



The Prison Reform Trust (PRT) is an independent UK charity working to create a just, humane and effective penal system. We do this by inquiring into the workings of the system; informing prisoners, staff and the wider public; and by influencing Parliament, government and officials towards reform.

Restoring full regimes in prison while mindful of the harmful impact of the restrictions on mental health

Submitted to the Independent Panel on Deaths in Custody
11 June 2021

Epidemics require a difficult balance between restrictions on liberty that help to prevent transmission and minimising the harm that those restrictions cause. Achieving that balance is categorically different in prison, as both the risks and the collateral damage are shaped by the total institution within which they apply.

An article in The Lancet emphasised that:

“Successful use of quarantine as a public health measure requires us to reduce, as far as possible, the negative effects associated with it.” (Brooks *et al.*, 2020)

In March 2020, to prevent transmission of the virus, HM Prison Service launched an exceptional delivery regime in which visits, education, and gym were stopped. They provided video calls, phone credits, and in-cell distraction packs.

The Prison Reform Trust published *Deep Custody: Segregation units and Close Supervision Centres*, in 2016. The authors, Dr Sharon Shalev and Dr Kimmett Edgar, found that segregation imposed social isolation, a lack of activity, and a loss of control over one’s daily life. While the exceptional regime was not the same as segregation, these characteristics describe life for most prisoners under the Covid-19 regime.

The effects of social isolation, the loss of activity, and reduced autonomy can be seen in evidence from the following sources:

- CAPPTIVE – the Prison Reform Trust’s consultation with people in prison about life under the Covid-19 restrictions
- *A record of our own* – a report by the Zahid Mubarek Trust on the impact on people from Black, Asian and minority ethnic groups
- *What happens to prisoners in a pandemic* – a thematic review by HM Chief Inspector of Prisons (the prisons inspectorate)
- *Keep talking safe*, and *‘Just one thing: Prison safety and Covid-19*, reports on feedback from prisoners about living under Covid-19 by the Independent Advisory Panel on Deaths in Custody (IAP)
- *Deep Custody* – a comprehensive analysis of life in segregation units and close supervision centres, by Dr Sharon Shalev and Dr Kimmett Edgar.
- “The psychological impact of quarantine and how to reduce it” an evidence review by S.K. Brooks *et al.*, published in The Lancet.

This paper covers:

1. Recommendations to the prison service in restoring the full regime
2. Evidence about the harmful impact of the restrictive regime on mental health
3. Social isolation
4. Lack of activity
5. Loss of autonomy
6. Neurodiversity
7. Delayed progression
8. The disruption to mental health support during the pandemic
9. Summary of the impact of the exceptional regime
10. Methods of gathering evidence used by the main sources

(Note: In this briefing, except where indicated, quotations from prisoners are from 2020.)

1. Suggestions to safeguard wellbeing while restoring a full regime

1.1 Remedies should be designed to repair the most damaging aspects of the experience – isolation, inactivity and loss of autonomy. The recovery (return to a fuller regime) should be guided by four principles. How can prisons . . .

- support relationships (especially families)
- be sensitive to the anxieties many will have about reintegration
- offer more choice (to support autonomy) and
- provide quicker routes to progression?

1.2 The restoration of **family relationships and visits** is the first priority.

- Increase the number and duration of visits
- Provide open air visits and allow physical contact
- Provide time and support for families and prisoners to talk through the impact of the pandemic and restrictions in prison
- Respond sensitively to the aftermath of visits, including painful emotions, bereavements, and tensions
- Maintain phone credits and video calls while increasing social visits
- Divert staff resources to facilitate the rebuilding of family relationships.

1.3 Prisons should facilitate **discussion circles**.

- Enable staff and prisoners to discuss how they have been affected by the pandemic and the exceptional regime
- Run these under the principles of procedural justice
- Senior managers should attend
- Invite external, independent groups to convene the dialogue circles.

1.4 Plan for recovery through **multi-disciplinary teams**.

- Include governors, offender managers, mental health in-reach teams, chaplains, substance dependency support, physical education, and service users, as well as wing officers.

1.5 **Strengthen current means of consulting prisoners**.

- Run wing meetings to gather the views of prisoners about what is most important to them and how to proceed
- Ask prisoners' views on hard decisions (for example, urgent restoration of visits may delay other activities such as education)
- Consult widely (staff and prisoners) about how the experience of the pandemic should be marked or commemorated
- Publicise the impact of consultation on setting priorities.

1.6 Create or maintain **peer support workers and Covid wellbeing reps**.

- Develop tailored specifications for their work
- Enable them to play central roles in the recovery
- Strengthen, train and equip people in peer support roles

- Provide them with dedicated time to support each other and be supported. All will have their own experiences to process, as well as absorbing the frustrations of those they assist.
- Consult them prior to decisions being taken about the speed of change.

1.7 Support and supervise **staff to maintain empathetic and caring engagement** with prisoners. Build consensus among the workforce that their most important role during the recovery will be to take an interest in the needs of each person as an individual, give people time to talk through the effects of the lockdown regime, and help people adjust to the changes.

- Provide training and information for staff in how quarantine and segregation affect people (including increased frustration)
- Train and support prison staff to recognise when confrontative behaviour reflects the mental health damage caused by the regime
- Officers' response will need to be sensitive, therapeutic and empathetic. Providing daily opportunities for structured de-briefing is crucial.

1.8 Ensure **good communication** from prison managers and officers.

- Governors/directors should communicate with every resident, acknowledging the stress that the restrictions have caused, and thanking them for helping the prison community to make it through the crisis
- Explain clearly the roadmap of recovery for that prison, with dates where possible
- All forms of communication should take into account learning disabilities and learning difficulties
- Build on the good practice in communication developed before and during lockdown – for example, the frequent use of Prison Radio and Wayout TV, and the use of social media to keep families informed, should be continued and made “business as usual”
- Provide information for prison residents about the effects of being quarantined, how to get help, and tips on how to adjust during the recovery. Draw on the dialogue circles, prisoner consultation, and feedback from peer support workers for this purpose.

1.9 Prisons should use a **person-centred approach**, which gives people as much choice as possible.

- Each person should have an individualised plan that takes account of their experience and needs. This should be the priority for keyworking.
- Communications about changes should state the choices that each prisoner will be able to make about how they engage with the regime, however limited their choices might be.

1.10 The differences in expectations and needs among different groups of prisoners (by **protected characteristic**) should be acknowledged and guide recovery planning.

- Recovery is likely to be different for women

- Other protected characteristics, such as faith, age, ethnicity, and disability require sensitivity to subtly different experiences of the exceptional regime and recovery.

1.11 Plan for a **gradual process** but acknowledge what prisoners and staff have suffered.

- Negotiate a graduated return to a full regime (many people will have anxiety about full social interaction)
- Create opportunities to acknowledge the suffering of both prisoners and staff and to thank both for their forbearance and cooperation.

1.12 Resolve delays to **progression**.

- Devote keyworker resources to assess the length of delay for every individual whose progression has been stalled by the exceptional regime and identify remedies
- Expand the resources of offender management units to implement the recommendations this process will produce
- Make opportunities for re-categorisation and for ROTL a priority for the short term.
- Review sentence plans for all people who are eligible for parole
- Where an offending behaviour programme was required, re-assess their importance to risk reduction. In marginal cases, there should be a presumption against having to undertake the programme.

1.13 **Increase mental health support.**

The impact of Covid is likely to be long lasting and afflicts a system which was already struggling to cope with the needs of the people it cares for. There is an opportunity to raise the level of mental health support in prison permanently.

- As the need for expert mental health support will exceed what is currently available, the NHS should fund and procure additional capacity as a matter of urgency.
- Recognise that the risk of mental health needs is higher among people who have learning disabilities and learning difficulties.
- Mental health teams should assess the prevalence of mental health need face-to-face with each person in custody.

2. The harmful impact of the restrictive regime on mental health

2.1 Sections two to nine survey the evidence which formed the basis of the recommendations. Feedback from people resident in prison details what prison officials and government ministers need to understand and expect as they weigh up the impact of the restrictive regime.

2.2 Drawing on their interviews with people on segregation units and close supervision centres, Shalev and Edgar concluded:

“Over half of the individuals interviewed (33/63) reported that they had three or more of the following symptoms: anger, anxiety, insomnia, depression, difficulty in concentration, and self harm.”

2.3 Dr Shalev’s previous work described a range of mental health needs linked to segregation:

“Anxiety, ranging from feelings of tension to severe panic attacks; Depression, varying from low mood to clinical depression; Anger, ranging from irritability, poor impulse control and outbursts of violence against others, self, and objects to unprovoked anger and rage; Cognitive disturbances, ranging from lack of concentration to confused states; Perceptual distortions, ranging from hypersensitivity to noise and smells to hallucinations affecting all five senses; Paranoia and psychosis, ranging from obsessional thoughts and ruminations to full-blown psychosis; and increased risk of self-harm and suicide.” (Shalev, 2014)

2.4 The evidence during the pandemic revealed similar effects. Even at their best, prisons are toxic to well-being. Under the exceptional regime, the negative impact on mental health problems was amplified. The prisons inspectorate’s thematic review stated:

“Prisoners we interviewed described feeling drained, depleted, lacking in purpose and were sometimes resigned to the situation. Some felt their lives were going to waste. They often felt lonely and unsupported. They were frustrated and sometimes angry.”

2.5 Almost none (less than 2%) of the 180 prisoners who responded to CAPPTIVE on the theme of health mentioned any personal benefit from being confined in their cell for 23 hours a day.

“The thing that is really beginning to show more is prisoners are struggling with mental health as they are locked up for mass amounts of time. Myself personally, I have worked hard on my mental health but due to all the lockdown it now feels like all the hard work is beginning to come undone.” (CAPPTIVE, 25 June, category C prison)

2.6 The Zahid Mubarek Trust’s study described the effects of the restrictions on mental health:

“Thirty-four prison leavers (55%) mentioned feeling increased stress, anxiety, insomnia, or depression during lockdown. . . . All respondents that

had pre-existing mental health issues said that their symptoms got worse after lockdown began.”

- 2.7 One person quoted by ZMT said:
“If I had stayed there one extra week it would have been a body bag for me. . . . It’s like you want to do something stupid for them to notice you. It’s like I was keeping everything in, almost ready to explode. Luckily, I got released.” (ZMT: 33-year-old male prison leaver, 14 August)
- 2.8 Fear of the virus (risk to them and their families) fuelled anxiety:
“It felt like the virus was getting closer ... and in the place where you control nothing about yourself, this sense of not being in charge is a big thing.” (ZMT: 21-year-old male prison leaver, 17 August)
- 2.9 Initially, anxieties were made worse by a lack of communication compounding the problems of long hours of confinement, as the IAP reported:
“I’m sure there is a lot of prisoners suffering from severe anxiety, isolating in their cells not knowing when they’re going to be unlocked.”
(Keep talking safe)
- 2.10 CAPPTIVE respondents also reported fears for themselves and loved ones:
“I suffer very bad with asthma and I am very concerned that I could die if I was to contract the corona virus. As an inmate I believe I have more chance in contracting the virus regardless of the current lock down here.”
(CAPPTIVE, 20 April, local prison)
- “My mum and sister both work in a care home, both with underlying health conditions. They are at risk and I don’t know when...I’ll speak to them. I don’t know if [it’s] the last time I’ve seen my nan before she catches this horrible disease...The last visit I had with her [was] back in 2019.” (CAPPTIVE, 25 June, Category C prison)
- 2.11 Other residents described irritability and frustration:
“I had seen myself as quite healthy, but this lockdown has proved me wrong. I thought I was doing okay until I caught myself eating a huge amount of snacks from canteen and punching the walls, as well as getting inexplicably tearful. I sit in my cell trying to focus on reading and writing. When I hear loud music from another cell it drives me to tears with frustration.” (CAPPTIVE, 9 June, category B prison)
- 2.12 Evidence from prison residents about the harm to their well-being and mental health linked these effects to isolation, inactivity, and a loss of autonomy.

3. Social isolation

- 3.1 In the segregation study, a prisoner explained the impact of isolation:

“All my mental health problems start kicking in – been really depressed listening to all the voices a lot more, just stuck in my thoughts.”
(Shalev and Edgar, 2016)

3.2 During the pandemic, long periods of empty time led to over-thinking, with several people reporting insomnia.

“It’s very hard in terms of socialising. For 23 hours a day we are alone with a couple of phone calls and a tv. No matter how much you fill your time, at one point you feel alone and lonely.”
(CAPPTIVE, male prison, 9 June)

“Like (surely) many other prisoners, I have been finding it extremely hard to be kept apart from my family, and not even allowed to see and be seen by my one-year-old daughter.” (CAPPTIVE, male prison, 15 June)

3.3 Extended periods of isolation can increase despair and anxiety while reducing people’s confidence and skills in interaction.

4. Lack of activity

4.1 In their thematic review, the prisons inspectorate reported:

“Adult prisoners we spoke to expressed a clear desire to return to purposeful activity. They missed a full daily routine which included work and education, because this made them feel useful and gave them purpose.”

4.2 The exceptional regime severely restricted daily activities. CAPPTIVE respondents explained:

“The gym is closed, we can only access the exercise yard for half an hour a day. This really affects one’s mental health... not being able to get out of the cell as much as we used to just to walk around and keep active.”
(CAPPTIVE, 6 June, local prison)

“Some of the guys are suffering with depression on a larger scale than normal due to not being able to go to work, not being able to access any programmes needed/demanded so as to progress through the prison system.” (CAPPTIVE, 2 June, category C prison)

5. Loss of control / autonomy

5.1 The regime prevented people from taking action to resolve problems for themselves (loss of autonomy). A woman replied to CAPPTIVE:

“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.”
(CAPPTIVE, 15 June, women’s prison)

- 5.2 The ZMT report listed some of the factors that increased stress:
“Fear of the disease, inadequate information, increased isolation and inactivity, and the additional restrictions imposed on top of routine deprivations have all contributed to greater levels of stress and frustration across the prison estate.”
- 5.3 A failure to observe precautions could increase prisoners’ sense of fatalism. The inspectorate’s Short Scrutiny Visits found some uneven practice:
“While some staff worked hard to observe social distancing where they could, we saw many situations where staff did not attempt to do so, reflecting a complacent attitude to the presenting risks.”
- 5.4 The IAP echoed this finding, quoting one prison resident:
“Staff not taking precautions to minimize the spread, crowding inmates, for example not wearing gloves, doing cell checks with two or more officers while prisoners are in the cells which is against the two metre rules. . . . They're not cleaning the wings with the proper stuff, cleaners aren't allowed in to clean regularly.” (IAP Keep talking safe)
- 5.5 In common with experiences of long-term segregation, prisoners lost track of time and many felt their days were devoid of meaning. The prisons inspectorate reported:
“Some prisoners had developed mundane daily routines as a way of managing their feelings. Some listened to the ticking of the clock or counted down the days on the calendar. Others kept rearranging their belongings, delayed putting things into the bin or moved photos around on the wall.”
- 5.6 The prisons inspectorate also reported on a loss of autonomy:
“Some prisoners told us that their anxiety was heightened by a lack of control over their daily lives, environment and the measures they could take to protect themselves. Some were unsettled by the changes made to their daily routine as the restrictions were first put in place and later amended.”
- 5.7 The IAP reported:
“People in prison said they could be overcome by the reintroduction and increase of stimulating activity, and time away from the pressure of their cell.” (IAP: Just one thing)
- 5.8 The exceptional regime led many respondents to feel fatalistic. People experienced sensory deprivation due to 23-hour confinement in a cell. Before the pandemic, prison jobs, voluntary roles such as prison councils, education, vocational workshops, and association had given prisoners choices about how to spend their days. In contrast, the exceptional regime is dehumanising, taking away what little control prisoners had over their lives and reducing prisons to warehouses.

6. Neurodiversity

6.1 Evidence provided to CAPPTIVE about how prisons were supporting people who have disabilities during the pandemic was very sparse.

6.2 People with learning disabilities, learning difficulties, or autism might be profoundly disadvantaged by the exceptional regime. The government's guidance for carers working with people with learning disabilities (DHSC, 2020) states that some who are autistic or have learning disabilities find changes in routine stressful; their anxiety is increased if the means of communication have not taken their needs into account.

6.3 An enduring problem is that many learning disabilities are not apparent to prison staff. The annual report 2019-20, by the National Independent Monitoring Board, indicated a disparity between the prison's estimates and underlying rates of disabilities:

“At Dovegate, 293 prisoners self-identified as having special educational needs and at Littlehey this was a third of the population, with little evidence that the regime was adapted for them or staff sufficiently trained. At Guys Marsh, between 33% and 50% of prisoners declared they had a disability, often a mental health or learning disability or difficulty, whereas the data on NOMIS showed there were only 8% of such prisoners.”
(National Independent Monitoring Board, Annual Report 2019-20)

6.4 Written communications about the response to the pandemic might be inaccessible to someone with a learning disability and lead to misunderstandings about changes in their daily life. Reading can pass the time for others, while they might be more dependent on radio and television. Materials included in the distraction packs might be unsuitable. As one CAPPTIVE respondent wrote, “As always, it is those with fewest communication skills who suffer the most.”

6.5 A person contacted PRT's Advice & Information line in September. He explained that he finds it hard to communicate because of learning difficulties. He found the lack of effective communication really hard. He had no chance to clarify what things mean; for example, he wanted to know whether he could still access support for his disability. He said, “I can count on my hand how many times someone has asked me if I was alright.”

6.6 Prisons were required to produce equality analyses as they changed the regime from one stage to another. Governors were required to be pro-active and anticipate the ways that regime changes could disadvantage people with disabilities. Equality analyses should also describe what reasonable adjustments will be made to ensure that people with disabilities have equitable access to all aspects of the prison regime. Consulting prisoners who have disabilities in ways that they find accessible is crucial to making reasonable adjustments.

7. Delayed progression

7.1 Progression includes sentence planning, offending behaviour interventions, offender management supervision, release on temporary licence, re-categorisation, and preparation for parole board hearings. Most of this was severely disrupted by the exceptional regime. These delays are not the fault of prisoners. Having to spend longer in custody as a result is unfair punishment.

7.2 Progression is one of the priorities identified for the recovery. Governors will need to have a plan to restore the elements of progression. HMPPS will make efforts to gauge the scale of the backlog. However, the current commitment, to re-start offender management work and interventions as soon as it is safe to do so, is insufficient.

7.3 The delays, for those affected, undermined hope and a sense of purpose: “Anxiety over progression and recategorization is taking its toll for most.” (CAPPTIVE, 5 June, high security prison)

“Talking to other women and from my own experience, involvement in prisoners’ progression is next to zero. Together with the lockdown and OMUs’ current hands-off status it has significantly increased suffering and pushed me into despair.” (CAPPTIVE, 22 June, women’s prison)

7.4 Similarly, the ZMT report found: “A total of 17 prison leavers (27%) reported being depressed because of the lack of progression with their sentence or the procedures for their release.”

7.5 The prisons inspectorate commented: “The reality of being locked in their cell for most of the day prevented prisoners from demonstrating good behaviour to staff. Without time spent in classrooms or workshops, or a job on the wings, they recognised that there was nothing for staff to observe or record about their progress. Without this evidence to inform recommendations and risk assessments, they realised that their chances of being recategorised, transferred to an open prison or released by the Parole Board had reduced.”

7.6 Progression constitutes an unwritten contract between prisons and the people in their care. Prisoners are expected to make good use of their time in prison and not disrupt the social order; prisoners expect opportunities to demonstrate good behaviour and, when they engage in the regime, they expect prisons to enable them to progress through their sentence towards release.

7.7 Delaying progress is not justifiable when the person’s time in prison is extended through no fault of their own. It is not legitimate for prisons to deny prisoners opportunities to demonstrate good behaviour and then continue to apply the tests of risk reduction. The disruption to progression undermines both prisoners’ mental health and legitimacy.

8. Disruption to mental health support

8.1 Well before Covid-19, there was a serious disparity between the levels of need for mental health support and provision in prisons. That support was reduced during the time when it was most needed.

8.2 The ZMT reported:

“None of the participants were aware of any specialist mental health services being delivered in the period under review and only nine prison leavers (15%) said they were aware that Listeners (prisoners trained by the Samaritans to provide support to other prisoners) were still operating during the lockdown.”

8.3 In some prisons, mental health in-reach teams, which would normally provide support to people with diagnosed needs, were unable to maintain the level of care during the lockdown. For example, the prisons inspectorate found that at HMP Littlehey in June the mental health team had only half the usual number of staff due to vacancies and shielding (HMCIP, SSV, 2 June).

8.4 Prisoners told CAPPTIVE of neglect of their mental health:

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

“I’m sorry but no care is being taken with our mental health at all. Out of my cell window, through the four bars, through the newly installed cage, behind the netting through fence one, through fence two, over the top of fence three, I can see some treetops dancing in the wind. So that’s something.” (CAPPTIVE, 21 June, category C prison)

“Originally, the prison staff were very supportive and helpful, prisoners with mental health problems (like myself) and those subject to ‘isolation’ were approached by an officer who would ask how you were coping through the lockdown and offering distraction packs. This was happening at least once weekly. However, for the past six weeks I have not had any conversation with any officer regarding how I’m coping.” (CAPPTIVE, 13 August, category C prison)

9. Summary of the impact of the exceptional regime

9.1 A consistent assessment about the ways prisons have responded to Covid-19 is that they have preserved lives, but at the cost of profound (and often unnecessary) harm to well-being and mental health.

9.2 In its guidance on Covid, the World Health Organization wrote:
“The COVID-19 outbreak must not be used as a justification for undermining adherence to all fundamental safeguards incorporated in the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) including, but not limited to, the requirement that restrictions must never amount to torture or other cruel, inhuman or degrading treatment or punishment; the prohibition of prolonged solitary confinement (i.e. in excess of 15 consecutive days) . . .”

9.3 Despite clear evidence of its damaging consequences for mental and physical health, many prisoners have now spent over 12 months in conditions that, like solitary confinement, impose isolation, inactivity and a loss of autonomy.

9.4 The prisons inspectorate’s thematic review concludes:
“What prisoners told us calls into question whether the right balance had been achieved between managing the risk posed by COVID-19 and providing them with enough meaningful activity, engagement and time out of cell. Many prisoners feared being released with increased mental health problems and without having had the chance to address their offending behaviour. The long-term consequences of such prolonged and severe restrictions in prisons could be profound for prisoners and the communities to which they ultimately return.”

9.5 No-one yet can gauge the scale, nature, and duration of the damage to people’s physical and mental health caused by the exceptional regime. But the costs to well-being and health are beginning to surface. People in prison have been paying the price of this inhumane regime, imposing the misery of confinement to their cells for 23 hours or more, over a period of many months. Prisoners and their families will continue to pay as they struggle to cope with the damage for months and years to come.

10. Methods used to gather evidence

10.1 Brooks *et al.*

Review of 24 papers, drawn from a total of 3166

Criteria – primary research, peer-review, in English or Italian

Sample – people subject to quarantine for at least 24 hours on whom the prevalence of mental health/wellbeing was assessed

Published February 2020.

10.2 CAPPTIVE (Prison Reform Trust, Prisoner Policy Network)

Evidence gathered – March to October, 2020

Open invitation to prisoners and families to describe life under Covid-19 (circulated in various media)

Nearly 300 responses, covering 90 prisons

Briefings published July 2020, October 2020, February 2021.

10.3 HM Prisons Inspectorate

Evidence gathered - Between 30 September and 5 November 2020

72 prisoners interviewed in person

Six prisons - three held adult men, two held women and one held children.

Prisoners – included different prison environments, different demographic groups and different points in their sentences.

Published February 2021.

10.4 Zahid Mubarek Trust (report written by Khatuna Tsintsadze)

Evidence gathered - Between 5 June and 30 November 2020

Questionnaire and free submissions to invitation

Report drawn from 87 questionnaires which were completed by prison leavers or family members of prisoners (40 interviews and 47 written submissions)

Covering conditions in 29 prisons

Published March 2021.

10.5 Independent Advisory Panel on Deaths in Custody

Keep talking safe

Appeal on National Prison Radio

Over 200 respondents; 55 prisons

Published 1 June 2020.

‘Just one thing’: Prison safety and Covid-19

Appeal on National Prison Radio 29 June to 31 July, 2020

40 recorded messages

Published September 2020

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