestions to make change, for the knowledge gained in prison to be put to use.

WHAT THE NATIONAL COUNCIL HOPES THE RESEARCH WILL ACHIEVE

We'd like the report to open up more questions. It doesn't have all the answers but will hopefully allow more questions to be asked. Many people have no knowledge of the prisoner side of things, this provides that view and might trigger a conversation that people didn't have before.

This report is the real picture. We would like the authorities in charge of prison to open their eyes and get them to ask more questions - when the inspector comes it is announced and prisons prepare.

We would like better outcomes for people to come out of this, more choice, a better experience and general improvement of all the systems and communication. The report and our discussions have identified a lot of areas that need to be improved.

We would like to embed this approach across all prisons.

THE NATIONAL COUNCILS VIEWS ON RECOVERY

The necessity of this recovery is massive. It needs to be done but done in a way where the prison service are empathetic. How would you feel if you were stuck behind the door and not out for 23 hours? It is realising that things could have been done better through that period. We could have come through it all a lot quicker — it didn't have to stretch out for this long.

But it is not just about empathy and saying sorry — it about putting action in place.

The New Normal should not be going back to the way things were. There have been many challenges created during COVID and it can't go back to the old way, it has to be a new normal that recognises and responds to these challenges.

The National Council, and all the prisoners who took part in this research, would like to be part of the solution. We have ideas on how things could be improved. These ideas are useful because they're coming from the lads and girls that have had their feet on the ground. They are based on a broad range of knowledge and experience of what works and what could work.

Even before Covid, prisoners were fighting for these things. We know that developing solutions, and implementing them, will take time. This report is just the beginning, it's an invite to talk about the questions that really matter and establish where we can achieve real change together.

Prisoner's experiences during COVID-19

Thank you for agreeing to take part in this survey. This is part of a research project by UserVoice and Queens University Belfast. The aim of the study is to understand the experience of people in prison during Covid and develop ideas for how the prison experience could be enhanced for the future. Your responses will help shape these findings. If you need any support in completing the survey, our peer researchers will be available.

Thank you

Your Prison Experience

1. Which prison are you currently in?

☐

☐   Prison names have
been removed for
☐   confidentiality

☐

☐

☐

☐

☐

☐

☐

☐

☐ Other

Which wing/spur or house block?

2. How long have you been in THIS prison? (months)

> [ ]

3. How long have you spent in prison prior to coming to this prison (months)

> [ ]

4. Current prison accommodation

[ ] Single Cell

[ ] Other [_____]

[ ] Double Cell

5. Since the beginning of the Covid lockdown restrictions, how have the following been impacted?

	Much worse	Worse	No Change	Better	Much Better	Don't Know
1. Education opportunities	○	○	○	○	○	○
2. Access to healthcare	○	○	○	○	○	○
3. Drug use	○	○	○	○	○	○
4. Staff-prisoner relations	○	○	○	○	○	○
5. Access to programs	○	○	○	○	○	○
6. Access to mental health support	○	○	○	○	○	○
7. Access to exercise / gym	○	○	○	○	○	○
8. Opportunities to socialise	○	○	○	○	○	○
9. Access to library / books	○	○	○	○	○	○
10. Telephone access	○	○	○	○	○	○
11. Family/friend visits	○	○	○	○	○	○
12. Opportunities to practice religion	○	○	○	○	○	○

13. Personal safety / security	○	○	○	○	○	○
14. Opportunities to have voice heard	○	○	○	○	○	○
15. Your finances	○	○	○	○	○	○
16. Meals/nutrition	○	○	○	○	○	○
17. Access to medication	○	○	○	○	○	○
18. Over-medication of prisoners	○	○	○	○	○	○
19. Overall feel or climate of prison	○	○	○	○	○	○

6. **Overall, what has been the most difficult part of the COVID lockdown restrictions for you personally?**

7. **How many in-person visits have you had from family and friends since the beginning of the Covid lockdown period?**

8. **How many "purple" or video visits have you had from family and friends during the lockdown period?**

9. **What is the longest stretch you have had without a visit of any kind during the pandemic?**

10. **On a scale of 1-10 how would you rate the communication within your prison around changes in regime levels during the pandemic?**

3

	1	2	3	4	5	6	7	8	9	10	
Terrible	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Excellent

11. Time out of cell on an average weekday in CURRENT regime

☐ 1 hour or less

☐ 2 hours

☐ 3-4 hours

☐ 5 or more hours

☐ [   ]

12. Have you experienced a change of regime in recent weeks from a more restricted regime (so-called "Level 4") to one that is less restrictive (so-called "Level 3")?

☐ Yes

☐ No

☐ Not Sure

☐ Other

13. If so, which of these areas have changed in recent weeks compared to earlier in the pandemic?

	Much worse	Worse	No Change	Better	Much Better	Don't Know
1. Education opportunities	○	○	○	○	○	○
2. Access to healthcare	○	○	○	○	○	○
3. Drug use	○	○	○	○	○	○
4. Staff-prisoner relations	○	○	○	○	○	○
5. Access to programs	○	○	○	○	○	○
6. Access to mental health support	○	○	○	○	○	○

7. Access to exercise / gym	○	○	○	○	○	○
8. Opportunities to socialise	○	○	○	○	○	○
9. Access to library / books	○	○	○	○	○	○
10. Telephone access	○	○	○	○	○	○
11. Family/friend visits	○	○	○	○	○	○
12. Opportunities to practice religion	○	○	○	○	○	○
13. Personal safety / security	○	○	○	○	○	○
14. Opportunities to have voice heard	○	○	○	○	○	○
15. Your finances	○	○	○	○	○	○
16. Meals/nutrition	○	○	○	○	○	○
17. Access to medication	○	○	○	○	○	○
18. Over-medication of prisoners	○	○	○	○	○	○
19. Overall feel or climate of prison	○	○	○	○	○	○

14. How long have you been on your current regime? (in months)

[ ]

15. If this is a change of regime, how much time out of cell were you getting during the worst part of the Covid lockdown?

☐ 1 hour or less

☐ 2 hours

☐ 3-4 hours

☐ 5-6 hours

☐ Other [ ]

16. How long were you on that previous regime? (in months)

[   ]

Your Personal Well-being

17. Have you experienced potential symptoms of COVID-19 whilst in prison?

☐ Yes

☐ No

18. Have you tested positive for COVID-19 whilst in prison?

☐ Yes

☐ No

19. On a scale of 1 to 10, how has the COVID lockdown impacted your personal well- being (1 = very negative, 10 = very positive)

	1	2	3	4	5	6	7	8	9	10	
Very Negative Impact	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	Very Positive Impact

20. What are some of the impacts the lockdown has had on your well-being, physical or mental?

[   ]

6

21. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several Days	More than half the days	Nearly everyday
1. Little interest or pleasure in doing things	○	○	○	○
2. Feeling down, depressed or hopeless	○	○	○	○
3. Trouble falling or staying asleep, sleeping too much	○	○	○	○
4. Feeling tired or having little energy	○	○	○	○
5. Poor appetite or overeating	○	○	○	○
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	○	○	○	○
7. Trouble concentrating on things, such as reading a newspaper or watching television	○	○	○	○
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	○	○	○	○
9. Thoughts that you would be better off dead, or of hurting yourself	○	○	○	○
10. Feeling nervous, anxious or on edge	○	○	○	○
11. Not being able to stop or control your worrying	○	○	○	○
12. Worrying too much about different things	○	○	○	○
13. Have trouble relaxing	○	○	○	○
14. Being so restless that it is hard to sit still	○	○	○	○
15. Becoming easily annoyed or irritable	○	○	○	○
16. Feeling afraid as if something awful might happen	○	○	○	○

22. From your experience in prison please react to the following claims with one of the following responses:

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
1. Tensions are at a boiling point and there is likely to be trouble when prisons finally open up	○	○	○	○	○
2. Most people in prison have welcomed the lockdown because it has reduced violence and bullying	○	○	○	○	○
3. A small number of people in prison have welcomed the lockdown because it has reduced violence and bullying	○	○	○	○	○
4. Mental well-being has never been worse in this prison than the past year	○	○	○	○	○
5. Mental well-being has actually improved in the past year for most prisoners	○	○	○	○	○
6. Many of the restrictions of the Covid lockdown should be continued after the pandemic ends	○	○	○	○	○
8. The prison service is listening to the voices of prison residents and our concerns	○	○	○	○	○
9. Many people in prison are becoming desperate and losing hope	○	○	○	○	○
11. It has been very difficult for those in prison to get the medications they need during the pandemic	○	○	○	○	○
12. It seems like more prisoners than ever have been put on medication during the pandemic	○	○	○	○	○
13. Prison statistics on self-harming and violence are a good way of measuring the quality of life in this prison	○	○	○	○	○
14. Prisons are manipulating statistics on self-harming and violence to extend the lockdown in prisons	○	○	○	○	○

23. Are you currently receiving medication for a mental health problem like depression or anxiety?

☐ Yes

☐ No

24. Prior to the COVID lockdown have you ever been diagnosed with a mental health problem such as depression or anxiety?

☐ Yes

☐ No

Support Network

25. On a scale of 1 to 10, rate the following in terms of the level of support they have provided to you and other prisoners during the pandemic period (1= no support, 10= extremely supportive)

Your Prison Keyworker

	1	2	3	4	5	6	7	8	9	10	

No support ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Supportive

Prison Listeners / Samaritans

	1	2	3	4	5	6	7	8	9	10	

No support ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Supportive

Prison Officers

	1	2	3	4	5	6	7	8	9	10	

No support ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Supportive

Prison Council Representatives

	1	2	3	4	5	6	7	8	9	10	

No support ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Supportive

Education / teachers

	1	2	3	4	5	6	7	8	9	10	

No support ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Supportive

Psychology

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No support ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Supportive

Your family

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No support ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Supportive

Partner / Spouse (if applies)

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No support ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Supportive

Friends/associates in prison

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No support ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Supportive

Friends outside of prison

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No support ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Supportive

Prison governors / leadership

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No support ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Supportive

Probation

	1	2	3	4	5	6	7	8	9	10	

No support ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Supportive

Pastor, Chaplain, Imam, others from religious groups

	1	2	3	4	5	6	7	8	9	10	

No support ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very Supportive

26. **Are there others in your life not listed above who have been particularly supportive of you during the lockdown period? If so, who are they to you (for example: employer, AA sponsor, service provider, cousin, IMB member, etc). Do not provide actual names:**

27. **What strategies have you personally used to cope with and adapt to the COVID restrictions whilst in prison?**

Moving Forward

28. How could things be improved for people in prison in the future?

29. How many months more are you likely to spend in custody?

30. What do you think is the most important things the prison could do in coming weeks to ease the pressures of the lockdown restrictions?

31. What changes would improve the overall culture or climate of this prison and improve prisoner well-being?

Briefly, about you

32. What age are you?

☐ under 25

☐ 26-30 years

☐ 31-40 years

☐ 41-50 years

☐ 51-60 years

☐ 60+ years

33. Which of the following is your ethnic group?

☐ White (English, Welsh, Scottish, Northern Irish/Irish, Gypsy or Irish Traveler) ☐

Mixed/multiple ethnic groups

☐ Asian (Indian/Pakistani/Bangladeshi/Chinese) ☐

Black/African/Caribbean/Black British

☐ Arab

☐ Prefer not to say

☐ Other

34. What is your gender?

☐ Male

☐ Female

☐ Prefer not to say Prefer

☐

to self-describe:
_____

35. Which of the following is your religious background?

☐ No religion

☐ Christian

☐ Buddhist

☐ Hindu

☐ Jewish

☐ Muslim

☐ Other

☐ Sikh

36. Highest completed level of education

☐ Primary

☐ Secondary

☐ Further education

☐ University

☐ Other

37. What is your relationship status?

☐ Single/not in a relationship

☐ In a relationship but unmarried ☐

Married

☐ Separated ☐

Divorced

☐ Widow/er

☐ Other

38. **Have you ever been diagnosed with any of the following?** Please tick all that apply

☐ ADHD

☐ Asperger's/Autism

☐ Dyslexia/Dyspraxia/Dyscalculia

☐ Motor Disorders (e.g. Tourettes) ☐

Speech and language disorders

☐ Intellectual disabilities

☐ Neurogenetic disorders (down syndrome)

○ Learning disorders

☐ Traumatic brain injury

☐ Other

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