



# C19 National Foresight Group: Intelligence Briefing Paper 13

## Data Trends and Prisons

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This briefing synthesizes data with systematic findings from across academic subjects. This evidence of empirical data and academic insight contributes to our existing knowledge on who is most likely to be experiencing adversity in our communities. To start to build a (provisional) picture about who is likely to be most affected by Covid and the impacts from NPIs.

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### Context

A data review is undertaken by academics at Nottingham Trent University every week to inform the C19 National Foresight Group. Evidence related to Covid psychological, social and economic trends are reviewed to inform, frame and prioritise discussions at national and local strategic decision- making level (LAs and LRFs). The C19 National Foresight Group synthesise data trends and academic findings across disciplines, with evidence of existing vulnerabilities and inequalities to start to build existing and emerging risk or adversity profiles of impacts from Covid.

### Who is this for?

This is most useful for the following roles. Please pass this on to those people in the following roles in your area:



- National thought leaders
- Local strategic decision-makers
- Intel cells
- Head of the MAIC
- SCG and TCG Chair
- Directors of Public Health
- Head of Health Protection Boards
- LA Chief Execs
- Head of Recovery Groups/Cells
- Multi-Agency Support Teams
- LRF Secretariat

**Focussed theme this week:** This week we cover the national mood data.

Academic Insights: We are providing a summary of work relating to the management of Covid-19 in prisons and secure settings. Focussing on the social and health inequalities.

1) Scoping review of the literature to inform discussions on the management of Covid-19 in prisons.

## Academic Synthesis

(gathered from systematic literature reviews, rapid reviews, webpages, academic articles, pre-prints, academic expertise)

**N.B.** This is not a literature review, but a review of the broad area (balanced with C19 specific literature) to see what topics lie within the area to inform future work. Predominantly based on systematic literature reviews and rapid reviews, this is to indicate the size of the literature review should we wish to commission one. Carried out by Stephanie Bianco, Adam Potter, Dr Stacey Stewart, with revisions and edits by Dr Rowena Hill, NTU. Please contact us if you require a list of sources consulted to develop your own literature review. The section is to provide an overview of the academic and research foresight on the developing areas of latent and emergent economic needs of the community. \*Due to the low number of published papers to date in these specific areas we have included the number of papers in this briefing so that you can see the weight of evidence behind our insights.

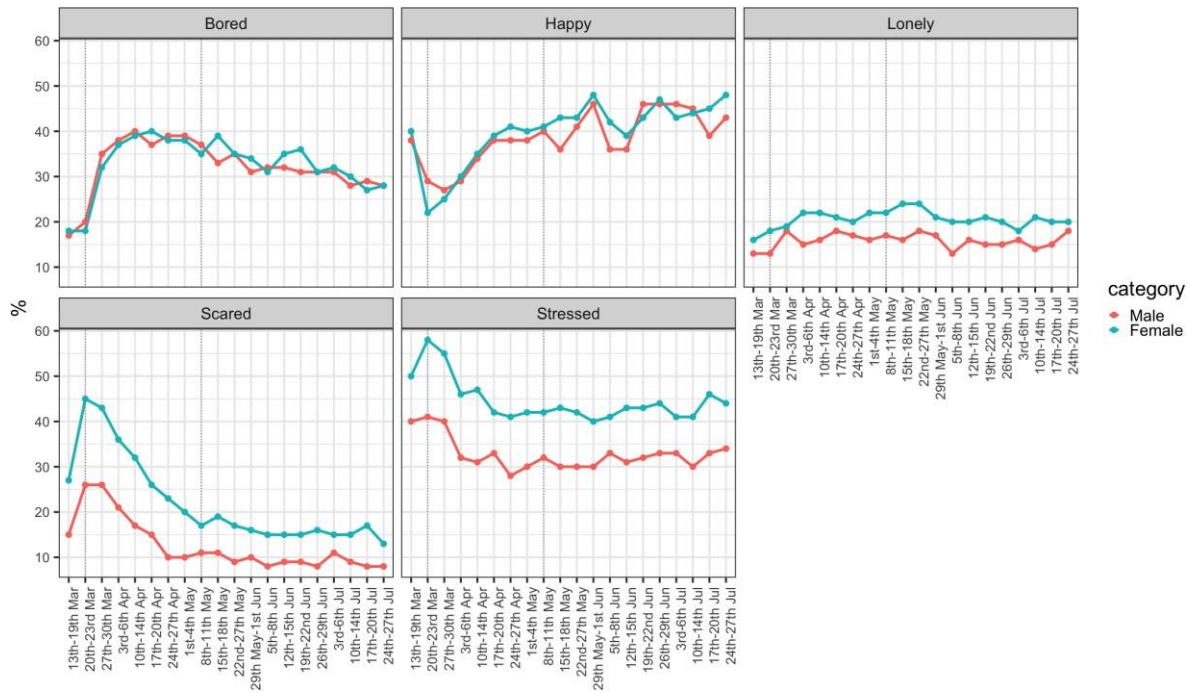
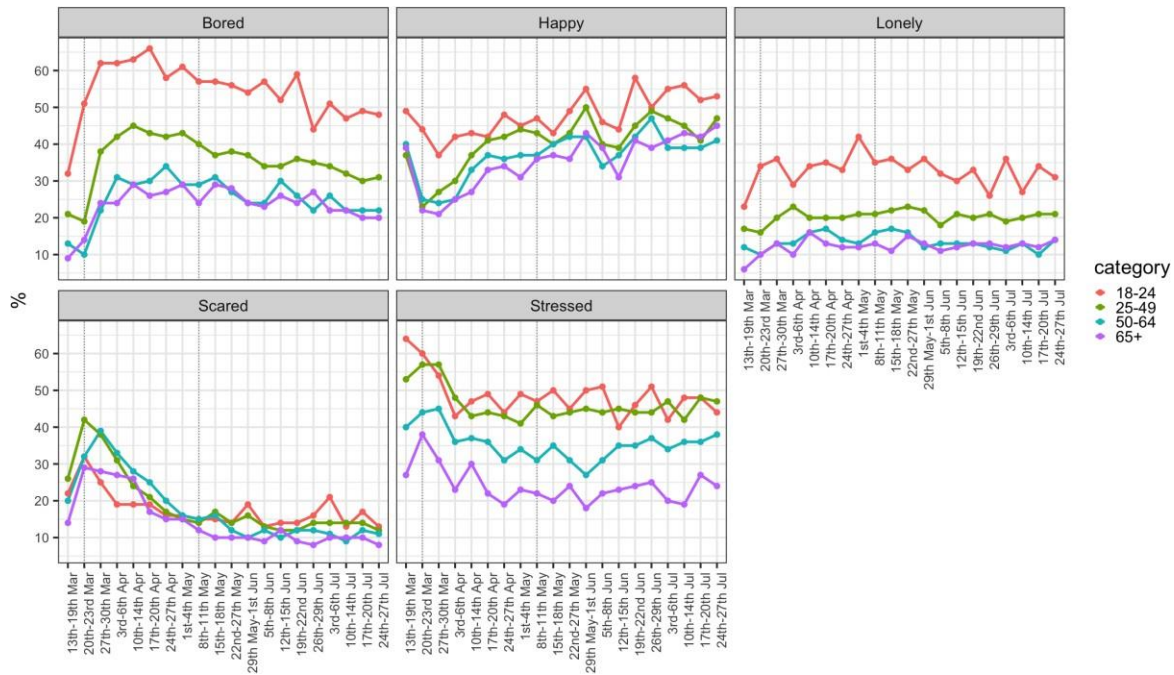
## Data Trends

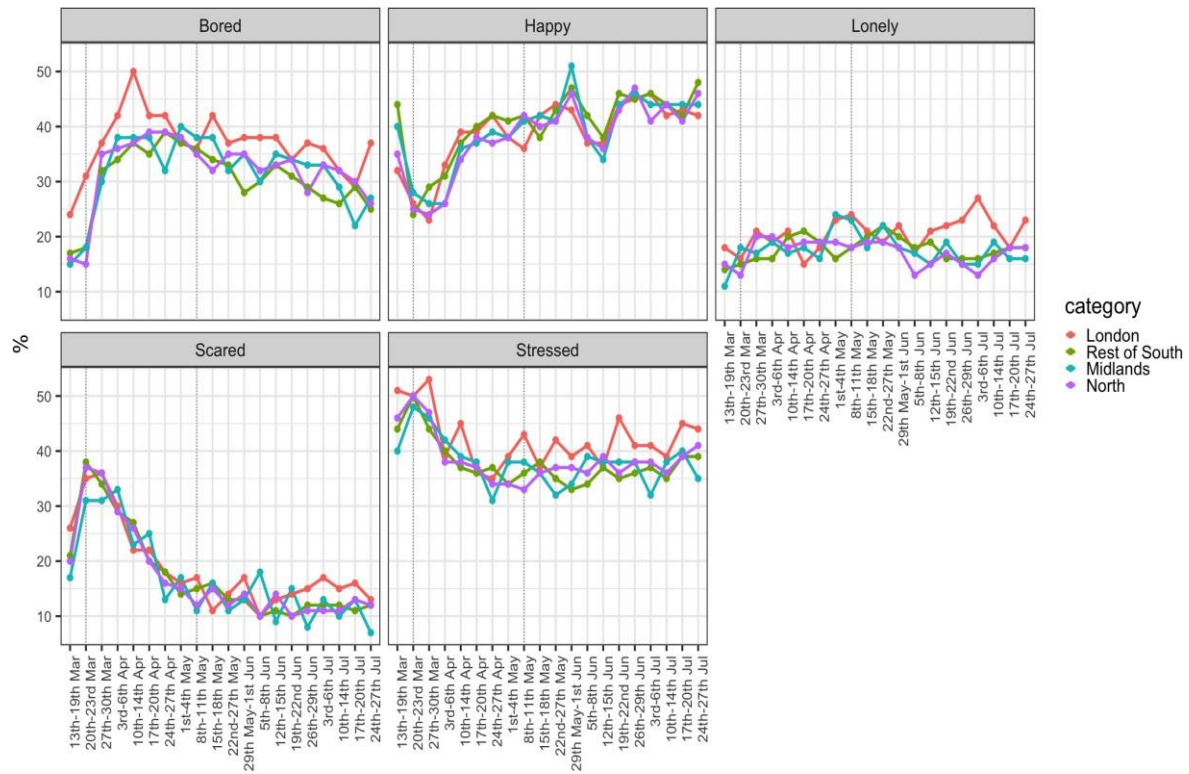
### YouGov Mood (03 August 2020)

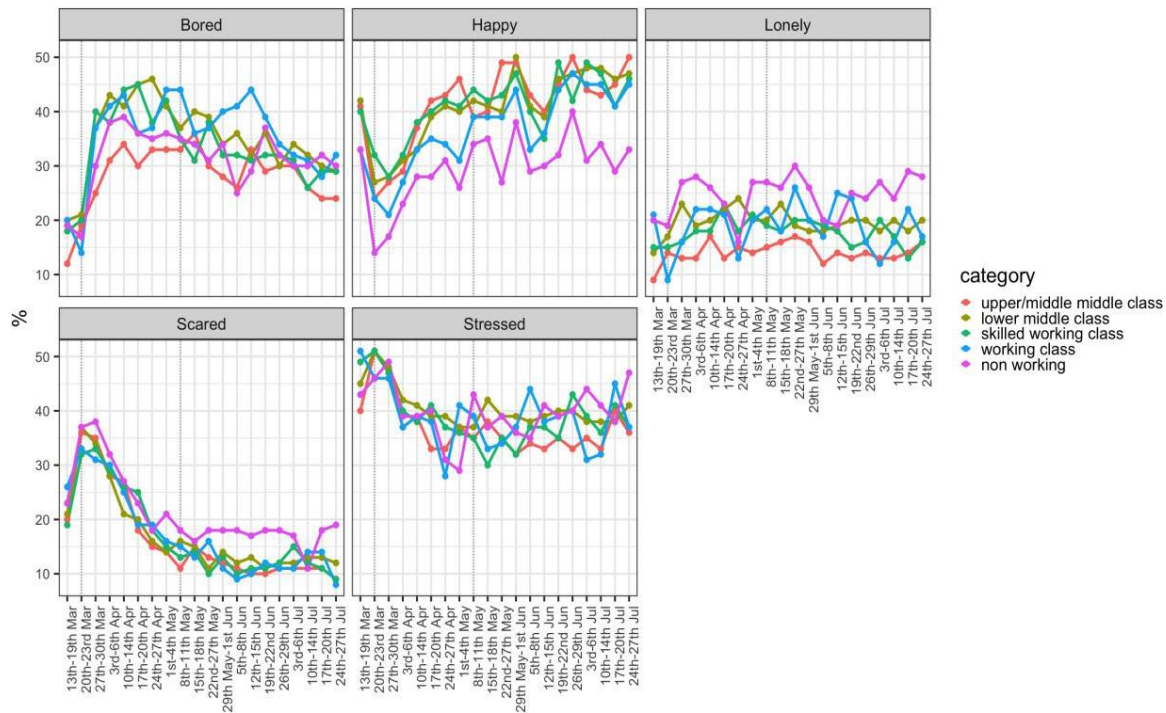
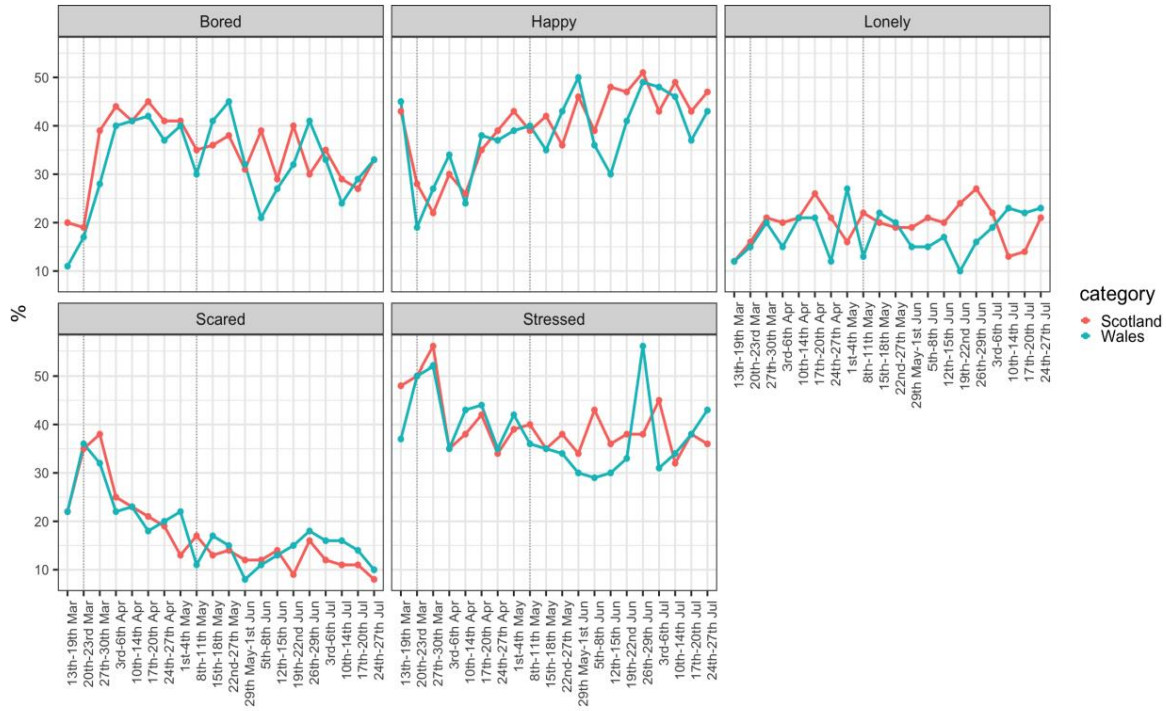
Happiness and stress appear to be rising or plateauing for most groups whilst boredom is plateauing or decreasing for most groups.

Loneliness is also plateauing for most groups, although the highest levels are in the non-working group and young adults (18-24) where around 30% of individuals report feeling lonely.

The percentage of people feeling scared has dropped for all groups with the exception of the non-working group. This group has around 10% more individuals reporting feeling scared than other working groups.









## UK Prisons Briefing

It has been reported that UK prisons are currently managing the coronavirus pandemic effectively; however, worldwide, this may not be the case. This briefing looks to understand what measures the UK have implemented, to determine what information can be shared with other countries to support their efforts of managing coronavirus within their own prisons.

### Current Covid-19 facts about UK prisons

On the 4<sup>th</sup> April 2020, a press release from the Ministry of Justice shared that 88 prisoners and 15 staff have tested positive for coronavirus, and 26% of staff are absent or self-isolating (MoJ-a, 2020). On 16<sup>th</sup> April 2020, the Guardian shared that 255 prisoners have tested positive for Covid-19 in 62 establishments; 13 people are known to have died. Additionally, they report that 138 prison staff have contracted the virus in 49 prisons, as have 7 prisoner escorts/custody service staff (Guardian, 2020).

The Ministry of Justice have published the report 'HM Prison and Probation Service Covid-19 Official Statistics' which includes data from 16<sup>th</sup> March up to the 24<sup>th</sup> July 2020 (MoJ-f, 2020). Its main findings are:

- In relation to current capacity management, the UK prison population is currently 79,600, which shows a reduction of over 4,300 since 13 March 2020.
  - This is due to a reduction in inflows from the court due to Covid-19 disruption, and outflows continuing as usual.
  - The usable operational capacity of the prisons has been reduced by about 3,800 places to support measures listed below.
- There have been 44 suspected Covid-19 deaths since the start of the pandemic; 23 were prisoners and 21 were probation service users. There have been no Covid-19 suspected deaths since 29 May 2020.
- 530 prisoners or children tested positive for Covid-19 since the start of the pandemic
  - This was across 85 establishments – almost all for adults
  - The number of new cases has increased by fewer than 10 each week since 19<sup>th</sup> June.
- 253 prisoners have been released under the Covid-19 temporary release scheme
  - 51 were released due to being vulnerable -including pregnant mothers
  - 11 of these occurred within the last week (24<sup>th</sup> July) (MoJ-f, 2020).

### What measures UK prisons have already implemented

Prisons are working with Public Health colleagues to ensure the measures they are implementing are suitable. Additionally, they are taking steps to boost staff availability; this is to ensure prisoners are looked after in accordance with ethics and values of the MoJ and to minimise the impact on the prison regimes. Measures in place include:

- Basic hygiene promoted on posters throughout the estate
- Handwashing facilities available in cells and other areas such as education blocks and kitchens
- Staff and visitor's handwashing facilities
- Adequate supply of soap and cleaning materials
- Visitors told not to attend if they have symptoms – other means of contact sought (all above - MoJ-b, 2020)
- Movement between prisons limited in all but exceptional cases
- Ensuring prisons are complying with physical distancing rules
- Shielding vulnerable prisoners through physical distancing
- Re-deploying staff from headquarters into operational roles if appropriate
- Working with the judiciary to expedite sentencing hearings for those on remand to reduce the numbers being held in custody
- Moving towards single-cell accommodation to limit spread



- Taking steps to use electronic monitoring to facilitate the safe release of low risk prisoners who are due to leave prison in the next two months – they will be released in stages on temporary licence – meaning prisons can manage the vulnerable but higher risk offenders
- These moves align with France, USA, Australia, Germany and Canada who are also releasing prisoners early
- France has released 5,000 prisoners; California alone has granted 3,500 early releases. (all above - MoJ-a, 2020)
- A programme of work has commenced to compartmentalise the estate to isolate symptomatic prisoners, shield the vulnerable and quarantine new entrants
- Testing and clinical observation – available for symptomatic staff but also needs to be available to new receptions and symptomatic prisoners, plus contact tracing
- PPE for all staff and prisoners – easing restrictions will require more PPE (all above - MoJ and HMPPS, 2020).

## Changes to regimes

MoJ reports that the usual prison regime has been paused temporarily to apply physical distancing; prisoners can no longer take part in the usual recreational activities such as the gym, worship or going to the library. Only essential workers such as kitchen staff and cleaners will continue, but people will still be paid. Support for prisoners such as advice on in-cell worship, exercise and managing anxiety will be provided.

All face to face Parole Board hearings have been suspended but cases will progress through remote hearings or paper review process, sometimes with case management hearings. New jury trials have started in some courts.

## Early release

### *Prisoners*

Kinner (et al., 2020) share that prisons are epicentres for infectious diseases because there is:

- higher background prevalence of infection
- higher level of risk factors for infection
- unavoidable close contact in overcrowded, poorly ventilated, unsanitary facilities
- poor access to health care services
- infections pass between prisoners, staff and visitors, through prison transfers and staff redeployment

Due to the close proximity within prisons, risk assessed prisoners who are within 2 months of their release date are being temporarily released from prison. They are electronically monitored and enforced to stay at home – they can be immediately recalled if they do not do this, or if they break any conditions placed on them. Prisoners must pass a stringent criterion for release – not high-risk offenders, including those convicted of violent/sexual offences/national security threat/threat to children, nor anyone who has not served at least half their term, nor anyone convicted of Covid-19 related offences.

Prisoners will not be released if they have coronavirus symptoms, nor if housing and health support is not in place. The Ministry of Justice is also working to identify publicly owned sites for temporary prison accommodations to ease pressure on the permanent state/further separate prisoners and reduce spread. Some press reported (The Guardian, 2020) report that 6 inmates were wrongfully released, but also that they returned without issue. They also raise that older, more vulnerable inmates need to be released from prison.

### *Pregnant women*

The Ministry of Justice have shared that pregnant women in custody who do not pose a high risk to the public will be temporarily released from prison to protect them and their unborn child. Prisoners in mother and baby units meeting the same risk assessment will also be released with their



children. Mothers will be out on licence and required to stay home (electronically monitored), suitable accommodation must be identified. They can be immediately recalled. Prior to this, pregnant women and new mothers were isolated in the prisons to comply with physical distancing, and they were not allowed visitors.

## Visitation

There are numerous restrictions on visiting someone in prison, such as not attending if you are showing any symptoms, following all guidelines to ensure everyone's safety, physical distancing and wearing a face covering. Additionally, other means of contact – voice message, email, writing – were being reviewed as options. Secure phone handsets have been given to prisoners at 55 prisons, which allows risk-assessed prisoners to speak to a small number of pre-authorized contacts. At some YOI's, secure video calling has been introduced and this option is free.

## Future plans

The Ministry of Justice and HM Prison and Probation service have published the Covid-19 National framework for prison regimes and services. This document shows that careful thought and consideration has gone into the very specific circumstances of Covid-19 potentially spreading in prisons. Detailed stages have been created (1-5) that demonstrate what the conditions in the prison may be (e.g. infection present only in small number of prisons or active outbreak ongoing that is not being contained) and then what measures need to be put in place to contain and reduce the spread of the virus – what the prison regime would look like. Having a comprehensive, considerate and detailed plan in place prior to outbreaks occurring mean staff are prepared if outbreaks do happen; they are able to act quickly and decisively to prevent escalation. Decisions are made with support from local health and justice partnership arrangements, in consultation with local unions. Further Annex's share minimum standards and priorities – making it clear to all who work in this area what is expected (MoJ and HMPPS, 2020).

## Infections in prisons - vulnerability

As discussed earlier, Kinner (et al., 2020) share that prisons are epicentres for infectious diseases due to prevalence of infection, higher level of risk factors, unavoidable close contact, poor ventilation, unsanitary facilities and poor access to health care services. Further supporting this, Simpson (et al., 2019) found that cell spatial density is associated with outcomes of infectious diseases including TB, pneumococcal disease and infectious dermatoses. Nine mediating factors were identified for transmission of infection related to cell spatial density; age, education level, pre-existing medical conditions (chronic disorders), risk behaviours such as IV drug use, environmental ventilation, duration of incarceration, cell allocation, access to health service and prison release to increase spatial separation.

Hygiene, screening, testing, isolation cases and release strategies should be given priority to manage Covid-19 in prisons. They report that Iran has released up to 85,000 prisoners, and Afghanistan, Australia, Canada, Ethiopia, Germany, Israel, Poland, the UK and the US are considering or have started this option.

Academics suggest that prisoners should be released based on their risk to the community and their vulnerability to Covid-19 (older people, those with chronic health conditions, IV drug users, indigenous people who often have poor health outcomes). An outbreak is arguably more costly than preventing one as it requires tracking, tracing, isolating and quarantining already released prisoners (Simpson and Butler, 2020).

Dutheil, Bouillon-Minois and Clinchamps (2020) wrote to the Canadian Journal of Public Health to explain that limiting prisoners contact with their family and each other by enforcing physical distancing measures may have a negative impact on prisoner's mental health. As seen above in the UK government guidance Covid-19 and prisons, UK prisons have also had to stop attendance at gyms, and places of worship, but they are supporting prisoners to remain physically active, do in-cell worship and also providing guidance on managing anxiety; it may be useful to share these methods.

## Worldwide response

Yang and Thompson (2020) share that over 10 million people are incarcerated worldwide, and that





due to current prison conditions, overcrowding and a lack of access to appropriate healthcare, prisoners are at risk of Covid-19. Simpson and Butler (2020) explain that WHO's guidelines for responding to the coronavirus crisis in prisons recommend that custodial health agencies jointly engage in:

- risk management
- prevention and control
- treatment
- information sharing

They share that 59% of all countries worldwide have prison occupancy levels exceeding their officially reported capacity, and that crowding is linked to transmission of infection and adverse health outcomes. This is difficult, however, because no consensus exists on how to measure prisoner overcrowding; prison cell spatial density – cell floor area per person – is preferred as other methods can be manipulated by prison authorities.

### *USA*

Two key papers were identified to inform practice from this country.

Akiyama, Spaulding and Rich (2020) explain that as a result of mass incarcerations over the past 4 decades, the USA have more incarcerated people than any other country on earth. They explain that incarcerated populations are already amongst the most vulnerable in society, which is then exacerbated by being incarcerated and the conditions they face whilst in prison. Prison populations have an increased prevalence of infectious diseases such as TB, HIV and Hep C due to disparities in social determinants of health.

Physical distancing in US prisons is extremely challenging, and half of all incarcerated persons have at least one chronic disease and are over 60. Visits have been suspended, legal representatives are allowed limited visits, there are reduced facility transfers. Some facilities are providing teleconferencing services.

Akiyama, Spaulding and Rich (2020) make three main recommendations;

- the virus should be delayed from entering prisons as much as possible
- if in circulation already, it should be controlled
- prisons should prepare to deal with a high burden of disease.

They therefore ask for people to be released, to be isolated if they show symptoms, hospitalising those who are seriously ill, and using staff who have already have covid-19 as they may have some immunity.

Arguably even when there are vaccines, most small prisons do not receive them, despite the presence of high-risk persons. Another pro-active approach involves four intervention stages (Malloy, et al, 2020) of a dynamic transmission model of Covid-19 in a large American prison. By dividing the outbreak into four intervention phases, they were able to estimate the number of new cases, hospitalisations and death averted by the interventions. The four intervention phases were; start of outbreak, depopulation of jail, increased proportion of people in single cells, asymptomatic testing. Standardised measures included sanitisation, masking and physical distancing interventions. The proposed intervention prevented approximately 83% of projected cases/hospitalisations, and 89% of deaths over 83 days. They conclude that depopulation, single celling and asymptomatic testing can be effective strategies to mitigate Covid-19 transmission in jails alongside the standardised measures.

### *Brazil*

Two key papers were identified to inform practice from this country.

De Matos (2020) explains that "Currently, Brazil has 773,151 individuals who are imprisoned, with the prison occupancy being almost three times the total capacity; in the central region of Brazil, the rate is even higher" p1. De Matos (2020) continues "by May 11, 2020, 368 suspected cases had been reported in the Brazilian prison system, with 531 confirmed cases and 22 deaths resulting from COVID-19" p1. De Matos (2020) share that this prison population faces some similar issues as already reported, including an older population, IV drug users, smokers, obese prisoners and those with non-communicable comorbidities such as cardiovascular and respiratory problems. Displacement, most likely due to political issues, makes it difficult to implement the national plan to



fight Covid-19.

De Souza (2020) explains that the Brazilian prison population is the third largest in the world, behind US and China. It is suggested that basic rights are violated within these prisons – for instance there is overcrowding, they do not have the minimum infrastructure to guarantee resocialisation. Five main recommendations have been put in place to improve Brazil's response to Covid-19 in prisons;

1. Recommendations focusing on risk groups (allowing early release)
2. Reduction of population gathering (to prevent spread)
3. Maintain physical distancing and/or social isolation
4. Management measures (education, hygiene, medicine, equipment etc.)
5. Acting on suspected cases (isolation and referral)

### *Italy*

One key paper was identified to inform practice from this country.

Cingolani (et al.,2020) relay that the Italian Ministry of Justice have established two strategies to limit the spread of Covid-19 in prisons; progressive isolation from the external world, and adoption of practice to identify possible cases and treat infected offenders. Once these measures were announced, disturbances were reported in numerous prisons on March 7 and 8<sup>th</sup> 2020. On April 2, the first reported prisoner died of Covid-19 and as of April 9, 58 prisoners and 178 penitentiary police officers tested positive for Covid-19. The situation in Italy is arguably more complex due to suggested overcrowding; on April 2nd, 2020, there were 56,830 prisoners in institutions built for a maximum of 47,000 – the occupancy level was 121.75%.

The measures put in place by the Italian MoJ appeared reasonable. They began suspending prison transfers, external community activities suspended, visitors to wear protection, then changed to telephone contact by visitors, work outside the prison stopped, there were also pre-triage decisions introduced for those accessing the outside. However, Cingolani (et al.,2020) argue the legislation enforcing these measures has significantly reduced individual rights to protect public health. When considering this in the Italian prison context, the goal of the legislation (to interrupt the chain of transmission) cannot be guaranteed to be achieved, especially when considering the severe overcrowding. Prisoners share very limited spaces, spend their days in cells with one or more prisoners, with below-standard toilet and shower facilities, with no access to masks, gloves or disinfectants. Therefore, it is argued that if even one person is infected, most of the prison population would have had contact with them. It is reported to be “substantially impossible to put into practice measures to contain the spread of COVID-19” p3 (Cingolani et al.,2020).

### *Africa*

One key paper was identified to inform practice from this country.

Van Hout (2020) explains that even before Covid-19, African prisons were not meeting minimum conditions or standards of care; there are human rights violations, systemic abuse and unacceptable environmental determinants of health. The prisons are generally running over capacity, in old physical infrastructure, with insufficient sanitation, ventilation and hygiene. They experience severe congestion from high pre-trial detention rates, and fragile prison health systems. Existing concerns within the prison are around health and biohazards, such as airborne diseases. As prison staff and any visitors are exposed to the same conditions, same space, same air, same water as prisoners and therefore everyone is at risk.

## **Recommendations:**

- The UK appear to have followed similar practices to other countries, which are also recommended by the World Health Organisation
- These practices appear not to be the determinant of the levels of Covid-19 in prisons
- The greatest determinant of successful management of Covid-19 in prisons appears to be the management and reduction of overcrowding and the reduction of shared sources of water, air, and space



- In this way, future lessons for continued management of Covid-19 include the continued reduction of offenders, as long as their community transition is appropriately supported, and resources are in place in the community upon release.

### What we do in this analysis, how and why (caution when interpreting)

A data review is undertaken by academics at Nottingham Trent University every week to inform the C19 National Foresight Group. Data related to Covid - 19 UK social and economic trends is reviewed to inform, guide and help prioritise discussions at national and local decision-making level (LRFs). The C19 National Foresight Group are keen to ensure that the data included has been ethically governed and structured to adhere to open access, data protection and GDPR regulations and principles. For example, the data is to be manipulated in an ethical manner, and the content and context is to be fit for purpose in terms of the audience and decision timeframe in question.

#### Activity Completed

The following findings are based on a review of multiple data sources exploring Social, Economic, Psychological, Community aspects of Covid in the UK. These could include:

- ONS: covers wellbeing, perceived financial precarity, objective indicators of UK economy, household financial pressures, perceived impact on work life
- OfCom: Public perceptions of information to help manage Covid 19, perceptions of preparedness and action
- ONS: Deaths from Covid - 19
- Gov UK: Relevant contextual information
- Census and geographical data: Geographical/location specifics
- IMD: Socio economic trends associated with spread or primary/secondary impacts
- LG Inform: Population, social, demographic, lifestyle and health data
- You Gov: Public mood
- NTU's own analysis of open source data (lead by Dr Lucy Justice and Dr Sally Andrews)
- Other academic survey work published within the last week

**Limitations for Consideration:** The National Foresight Group have been keen to quality assure the data assumptions, including the equity and representation of participants.

#### Internet use data indicates representational issues in older adults

Almost all of the data sets draw from online surveys. With this in mind the statistics behind online access were explored. The following is to be considered in the assumptions taken from the data sets.

The table below shows the estimated number of people who have never used the internet. The data are drawn from ONS 2019 Internet users:

**Table 1: estimated number of people who have never used the internet**

Age	Estimated number of people who have never used internet	Age	Estimated number of people who have never used internet
16-24	20,000	55-64	389,000
25-34	28,000	65-74	869,000
35-44	46,000	75+	2,482,000
45-54	158,000	Equality Act Disabled	2,336,000
		Not Equality Act Disabled	1,657,000

Table 1 shows that caution should be applied when considering the inferences made in the rest of the document as older adults could be underrepresented in the samples. The estimated numbers of those that have never used the internet begins to increase around age group category 35-44, the subsequent age categories increase by approximately twice as many non-users as the age category that precedes it. The numbers of 'over 75s' (2,482,000) for example not using the internet equates to almost a million more than the total of the other age group categories (1,510,000).

The interpretation of data should also consider the proportion of people known to be disabled by government agencies who do and do not meet the Act's criteria. These numbers make up 3,993,000 of the population, so this should be considered in the representativeness of the data.

END.

**Contact us:** If you have any questions about this output please email: [C19foresight@ntu.ac.uk](mailto:C19foresight@ntu.ac.uk)  
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