

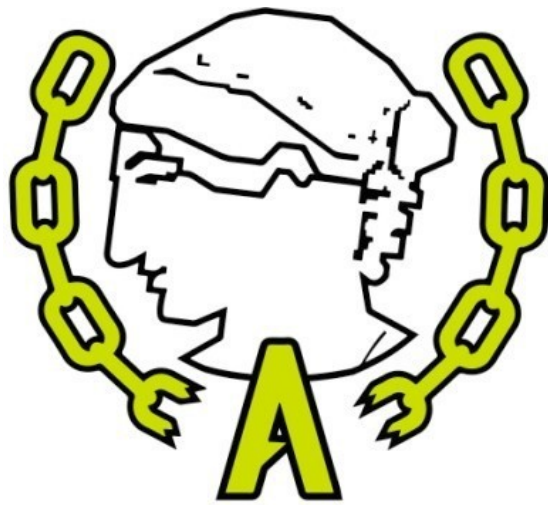
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**Have prisons learnt from Covid-19?
How the world has reacted to the pandemic
behind bars**



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Tel.: 06 4511304; - Fax: 06 62275849

Sito: www.antigone.it; e-mail: segreteria@antigone.it

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N. 1/2020 HAVE PRISONS LEARNT FROM COVID-19? HOW THE WORLD HAS REACTED TO THE PANDEMIC BEHIND BARS

edited by Susanna Marietti and Alessio Scandurra

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UNITED KINGDOM - Covid-19 in prisons: the view from England and Wales

Matt Ford¹

1. Introduction

Written in the middle of the second wave of the coronavirus, this article outlines the approach taken to manage the virus in prisons in England and Wales and explores some of the impacts. It tracks some of the key developments in the approach through the first wave, into the following lull in cases, and again into the second wave.

2. Context to the prison system in England and Wales

Early on in the Covid-19 pandemic the state recognised that prisons in England and Wales were potential hotbeds of contagion (R. Neil, 2020). England and Wales has the highest prison population and one of the highest imprisonment rates in western Europe, with just under 84,000 people imprisoned in March 2020 (Ministry of justice, 2020a). 60 per cent of prisons are overcrowded (J. Beard, 2020). 22.5 per cent of prisoners are held in overcrowded cells. Many prisons are over a hundred years old (Ministry of justice, 2020b). There is a £900 million maintenance backlog (R. Neil, 2020).

Inspections reports persistently describe conditions as unsanitary and squalid.

On top of this, the profile of the prison population makes it susceptible to experiencing more severe symptoms of Covid-19. Due to longer sentence lengths, England and Wales has an ageing prison population. Between 2002 and 2019, the proportion of prisoners over 50 increased from 7 per cent to 16 per cent (G. Sturge, 2019). 96 per cent of prisoners are male (Ministry of justice, 2020a).

Prisoners are in poorer health than the general population, often as a result of the social circumstances from which they come (Health and social care committee, 2018). Rates of diseases which weaken the immune system, such as Hiv, are more prevalent amongst prisoners. Prisoners also have poorer access to healthcare whilst incarcerated.

3. Approach to Covid-19 in prisons

The first confirmed case of Covid-19 in the general population in the UK was on 31

January 2020. The first confirmed case of a prisoner with Covid-19 was on 18 March 2020. At this point, there were no restrictions to prisoner movements within or between prisons unless a prison had a confirmed case.

3.1 Restricted regime

On 24 March, the prison service moved to implement a more restricted regime in prisons in an attempt to enable social distancing of two metres within establishments (J. Beard, 2020). Under this regime, the following were suspended: social visits, all education, training and non-essential employment activities, access to gyms, religious and general association. Prisoners spent more time in their cells as restrictions on the numbers allowed out, including in exercise yards, at any point in time were imposed.

Prisons began to ease restrictions over the summer, but prisons moved at different speeds based on local circumstances² (J. Farrar, 2020). It was not until September that all prisons had moved to a stage where social visits and offender management programmes could resume³.

In mid-September, the Ministry of justice lowered its national alert level further to allow prisons to begin indoor gym, chapel services and classroom lessons (Inside time, 2020a). Take up of social visits was reportedly low due to the social distancing and other restrictions.

In early November 2020, the second wave was in full flow in the community. National restrictions were re-imposed. In prisons, social visits, education, chapel services and libraries were again suspended, with gyms allowed to remain open (Inside time, 2020b).

3.2 Compartmentalisation of the estate

On 31 March, the prison service began to compartmentalise the estate (J. Beard, 2020). Transfers of prisoners between prisons were significantly reduced. Within prisons, *cohorting* strategies were implemented. These included *protective isolation units* to accommodate known or probable cases, *shielding units* to keep the highest risk prisoners, identified through the health service, away from the general prison population, and *reverse cohorting units* to hold new receptions or transfers to prison in quarantine for 14 days so any infection could be detected.

By 21 April, approximately a quarter of prisons had implemented full compartmentalisation, half had implemented protective isolation units and shielding units fully, and 35% the reverse cohorting units only (É. O'Moore, 2020).

3.3 Creating head room in the estate

It was accepted that putting prisoners in single cell accommodation was the best way to keep them separated, but initial modelling estimated the prison population would need to be reduced by 15,000 to achieve this and it was decided against (É. O'Moore, 2020). Nevertheless, *head room* of around 5,000 to 5,500 places in the estate was required to achieve the compartmentalisation strategy set out above (R. Buckland, 2020).

A number of early release schemes were implemented as part of a strategy to achieve this (J. Beard, 2020). On 31 March, the government announced that pregnant women and women in mother and baby units who were deemed to pose a

low risk to the public would be eligible for early release. On 4 April, the government announced an early release scheme for *low-risk* offenders within two months of their release date, which they estimated could release up to 4,000 prisoners on electronic tags.

Capacity in the estate was also to be expanded, with up to 2,000 temporary single cell units to be installed to reduce cell-sharing. By 22 June, 896 temporary units had been installed⁴. The government additionally announced on 29 April that a wing of a closed prison, capable of providing 70 places, would be reopened (Beard, 2020).

4. Impacts

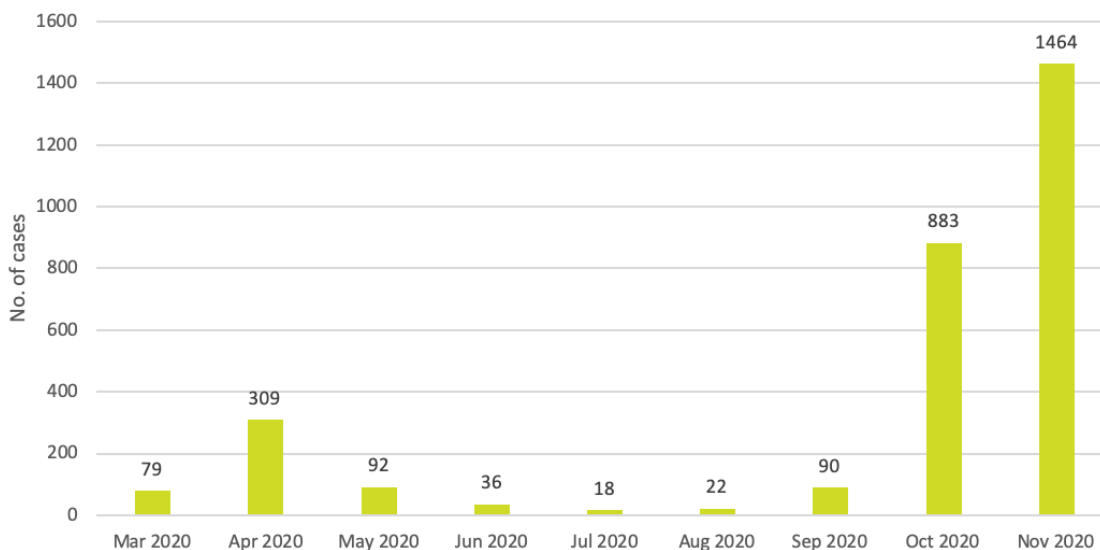
4.1 Cases and deaths

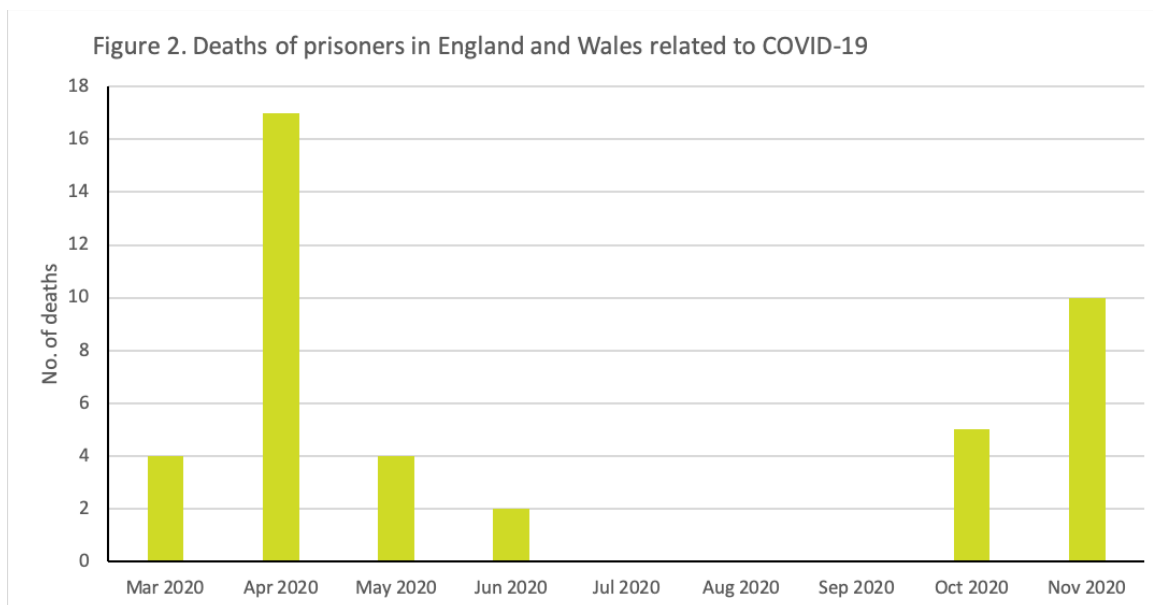
By the end of November 2020 there had been 2,993 confirmed cases and 42 deaths amongst prisoners (Ministry of justice, 2020c; 2020d; 2020e). In the initial emergency phase of the pandemic, as in

the community testing capacity could not meet demand (É. O’Moore, 2020). It was not until mid-April that all symptomatic prisoners were tested (Ministry of justice, 2020e). Public health England estimate that to 24 April, as well as the confirmed cases, there were an additional 1,385 probable/possible cases (É. O’Moore, 2020). Modelling by Public health England in April suggested there may be as many as 77,800 cases and 2,700 deaths without any mitigation measures.

Official data suggests confirmed cases and deaths fell rapidly between April and May and through into June, suggesting measures may have been effective in containing the outbreak (Ministry of justice, 2020e). There were relatively low numbers of cases in July and August and no deaths of prisoners between July and September. Cases amongst prisoners began to climb again in September, and rose 900% in October, with an additional five prisoner deaths. Cases rose by another two thirds in November and ten new

Figure 1. Confirmed cases of COVID-19 among prisoners in England and Wales





deaths were registered (Ministry of justice, 2020c; 2020d). The rise occurred in the context of a slight easing of restrictions in prisons and a second wave of infection in the community.

Analysis by the Nuffield trust showed that, after controlling for the different age profile of the prison population, rates of the disease were higher among prisoners than the general population (M. Davies, E. Keeble, 2020). Up to August, the rate of infection in prison was 7.6 per 1,000 people, compared to 4.9 per 1,000 people in the community.

Until August, data on the demographics of prisoners who were confirmed to have contracted the virus and who had died from it were published by the Ministry of justice (Ministry of justice, 2020f). According to this data, a higher proportion of white people had contracted the virus than there were in the prison population, and a lower proportion of black people had contracted the virus than were held in prison, although black people are significantly over-represented in the

prison population as a whole. 78 per cent of confirmed cases were white compared to 72 per cent of the prison population being white. 6 per cent of confirmed cases were black prisoners compared to 13 per cent of the prison population being black. In the community, rates of Covid-19 and related deaths have been higher amongst black and Asian people than white people. A much higher proportion of women had contracted the virus in prisons than women made up of the prison population. 10 per cent of confirmed cases in prisons were amongst women compared to 4 per cent of the prison population being women.

4.2 Changes to prison population

As of 4 December 2020, the prison population in England and Wales has fallen by over 5,000, or six per cent (Ministry of justice, 2020g). This is the result of the extraordinary impacts the pandemic had on the ability of courts to carry out their business, meaning the number of people convicted and sentenced to prison dropped significantly (Justice

committee, 2020). Routine releases as people complete the custodial part of their sentences have continued unaffected, meaning there are far more people leaving prison than entering prison.

To date, only 262 people out of the projected 4,000 prisoners were released under the End of custody temporary release scheme, and 53 under compassionate release which includes pregnant women, women with children and those particularly vulnerable to the virus (Ministry of justice, 2020f). The schemes were paused in August.

Concerns were raised that, despite estimates that around 70 pregnant women and new mothers would be released, only 23 had been released by June (Justice committee, 2020). The women’s prison population overall fell more than the male population. Between 6 March and 4 December 2020, the number of women incarcerated fell by 12.9 per cent,

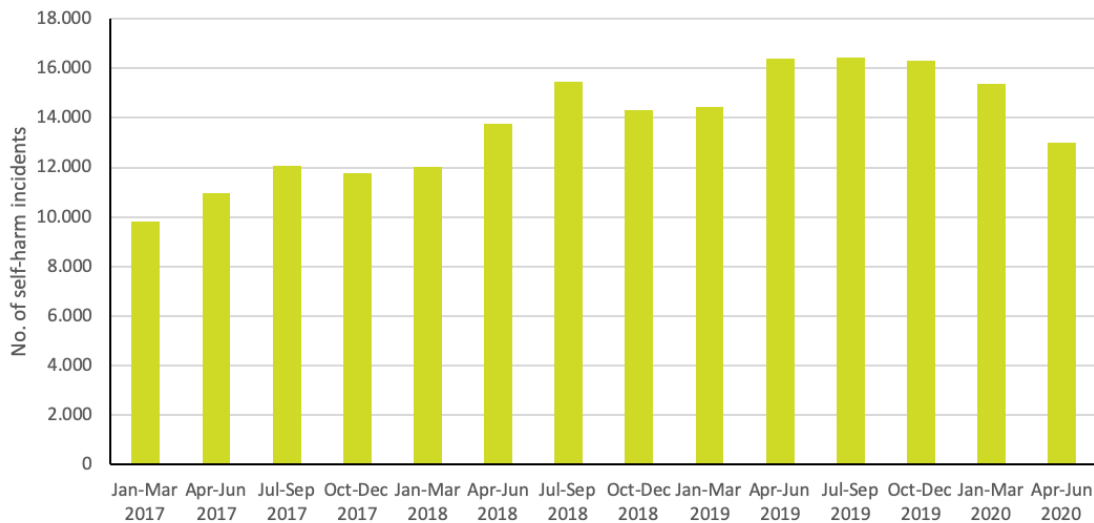
compared to 5.7 per cent for men (Ministry of justice, 2020h). This is because there is a far higher proportion of women serving short sentences so the residual population is smaller.

The decrease in the prison population affected different ethnic groups differently. The population of white prisoners fell 4.9 per cent between the end of March and end of September 2020, compared to only 3.7 per cent for Black and Asian prisoners (Ministry of justice, 2020h). This reflects the fact that a higher proportion of black and Asian prisoners serve longer prison sentences.

After 2,000 prisoners were released into rough sleeping and other forms of homelessness during the first wave of the pandemic, the government implemented a Conditional release date accommodation scheme providing accommodation in hotels and bed and breakfasts for up to 56 days (Inside time, 2020a).



Figure 4. Self-harm incidents among prisoners in England and Wales



4.3 Mental and physical health

The restrictive regime imposed on prisons meant for a period of around four months that the majority of prisoners were locked in their cells for more than 23 hours a day (M. Davies, 2020). Extreme isolation, coupled with lack of purposeful activity and worries about the health of their families in the pandemic, raised fears of the mental health effects (Justice committee, 2020; M. Davies, 2020).

Anecdotal evidence suggests the regime has had a detrimental effect on prisoners' mental health. This was particularly the case for women, many of whom had extended periods without seeing their children during the lockdown, and when they were able to visit, they were not allowed to hold them (M. Busby, R. Storer, E. Allison, 2020).

Official statistics on self-inflicted deaths and self-harm were published in October (Ministry of justice, 2020i). Self-inflicted deaths were actually lower in the first three quarters of 2020 than in the same quarters in previous years. Similarly, the

number of self-harm incidents declined in the first two quarters of 2020. The drop in self-inflicted deaths may reflect the fact that there were significantly fewer new receptions to prison and inter-prison transfers, as the first few days and weeks in prison or in a new prison are the highest risk periods for prisoner suicide. Similarly, reduced staff prisoner contact and prisoner cell-sharing mean self-harm may now be less likely to come to the attention of the authorities.

There were also concerns that restrictions in prisons will further restrict access to health services for prisoners (M. Davies, 2020).

4.4 Inspections

A programme of streamlined inspections has continued throughout the pandemic (J. Beard, 2020). These involve short *scrutiny visits* lasting one day. The Inspectorate described the focus of these visits:

“Inspectors will focus on issues which are essential to the safety, care and basic rights

of those detained in the current circumstances. These include: healthcare, nutrition and hygiene; contact with families, friends and the outside world; legal rights; use of time and the need for meaningful human contact; support for those at risk of self-harm and suicide; and support and risk management for those being released” (P. Clarke, 2020).

5. The view going forward

National restrictions in the community were eased in early December and local areas are now subject to different tiered restrictions. After initial falls throughout November, cases at the national level have remained constant. Infection levels in the community are likely to remain high throughout the winter, posing a significant threat to prisons. Custodial establishments are therefore likely to maintain a restricted regime of varying extents until sufficient roll out of the vaccination programme. Impacts on mental and physical health as well as the disruption to education and other programmes are likely to be exacerbated in this period.

Worryingly, the Prison officers’ association (Poa), the trade union for prison officers, has shown support for the restricted regimes owing to reduced levels of violence (J. Parkinson, 2020). The Poa have said splitting prisoners down into smaller living groups and preventing wider mixing of prisoners should become permanent. Covid-19 may leave a permanent imprint on prison regimes after the emergency is over.

Notes

¹ **Matt Ford:** is a research analyst at the Centre for Crime and Justice Studies. Matt leads on research projects at the Centre, particularly those involving quantitative data collection and analysis. He has a particular interest in mapping the size and scope of the criminal justice system, as well as self-harm and suicide in prisons. Before joining the Centre in 2014 he interned at children's charity Barnardo's where he supported evaluation research projects.

² Oral evidence to the Justice committee from Jo Farrar <https://committees.parliament.uk/oralevidence/1325/pdf/> (accessed 5 December 2020).

³ According to the email sent by the Ministry of justice on 24 September to a stakeholder mailing list with updates about the situation.

⁴ Oral evidence to the Justice committee the *Secretary of state for justice* Robert Buckland <https://committees.parliament.uk/oralevidence/1325/pdf/> (accessed 5 December 2020).

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