

CAPPTIVE

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

Women's experiences of prison during the Covid-19 lockdown regime

by Prison Reform Trust

Introduction

CAPPTIVE is a project by the Prison Reform Trust. Building on our innovative Prisoner Policy Network (PPN), CAPPTIVE aims to listen to prisoners, their families, prison staff, and others to build a picture of how prisons are responding to the pandemic.

In early June 2020, PRT launched CAPPTIVE with an appeal in *Inside Time* and *Converse* – prison newspapers – and on National Prison Radio. We asked people to tell us how the prison was managing under Covid-19. In addition to serving prisoners, we gathered information from families, prison staff, Independent Monitoring Boards, voluntary sector agencies, and social media. We also drew on the Short Scrutiny Visits (SSV) by HM Prisons Inspectorate.

This CAPPTIVE briefing builds on self-reported experiences of 18 women in prison during Covid-19. The small sample size requires that this evidence be treated with caution, so we have supported it with other sources, including findings from the SSV to women's prisons.

Women's input to CAPPTIVE ranged over the period from May 2020 to May 2021. We lack their feedback on the current situation, as women's prisons begin to open up regimes and allow for social visits. We are publishing this report because, as regimes recover, we believe it is important to take into account the deprivations women in prison experienced for over a year during the most restrictive time under Covid-19. The potential for a return to a very restricted way of life is real, and plans for recovery should have the clearest possible account of what that would mean for the women affected.

Ineffective management of the prison population

The beginning of the pandemic resulted in huge changes in women's prisons. These included:

- No social visits
- Most education and workshops shut
- No gym or access to the library
- Very limited association, if at all
- Sentence planning and sentence progression on hold.

What remained were: meals, showers, medications, and a very brief chance to get out of the cell for exercise (weather permitting).

An early response in March 2020 by Public Health England was to recommend a 16,000 person reduction in the prison population to remove as many people as possible from the exceptionally high risk environment that prison represented, and to provide the flexibility needed to minimise the risks of transmission for those that remained.¹ A specific figure for the reduction needed in the women's prison population has not been published, and we have seen no evidence that a gender disaggregated figure exists.

In early April 2020, the government announced the End of Custody Temporary Release scheme for which about 4,000 people then in prison would be eligible.² The scheme specified that individuals who were deemed 'extremely vulnerable to Covid-19', such as pregnant women or those with existing respiratory conditions, could be eligible for compassionate temporary release.

The option of freeing spaces by early release was well-suited to women's prisons because it would have helped to implement the government's Female Offender Strategy (2018). The three priorities of this strategy were early intervention; community-based solutions; and, for women who must be in custody, making prison life as decent as possible. The strategy acknowledged that most women who offend do not need to be in prison and set out an explicit objective to reduce the number of women in prison.

Secretary of State for Justice Robert Buckland QC promised the early release of expectant mothers and women housed on mother and baby units to protect them from Covid-19:

We have already taken extraordinary measures to protect prisoners and the public over the last few weeks, but it's clear now that we must temporarily release pregnant woman and those

with small babies with them inside prison. Governors can now temporarily release pregnant prisoners so that they can stay at home and reduce social contact like all other expectant mothers have been advised to do.³

While the government did not put an exact figure on the number of women who would be eligible, the BBC estimated that it would apply to approximately 70 women; comprising 35 pregnant women and 34 on mother and baby units.⁴

As the Joint Committee on Human Rights (JCHR) observed, the government was unable to produce “reliable quantitative data on the number of mothers in prison, the number of children whose mothers are in prison and the number of women who are pregnant and give birth in prison”.⁵ The fact that Her Majesty’s Prison and Probation Service (HMPPS) were unable to provide this information suggests that these women and their children, who represent a highly vulnerable population, were neglected in planning and delivering of the early release scheme. This lack of centrally held information on pregnancy and mothers in prison⁶ continues to be a sizeable gap in what HMPPS knows about its own population.

By May 2020, HM Prisons Inspectorate judged that the early release scheme had been ineffective, due to bureaucratic processes and highly restrictive criteria. In women’s prisons:

*There had been significant work from managers who had tried to release prisoners, despite six revisions of the scheme since its inception in April 2020. At the time of our visits around 120 prisoners had been reviewed as potential candidates for early release, but only two had been released. Local managers were rightly frustrated by the large abstraction of staff time to achieve such a minimal impact on the population.*⁷

By September, the JCHR reported that only seven pregnant women and 16 women housed on mother and baby units had been released.⁸

A second concern, identified by Clinks, was that the government’s promises to consider pregnant women and those with very young children did not help women who were primary carers for older children. For many, this would pass caring responsibilities onto elderly relatives who were themselves particularly vulnerable to Covid-19, due to their age and/or medical condition.⁹

As stated, the Female Offender Strategy explicitly set out an aim to reduce the number of women in prison. The early release scheme was ineffective, particularly for women vulnerable to Covid-19. With little change in the number of women in custody, the prison service had very few options about how to minimise the risk of transmission. As a consequence of the ineffective early release scheme, a restrictive regime (with conditions similar to solitary confinement) was implemented across the prison service. As for the aim of reducing the number of women in prison, in January 2021 the government announced it would build an additional 500 places in women's prisons.¹⁰ As matters stand, the government's expectation appears to be that more women will be exposed to the risk of having to live with any future outbreak of Covid-19 in prisons, not fewer.

Family contact

Helpful practices:

- At HMP Eastwood Park, residents were enabled to read bedtime stories to their children using in-cell telephones.
- At HMP Bronzefield, family engagement officers helped women to arrange care for their children and other dependants.
- HMP Peterborough, which holds both men and women, increased the number of letters residents could send.
- The prison service provided additional phone credits and in-cell telephones. Roll out of in cell telephony to all closed public prisons in the women's estate was promised by April 2021.¹¹
- HMP East Sutton Park replaced ROTL for childcare with FaceTime calls, from a mobile phone issued by the prison. Over 1,000 calls were made in the first six months. Women preferred this to the later introduced Purple Visits provision.¹²
- Video calls were introduced.

One of the most damaging aspects of the exceptional regime management plan was the cessation of family visits, which took from children the physical presence of their parent. Older family members may have understood the rationale for the cessation of visits; young children were likely to be bewildered and distressed.

Separation from their mother by imprisonment is known to have a significant negative impact on children's long-term health and wellbeing, their school attainment, and later life experiences.

PRT received a letter about an infant whose mother was returned to prison on a recall just before the Covid-19 measures were put in place. The woman was still in prison eight weeks later, while her child – whose only contact was now through phone calls – was displaying signs of serious separation anxiety.

A CAPTIVE respondent wrote:¹³

Personally I feel contact with family/friends is really hard. To start with, we were only allowed 10 mins phone time a day, which has now progressed to 20 mins a day, which isn't enough...I think everyone's main issue is family contact and maintaining family ties. This includes family members outside. They find it upsetting and are as frustrated as us.

The prisons inspectorate's second short scrutiny visit to women's prisons, in June 2020, found:

The suspension of visits has had a particularly acute impact in the women's estate; many prisoners in Send and Downview had not seen their children for over three months.¹⁴

Lack of family contact had major consequences for children and other family members. There was a sense of feeling forgotten about and disregarded by the prison service, being left to deal with the heartbreak themselves. A study by Shona Minson reported:¹⁵

Without the re-enforcement of face to face visits, young children did not seem to recognise or know their parent's voice when they heard them speaking on the telephone. There was concern amongst all caregivers of babies and toddlers that the children were forgetting their parents and had lost any attachment they had formed with them.

Minson reported other effects on children who, before the lockdown, had had regular contact with a parent in prison:

Sleeplessness and nightmares were experienced by many children...Almost all participants reported that the children were experiencing sadness and grief related to the loss of contact with their parent. Caregivers reported children experiencing loss of appetite and an inability to eat.

At the beginning of the pandemic, the then prisons minister, Lucy Frazer QC MP, announced measures to compensate for the loss of social visits, including phone credits, video calls, and expanding the number of in-cell telephones. At the end of June 2020, Lucy Frazer announced that all women's prisons now offered video calls.¹⁶

In practice, video calls failed to live up to prisoners' expectations. For example, some women felt that the technology for video calls was designed to give priority to security rather than to enhancing ties between mothers and their young children. In January 2021, six months after the minister's announcement, the inspectorate found that implementation had been frustratingly slow in some places.

A family member described a video call between her daughter and a little child:

Video calls are 30 mins but only once a month. Her visit entitlement is almost once a week so this is a far cry from that and there has been four months without any contact. The reality too is that any movement stops the video call and you have to begin the whole reverification process again. Therefore video calls are more like 20 minutes. It is impossible to keep a toddler still so the call is disrupted. (Family member, email to CAPTIVE, 3 July)

A CAPTIVE respondent provided this feedback:

I have spoken to a number of the ladies who have experienced purple visits and the overall feedback was 'brilliant'. [But . . .] the software is extremely sensitive and freezes quite a bit, due to people's faces not being recognised, because they raise a glass/cup to their mouths, they move too quickly, etc. The women and their family members find this frustrating.

By normal procurement standards, the roll out of video calls was surprisingly rapid, and there has been evidence of the prison service seeking feedback to evaluate the service and fix problems with it. This good practice may not have been apparent to women experiencing those problems. There does appear to be a commitment to making video calls a permanent feature of prison life, although the key question of how the service will be paid for appears still unresolved.

CAPTIVE evidence, supported by the prisons inspectorate, suggested that the mitigating measures could not completely offset the loss of face to face contact, and that the damage to family relationships was significant. The pain for women was exacerbated when ministerial announcements appeared to promise more than they delivered. This was particularly true in relation to the prospect of an early release scheme, but to some degree also in the gap between the promise of video calls and their delivery to all prisons with initial technical problems solved. The first problem – on early release – could have been avoided with a more generous and better designed scheme.

A consultation carried out by EPIC with prisoners reported on the impact of the lockdown regime on mental health. Their report states that women reported the most profound pains of separation from young children. EPIC explained that most women and their children would not have experienced separation for more than a month prior to the pandemic. They quoted one woman:

I cannot begin to explain how much my heart breaks for my children right now. Even writing this I am welling up. I don't know how much longer this can go on. I know we all feel the same.

Further, the long hours spent in a cell prevented women who had young children from activities that might have distracted them (briefly) from their separation.¹⁷

The Joint Committee on Human Rights, having heard evidence about the impact on families, concluded:

The current lack of meaningful contact between mothers in prison and their dependent children due to the suspension of visits to prison risks breaching both groups' right to private and family life. The Government must not impose blanket restrictions on visiting rights. In order to comply with Article 8 ECHR, they must ensure that any restriction on visiting rights is necessary and proportionate in each individual case. Children must be allowed to visit their mothers in prison on a socially distanced basis, where it is safe for them to do so.¹⁸

At the time of writing¹⁹, social visits are being restored. The policy includes precautions to prevent visitors from introducing Covid-19 into the prison. These include a reduction in the number of visitors, for example, to one adult and two children. The current policy also prohibits close physical contact with anyone over 11 years old.²⁰ It is likely that this age restriction will be difficult for staff to enforce and will appear perverse to a child of 12 years old. The restriction on physical contact does not appear to have been decided on the basis of the best interests of the child. A pilot was initially conducted in a number of prisons, including one for women, which allowed physical contact for those producing a negative test. In addition, and based on individual establishments discretion, prisons are now able to begin testing social visitors to allow for physical contact. As the situation evolves, visiting policies are likely to change, with variations from prison to prison.

The exceptional regime

Helpful practices:

- Keeping residents informed about Covid-19, visits, and the regime.
- In HMP Bronzefield, education staff remained on site, conducting assessments for English and maths.
- HMP Send spread the work available for prisoners by offering job-shares.
- Activities that prisoners found meaningful and helped them to cope, such as helping other prisoners, playing music, creative writing, and education.
- Innovative ways to make prisoners feel connected to each other: quizzes, competitions and talent shows aired on the prison's television channel.
- Gym staff keeping prisoners motivated and physically active.
- Attempts in some prisons to maximise time out of cell, e.g., women on one wing in HMP Downview were unlocked and allowed access to the open air for half the day.
- Peer support and active citizenship opportunities, including Listeners, wellbeing reps and Covid-19 committees.

At the end of March 2020, the prison service announced its exceptional regime, the 'lockdown', which meant spending 23 hours or more behind the door every day.

In May 2020, the inspectorate found that women at HMP Foston Hall got 30 minutes exercise out of cell; in HMP Bronzefield, it was an hour; one in five women at HMP Eastwood Park got about two hours.

In June 2020, a Prisoner Policy Network (PPN) member from HMP Send wrote to say that despite many prison jobs closing, they were rotating workers, so most people got a chance to be out of their cell for a time. In a short scrutiny visit, the inspectorate found that half of the women had about 15 hours of work out of cell per week, and those not working had about 90 minutes out of cell daily.

The inspectorate also reported that education had ceased, except for HMP Bronzefield, where some teaching support was provided at the cell door, and HMP Eastwood Park, which facilitated some computer access for distance learning.

A woman wrote to CAPPTIVE in mid-June, describing the regime:

We have been on 23 hour bang-up since March and currently on 23 ½ hours. We have half an hour for showers / pod systems and cleaning our rooms, four at a time. Also half an hour outside exercise. And ten minutes for breakfast and meds, lunch and meds, and dinner and meds... Now we are doing workouts on our half hour exercise; movie packs twice a week; extra [tv] channels.

In place of a purposeful regime, women (like their male counterparts) received distraction packs comprised of puzzles, quizzes, and pictures to colour in. By the time the prisons inspectorate interviewed women (in October 2020) people needed more varied stimulation.

Prisoners, especially women, were very clear that they were by now tired of limited and repetitive in-cell activities, especially the distraction packs, quizzes and occasional activities such as bingo provided by prison managers.²¹

Most of the women who wrote to CAPPTIVE expressed thanks for efforts the prison made to encourage exercise:

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

Another woman wrote:

I'd score activities and safer custody 9/10 for keeping women engaged and creative inside their cells.

On its second SSV to women's prisons in June 2020, the inspectorate found that most women were getting little more than 90 minutes out of their cell each day. Their report concluded:

Evidence of the impact of the restricted regime on the well-being of prisoners was a concern. This, and the success in infection control, suggested the balance of risk was shifting. Both senior managers and prisoners saw the need to move to a more purposeful regime. However, recovery planning had been hampered by the lack of consistent, timely guidance from HM Prison and Probation Service (HMPPS). The need to move safely to a less restricted regime was becoming urgent.²²

Particular needs

The life experiences many women had prior to custody affected their responses to the deprivations inherent in the lockdown regime. 57% of women in prison report having been victims of domestic violence.²³ This is likely to be an underestimate as not all women would report it or define their experience in the same way. The Clinks briefing also reported that nearly half of women reported needing help with a drug problem on entry to prison.²⁴

Demographic data on the life experience of women in custody sheds some light on differences in their experience prior to prison.²⁵

Experience	Women in prison (%)	Men in prison (%)
Abuse as a child	53	27
Symptoms indicative of psychosis	25	15
Identified as having both anxiety and depression	49	23
Have attempted suicide	46	21

Being locked down deprived all prisoners of social contact and agency (or control over one's daily life). A briefing by Agenda described how women's personal histories could influence the way they experienced such deprivations. They stated, "...for many women, particularly those who have been sectioned, imprisoned or experienced domestic abuse and coercive control, isolation and restricted freedom of movement can be extremely re-traumatising." Agenda then quoted a support agency:

*A lot of women are drawing parallels between the pandemic and lockdown with the control that they faced when they were with perpetrators. So, lots of women are saying, actually, when they're in lockdown, whilst they know it's for their safety, they feel like when they're not able to leave their home, it brings back memories of not being allowed to leave their home by perpetrators.*²⁶

Healthcare under Covid-19 restrictions

Helpful practices:

- Consistent care for people on an Assessment, Care in Custody and Teamwork (ACCT) was supported at HMP Downview, as responsibility for all prisoners on an ACCT was held by one manager.
- In HMP Send, prisoners who were shielding received wellbeing checks twice daily, and these checks were recorded in writing.

Women's anxieties were exacerbated by separation from families and young children, social isolation within the prison, fears about the disease, and increased powerlessness over their lives.

In April, a caller to PRT's helpline explained that when she showed symptoms of Covid-19, she was isolated. She was not allowed to shower, despite being on her period. She was promised that she would be allowed to do her own laundry, but eight days later this had not yet happened. Another caller stated that cleaning products were in short supply. They added that officers sent out to hospital watches were returning to the wings, and not wearing PPE. Six showers were shared among up to 40 women without being cleaned between use.

In May 2020, the prisons inspectorate found that the treatment of women who were isolated with symptoms was poor. Women who wrote to CAPPTIVE believed that many would not report symptoms if they arose. However, the second SSV to women's prisons found the regime for shielding prisoners to be much improved.

The 23 hours isolated in cell had a serious impact on people's mental health, as this woman described in response to CAPPTIVE:

These times are very difficult and seem to be getting harder not easier. Covid-19 locked down the world but sent us into a double lockdown and a level of segregation the female estate do not come across often. Never in the six years of my sentence so far has lockdown been this severe or long... Mental health is deteriorating for me and [those] around me. Most were coping but over the past 2 to 3 weeks there is a lot of unrest. The worst cases are getting put in seg and we hear the screaming which is awful.

People have been affected by the restrictions in different ways. Very few CAPPTIVE respondents said that they benefitted from the 23 hours in cell (only 3 out of 180 male and female prisoners) but as one woman wrote:

Sadly I've been in poor physical health which is now affecting my mental health but because I can now make more calls I am dealing with it better. I feel like lockdown has benefitted me as I've learnt better ways to fill my time. There is less tension between people and a better routine, less drugs and I've managed to build better relationships with my family and friends due to lower priced calls and additional PIN credit. The staff have been very supportive and we've been having regular key work sessions.

Writing in July, a PPN member expressed her sense of powerlessness at the continuation of the quarantine:

Mental health is a massive issue here in prisons and there is no duty of care for it, we are simply given a colouring pack. Depression, anxiety, discomfort, boredom and comfort eating, the ladies are piling the weight on. I feel I'm in the passenger seat of an out of control car and we are about to hit a brick wall.

By June 2020, the isolation and inactivity were already having a widespread impact. The inspectorate's second SSV to women's prisons included a measure of the impact of the Covid-19 restrictions. The women prisoners surveyed self-reported changes they had observed since 23 March:

- 68% said their mental health had deteriorated, and
- 71% said their physical health had deteriorated.

In October 2020, the prisons inspectorate described one woman's experience:

I arrived in her current prison shortly after COVID-19 restrictions began. She felt that her mental health was deteriorating because of the amount of time locked in her cell. She said: 'It's such a small space... to be in for that period of time every day... it's being imprisoned while you're in prison.' She continued: 'It's not humane, the way we're being treated right now... it's like an animal sitting in a cage and being mistreated.' She had particularly struggled in her cell during the hot summer weather... She believed that she and the other prisoners would come out of prison with more mental health issues. She explained that she would have 'lost it' without a release date to work towards.²⁷

For some, like this CAPPTIVE respondent, the efforts they made to progress through their sentence were in vain:

Talking to other women and from my own experience, the OMU [Offender Management Unit] involvement in prisoners' progression is next to zero...OMU's hands-off current status significantly increases suffering and pushes me into despair.

Prisons inspectors concluded that social isolation had increased the need for mental health support, yet they judged that there was less mental health care available. This was confirmed by a CAPPTIVE respondent, writing in late June:

Mental health: one out of 10. Mental health nurse was unable to come 'due to Covid' — very poor.

Safer custody

The Female Offender Strategy also set a goal to reduce self-harm among women in custody. The aim built on recommendations from the Independent Advisory Panel on Deaths in Custody, the Prisons and Probation Ombudsman and safety standards drawn up by HM Chief Inspector of Prisons. A ‘self-harm taskforce’ was established.

In May 2020, the prisons inspectorate found that self-harm among women had increased during the pandemic. They observed that governors/directors had expanded the wellbeing support, but the inspectorate concluded that the losses of association and purposeful activities were taking a toll:

We had concerns about a small number of prisoners with very high levels of need. These prisoners were previously receiving significant structured support from a range of agencies. At the start of the restrictions this had stopped or been drastically curtailed at all three sites, creating a risk that these prisoners’ welfare could seriously deteriorate. ... Despite the work of staff, the very restricted regime meant prisoners at risk of self-harm felt isolated from others and craved more human contact.²⁸

Prison service safety statistics, published in January 2021, showed an increase of 8% in self-harm incidents among women in custody in the year up to September 2020. During July, August and September 2020 the rate increased by 24%.²⁹

Feedback from prisoners to the prisons inspectors in October 2020 described long-term impacts of the restrictive regime:

The pressure caused by such long periods of isolation had led some prisoners to use unhealthy coping strategies. Women told us that they had started cutting themselves more often during the pandemic as a way of managing increased stress, low mood and anxiety. The removal of the usual coping strategies, such as talking to friends during association periods and regular therapy sessions, had increased some women’s distress.³⁰

In a statement to the Justice Select Committee, former Chief Inspector of Prisons, Dame Anne Owers, drew a link between the deprivations imposed by the restrictive regime and the risk of self-harm:

[Self-harm rates] mirror lockdown. Because self-harm in women is often around the lack of contact with other people, families and so on. ... When I was chief inspector of prisons, we did a thematic

*on mental health. We asked prisoners what they needed ... the big answers that came back were someone to talk to and something to do. And those things have been notably absent from our prisons for the last year and a half.*³¹

Evidence about safety from peers (victimisation and assault) was more mixed. Women speaking to prison inspectors said that prior to the pandemic, officers did not protect them effectively from victimisation. For this reason, women who had been victimised welcomed time spent away from other prisoners. However, despite there being fewer violent incidents, women continued to feel unsafe from others:

*For example, women had started to see more tension, anger and behavioural problems emerge as restrictions had continued. The level of boredom and the empty days had led to some women scrutinising the behaviour of others and picking on them as a way of passing the time. The lack of any other distraction amplified trivial, minor incidents that would otherwise have quickly passed without comment.*³²

The inspectorate added that some women felt less safe when they could not have social contact:

The COVID-19 restrictions had significantly affected prisoners' ability to access support from their peers on a day-to-day basis. They had little opportunity to make friends and social activity was often restricted to the exercise yard. Prisoners missed existing, supportive friends from other landings and wings who were now unlocked in different groups and who they no longer saw in workshops or classrooms. Women especially missed easy access to peer support workers who could offer advice and guidance when they were feeling low.³³

Initially, the prison service introduced welfare checks, where officers devoted time to giving individual attention to gauge how well each person was coping. As with mental health support, CAPPTIVE heard evidence that wellbeing checks became increasingly ineffective over time:

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

Another said there were:

Not really any welfare checks... Everyone's mental health has badly been affected.

Release on Temporary Licence

Helpful practices:

- An offender supervisor at HMP Askham Grange created a booklet about Covid-19 that covers what women need to know in returning to their communities.
- HMP East Sutton Park maintained its programme of ROTL for essential workers, benefiting almost one-third of the women there.³⁴

Release on Temporary Licence (ROTL) performs vital roles for the successful return of people to the community after serving a prison sentence. Its benefits are spelled out in the ROTL framework introduced by the prison service in May 2019. There are four types:

- Resettlement Day Release
- Resettlement Overnight Release
- Childcare Resettlement Licence
- Special Purpose Licence.

The childcare resettlement licence enabled parents to spend time in the community with their children prior to their release. From October to December 2019, 451 childcare resettlement licences were issued to women, compared to 34 to men.

On 24 March 2020, with the implementation of the exceptional regime management plan, most ROTL was abruptly halted. Temporary release licences were issued in only a limited number of compassionate cases and for “essential” workers.

The suspension of the childcare resettlement licence had a disproportionate impact on women and their children and reinforced the damage to family ties linked to the loss of family visits. A woman wrote to CAPTIVE in June, 2020:

Unfortunately, my ROTL board was cancelled because of Covid-19 ... The most difficult part of that I haven't seen my son since nearly 11 weeks!!! Not even video call.

The prisons inspectorate concluded:

ROTL for family contact purposes was also suspended, which was particularly frustrating for primary carers and disproportionately affected women prisoners.

CAPPTIVE also received reports that even when essential key worker roles were secured for prisoners, long delays in completing workplace security clearance and safety checks (due to Covid-19) led to the loss of these opportunities. A group of women were successful in their interviews for supermarket keyworker roles, but their start dates were delayed by the prison several times. Eventually, after the failure to get the women cleared and out of the prison, the job offers were withdrawn. This was a very difficult setback for the women, with one CAPPTIVE respondent noting:

I have served 15 years and am so close to parole, my future is looking so grim and I am going to be released on benefits after all the hard work through my sentence.

Conclusions

The evidence in this report underlines the depth of suffering caused by the measures taken to control the spread of disease in women's prisons, and how that suffering reflects the many common experiences and characteristics of the women in them. The importance of family contact, especially with children, emerges as a particularly important theme. The accounts women have given us underline the missed opportunity to spare many of them that suffering by a refusal to institute a more generous and efficient early release scheme at the start of the pandemic. It is particularly distressing that the government now appears reconciled to the idea that more rather than fewer women should have to go through this experience in the event of any future national outbreak. The priority for planning for recovery should therefore be to implement measures in the Female Offenders Strategy that can permanently reduce the number of women in prison.

In responding to the second wave of Covid-19, which post-dates much of the evidence in this report, some prisons were able to offer more opportunities to improve women's experience in custody. The flexibility and imagination of managers and staff locally was appreciated where it occurred, as were the attitudes of some individual staff who showed compassion and understanding.

The CAPPTIVE project has also suggested what prisons should do as they restore a normal regime. These include:

- Increase the number and duration of visits, providing open air visits and physical contact; but maintain phone credits and video calls
- Provide support in the aftermath of visits that leave painful emotions

- Enable staff and prisoners to discuss how they have been affected by the pandemic and the regime
- Run wing meetings to gather the views of prisoners about what is most important to them and how to proceed
- Create or maintain peer support workers and Covid-19 wellbeing reps and support them in their roles
- Encourage officers to maintain empathy and caring in their work with prisoners
- Explore how the recovery process needs to differ for women
- Raise the level of mental health support in prison permanently.

Thank you to all of the people in prison that we spoke to, including our PPN members who once again have gone above and beyond, making sure that not only are their voices heard in this discussion but that many other voices are included too. We are also grateful to prisoners' families for their input. Thanks also go to our PPN advisory group, friends, colleagues, and others who have offered comment on early drafts or helped to proofread before publication.

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About the Prison Reform Trust

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

About the Prisoner Policy Network

The Prisoner Policy Network is a network of prisoners, ex-prisoners and supporting organisations. It is hosted by the Prison Reform Trust and will make sure prisoners' experiences are part of prison policy development nationally. Contact:

ppn@prisonreformtrust.org.uk or call 020 7251 5070 for more information.

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