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Analysing the views of people in custody about the management of the COVID-19 pandemic in the Scottish Prison Estate

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“The only way it will come into this prison is from Prison Service staff.” Analysing the views of people in custody about the management of Covid-19 pandemic in the Scottish Prison Estate

Abstract

Purpose

The purpose of this paper is to foreground and analyse the views of people in custody about the management of the Covid-19 pandemic within the Scottish Prison Estate. The project is unique in using a correspondence participatory action methodology to engage with a group of people in custody at one Scottish prison.

Design/methodology/approach

At the time of ethical approval (early April 2020) all face-to-face research projects facilitated by the Scottish Prison Service (SPS) were paused. In response to these methodological challenges, a participatory correspondence methodology was designed in order for people in custody to influence the direction of this project through suggesting research questions and themes. Eight participants were selected due to previous participation in research project at one Scottish prison. All participants were adult males and serving long-term sentences. After consent was given via post, eight letters were sent to the participants with a range of responses. Methodologically, this project illustrates the potential for correspondence methods to facilitate insights into life in custody during what emerges as a particularly challenging time.

Findings

Participant suggested questions were used across six subsequent letters to elicit unique insights into the Covid-19 pandemic, of lockdown and subsequent easing of lockdown conditions in custody. The main project findings relate to challenges that the participants faced in relation to communication, feelings of heightened isolation and detachment from family, friends and the normal rhythms of life in prison. Analysis of letters provides unique insights into the ways in which the Covid-19 pandemic in custody enhanced the pains of imprisonment, increasing the ‘tightness’ ‘depth’ and ‘weight’ of participants time in custody.

Originality

This article is original methodologically, epistemologically and theoretically, in foregrounding the views of people in custody about the management of Covid-19 in prison, as well as using a correspondence participatory action research method. The conclusion considers the extent to which views from what might be considered the bottom of hierarchies of power within prison settings are able to influence the direction of prison policy around the management of Covid-19 and future pandemics.

Key words: Covid-19, prison, lockdown in prison, prisoner and staff relationships, Scottish Prison Service, correspondence methodology

Introduction

This article analyses findings from a novel project providing insights into the Covid-19 pandemic from the perspective of people in custody. No similar studies have been undertaken in Scotland or published internationally. The project used a correspondence (letter writing) method for data collection, with data subsequently analysed in Nvivo 12. Correspondence methods are a relatively new type of data collection, well suited to the context of the Covid-19 pandemic where face-to-face research was impossible in many prison jurisdictions.

This paper explores the ways in which the Covid-19 pandemic was managed within the Scottish Prison estate, through the analysis of eight letters written by people in custody. These letters highlight a deepening of the pains of imprisonment through the Covid-19 pandemic in prison through increased detachment from outside life, and from staff and other prisoners on the 'inside'. The study is contextualised within the literature relating to pandemics in prison settings and an emerging literature on the impacts of Covid-19 in prison and concludes by considering the extent to which the Covid-19 pandemic constitutes a 'rupture' (Appadurai, 1996) in everyday life in prison.

A brief history of pandemics in prison settings

There is not a great deal of academic literature that discusses the impact of previous pandemics within the prison environment. The H1N1 (Swine Flu) outbreak in 2009 did result in some prison reporting around the minimisation of virus transmission within establishments, but most are written from a public healthcare or virology perspective, rather than from a penal or criminological perspective. For example, Chao et al (2017) discuss the spread of H1N1 within a Taiwanese prison, highlighting the nature of the prison environment as fertile ground for the spread of influenzas. The research centres around the ways that medical interventions reduce viral transmission, but includes discussion about the careful recording of information related to the virus in order to track contact between individuals within establishments to pinpoint potential vectors of viral infection. Careful information recording is an important theme which reemerges in other reports related to the Swine Flu outbreak.

Guthrie et al (2012) reported a great deal of success in managing the spread of H1N1 in an Australian prison by using close surveillance practices, quarantining of symptomatic individuals and staff members and allocating particular locations to be used for isolation purposes. However, this report was unable to capture the challenges involved in this process for other prisons. The authors carried out this research in a prison that was relatively new, and under capacity. There were spaces within the prison which were underpopulated allowing staff to adequately house symptomatic individuals. Additionally, the practices of surveillance and quarantine of individuals was not described in any great length. This is also the case with the short report by Turner and Levy (2010), who also discussed the H1N1 outbreak in an Australian context. These authors go further, highlighting the importance of multi-agency working during these outbreaks in the prison context – the surveillance and monitoring of individuals requires robust data gathering and sharing procedures that goes beyond the prison walls. Organisations managing healthcare, housing, welfare and employment require timely information for prison services, to ensure an appropriate response within the fast paced and pressurised pandemic context. The authors highlight the importance of health screening and monitoring, a sentiment echoed in the US context by the Centre for Disease Control and Prevention (2012). This report highlighted an additional concern associated with the movement of prisoners, which can increase the risk of transfer of infection into the prison population, or in situations where prisons have already been

infected, transfer of symptomatic individuals back into the community. Besney et al (2017) discuss this within the Canadian context and, like Turner and Levy (2010), highlight the importance multiagency collaboration to ensure the release and intake of prisoners did not threaten further infection. The literature addressing management of viral infection in prisons provides a useful context for this study, but it is often focused on the way that infectious disease may spread throughout the prison environment, rather than focusing specifically on the impact that pandemics present to the management of prison environments. Additionally, the literature cited above at no point explores the experiences of people living and working in prison to further investigate these impacts. This is something that this study foregrounds, which, in turn makes a unique contribution to the literature by asking people living in custody to examine the impact that the Covid-19 pandemic has had on their time in custody.

Covid-19 in Prison settings

The Covid-19 pandemic has been called the worst public health crisis for a generation (Gatera and Pavarini, 2020, Heymann and Shindo, 2020, Lai et al., 2020) and has resulted in a number of interventions including social distancing and lockdown measures within prison settings. Much of the existing literature focuses on different protocols and precautions that minimise the transmission of the virus in the prison setting, tending to focus on what happens to and not with people in working and living in custody (Fine et al., 2004, Fine and Torre, 2006), largely repeating a recurring narrative. Mostly discussed in the context of the USA or China, much of the literature focuses on the key messages and themes concerning COVID-19 in the carceral setting; namely, that the virus presents a threat to prison populations because of the inescapable proximity of those within the ‘total institution’ of prison (Okano and Blower, 2020, Vose et al., 2020). As prisoners, and staff, are in close proximity for the majority of their daily routines – a feature of Goffman’s (1968) ‘total institution’ concept – the transmission of the disease is much harder to prevent in these settings.¹ Isolating those displaying symptoms of COVID-19 from the general population (Burki, 2020, de Carvalho et al., 2020), prioritising disinfection and sanitation (Wang et al., 2020), and controlling and regulating prison movement (Solis et al., 2020, Montoya-Barthelemy et al., 2020, Jones and Tulloch, 2020) are currently the core tools at the disposal of prison services to control the spread of COVID-19. Other authors have gone further, exploring more of the hidden costs, issues and themes associated with the control of the virus in the prison setting.

The concept of ‘prison health as public health’ is a feature of contemporary prison healthcare literature, particularly those considering infectious disease (Goyer, 2002, Taxman and Ressler, 2009, World Health Organization, 2003). Prisons represent a potential nexus for the disease’s transmission, where staff and inbound prisoners can transmit viruses into the prison population (World Health Organization, 2020), which, in turn, translates into further threats to public and community health as prisoners re-enter those communities post-sentence (Simpson and Butler, 2020, Kinner et al., 2020). These authors advocate for robust risk assessment tools for prospective releases, to ensure that those moving between prison and the community do not present a health risk to the communities they are re-entering. The provision of healthcare should be made accessible and affordable to minimise the risks associated with transmitting COVID-19 beyond the prison walls (Hawks et al., 2020, Keppler et al., 2010). Internal and external healthcare for prisoners should be closely linked to ensure consistency across prisoner transition (Kinner et

¹ It is important to note that there have been a wide range of critiques of Goffman’s conceptualisation of the ‘total institution’ exploring aspects of the porousness of contemporary prisons, however, these critiques are not explored by the authors using the theory cited here.

al., 2020). This requires prisons to develop policy in accordance with standards in the community to minimise risks associated with inconsistent healthcare practises on either side of the prison gates (ibid; Rubin, 2020).

Akiyama et al. (2020) have constructed the analogy of the prison as a 'reservoir' of potentially new vectors for virus transmission. Close monitoring and testing – alongside the 'decarceration' and suspension of sentences where appropriate – is recommended by the authors to minimise threats associated with the nature of the prison as a potential incubator for the virus. Prisoners, as a group with poorer rates of health than the general population, represent a vulnerable group in relation to COVID-19 (Guo et al., 2020, Liu et al., 2020, Volkow, 2020, Alexander and Qato, 2020, Liebrezn et al., 2020, Lazzerini and Putoto, 2020). Additionally, the aging population across prisons, particularly in the UK, present an additional layer of vulnerability (Prost et al., 2020). Elderly prisoners released in response to COVID-19 may also face difficulties accessing healthcare post-release, particularly those with lower income or at socio-economic disadvantage (Lloyd-Sherlock et al., 2020), and authors have urged prison services to be vigilant in this regard (Prost et al., 2020). Having joined-up health policies which see internal prison healthcare and external healthcare minimises these risks (Kinner et al., 2020). With prisoners being released early or temporarily to reduce the impacts of the virus within prisons (Akiyama et al., 2020, Okano and Blower, 2020), acknowledging and minimising these impacts are of central importance.

While a body of literature around the transmission and potential impacts of COVID-19 in the prison setting is emerging, research which focuses on the experience of prisoners who are dealing with and experiencing the impacts of COVID-19 within the prison setting is lacking. This is, perhaps, due to the limitations in terms of access to prisoners resulting from the pandemic.

Communication with those in Prison During COVID-19

In response to the minimal outside contact and suspension of visits which accompanied the pandemic, prisons across the UK adopted virtual or video visits from family members and legal agents. Commenting on this, Robinson et al. (2020) highlight the digital inequality of prisoners, and the impact this may have in relation to COVID-19. Digital devices represent a threat to prison security (ibid), and giving prisoners direct access to this technology is not characteristic of prison systems. In the US for example, access to telephone and internet methods of communication or visitation is often subject to cost and payment (Wurcel et al., 2020). Furthermore families of prisoners may not have access to the appropriate technology to utilise these video or virtual visitation procedures (Robinson et al., 2020).

These limitations have also placed strain on research projects seeking to apply qualitative methodologies (Sy et al., 2020). In Scotland, current government guidance from the Officer of the Chief Researcher in the Scottish Government has instructed that face-to-face interviewing and physical focus groups are to be suspended to prevent any unnecessary transmission of COVID-19; this guidance applies to research being conducted with the Scottish Prison Service. Whilst the guidance is proportionate and reasonable given the current pandemic, it limits the ability of researchers to capture qualitative information using typical methods, which can provide important insights into the experiences of individuals in prison who are living with the reality of COVID-19 in the prison setting. There is currently an absence of literature on the impact of COVID on the role of the researcher, particularly in qualitative research and none which explores limitations in research that already faces significant barriers in terms of face-to-face access with participants including prison research.

In summary, the current literature around COVID-19 and prisons focuses mainly on the risks associated with COVID-19 from a transmission and containment perspective. Discussions about the impact of disadvantages and inequalities experienced by the prison population, which adds additional layers of inequality and risk do emerge, but are limited in their number and scope. The literature and research – and indeed, the pandemic – may be too new or too novel to have yet produced a robust field of knowledge. Our contention is that prisoners should not simply be viewed as a transmission vector, but as a group who require integrated and dynamic support to shield them from the dangers and risks associated with COVID-19. Perhaps the most important message is that prison health is public health and ensuring that those in custody are protected from the virus also acts to protect those in the community. Across existing studies, first-hand accounts and evidence of prisoners' experiences are rare, principally because of the additional barriers that COVID-19 presents researchers in pursuit of first-hand qualitative evidence of prisoner's experiences. Methodologically, this project is innovative as it places participants' concerns and questions at its core. Research questions were framed by the participants themselves through a participatory correspondence method.

Methods and ethics

While letters in general have been extensively used as a primary data source in research for centuries (Harris, 2002), researchers have only recently started to use letter-writing as a way to generate self-reflexive data on people's lived experiences (Ahearn, 2001, Kralik et al., 2000, Rautio, 2009). Letter writing is a methodology that has been used in a range of studies to enable contributions from hard to reach participants, or those with limited accessibility (Brown, 2014, Davidson and Birmingham, 2001, Davis, 1967, Dunn, 2000, Epston, 2009, Grana et al., 2001, Jiwa and Burr, 2002, Jolly, 2011, Jongbloed-Pereboom et al., 2018, Kelly and Waring, 2018, Kirkhorn and Airth-Kindree, 2010, Muzumdar et al., 2020, Penny and Malpass, 2019, Rancour and Brauer, 2003, Seddon, 2018, Sommer, 1958, Thompson et al., 2017).

The correspondence method is particularly well-suited to exploring sensitive issues and the experiences of stigmatised individuals and social groups; these include women's experiences of body image, infertility, and involuntary childlessness (Letherby and Zdrodowski, 1995) and women's experiences of self-harm (Harris, 2002). The distanced nature of the method allows researchers to circumvent the embarrassment that participants may otherwise experience in describing stigmatised practices or experiences (ibid: 8) and also entails "the facility for reflection" that renders it "superior to face-to-face interviewing in terms of accuracy of description" (Harris, 2002: 7).

Within prison settings correspondence methods have been rarely used (Brown, 2014, Ford and Berg, 2018, Walker et al., 2017), given the prevalence of face-to-face methodologies. However, correspondence methodologies are currently being used in a study in prisons in England and Wales, led by Dr Olga Suhomlinova from the University of Leicester. Within research contexts shaped by the Covid-19 pandemic, correspondence methods were the only means possible to engage with a group of people in custody to explore their experiences. Critically, for the progression of this project at a time of significant operational pressure within the prison estate, the correspondence method of data collection placed no demands on time or resources of operational prison staff, other than the scanning of the letters arriving through the post.

Following approval by the SPS Research Access and Ethics Committee, this project used a participatory correspondence methodology using the postal service in order to engage with a group of people in custody. Despite many services being paused, post was delivered as normal

through the pandemic, and represented a socially distanced medium through which research data could be gathered. The participants selected to take part in this study were participants in a pilot participatory action research (PAR) project building on PAR projects developed in prisons in the US (Fine et al., 2004, Fine and Torre, 2006). Continuing to engage with this group through this research project will have wider benefits for the original pilot when face-to-face research resumes. Of the 13 participants invited to take part in the study, eight gave their informed consent after having been sent the project information sheet and consent form in the post. The participants were all males, serving long-term sentences². All identified as white and were living in single cell accommodation.

Each of the eight participants have been given pseudonyms to protect their identity and all were sent a copy of this paper before submission for publication and given a month to comment or ask any questions about how their correspondence has been analysed; Lincoln and Guba refer to this as “member checking” (Lincoln and Guba, 1985). At the time of submission, none of the participants have responded with any concerns about the paper.

While there are recurring concerns about the literacy levels of people in custody (Creese, 2016, Morgan and Kett, 2003, Vacca, 2004), , these issues were relatively minimal given the relatively high levels of literacy amongst this group of participants. At all times, letters were written in plain English to further enhance the accessibility of the study.

All letters were sent with a stamped addressed envelope with the name and workplace address of the PI, to enable all participants to respond to any letters without having to pay for an envelope or stamp themselves. All participants were encouraged to write at any time about their experiences of the pandemic; two participants did so independently and not in response to a letter from the PI.

In total 19 letters were received constituting a 30% response rate with two additional letters returned that were not direct responses to any of the eight letters sent. Two drawings were also received. All responses were entered into a spreadsheet and then analysed in Nvivo 12 using an inductive thematic analysis (Bazeley and Jackson, 2013). Within Nvivo, the analysis was initially broad in focus with themes emerging around the negative impact of the pandemic on relationships, feelings of isolation and communication issues. Within these themes, further subthemes were developed to analyse the letters in more detail for example within the relationships theme, subthemes around staff/prisoner, family and relationships between prisoners.

Methodological issues

From a number of the later letters, it was evident that letters either outgoing or incoming had gone missing. Two responses to letter eight stated that they had not received letters 4-7, suggesting issues with the delivery of letters during the project. This will have had an impact on the response rate although it is impossible to know the extent of this problem.

Findings

Findings are clustered around responses to letters two, three and six, with themes analysed within these responses. The project started with a letter asking participants what they felt the important questions were to ask (letter two). Given that the participants were previously

² This is a sentence of over 4 years in Scotland.

working on a PAR pilot project, it was important that participants were able to influence the direction of this project from its initiation. Research participants shaping research questions is not an overly common approach and seems relatively rare in criminology, but this does occur in some participatory research projects (Agee, 2009, Baum et al., 2006, Stringer, 2013). PAR projects have been implemented in prison settings where participants have contributed to the design of research questions (Fine et al., 2004, Fine and Torre, 2006, Haverkate et al., 2020, Payne and Bryant, 2018) and this project builds on these approaches. In relation to research questions, Flick suggests:

Reflecting on and reformulating the research questions are central points of reference for assessing the appropriateness of the decisions you take at several points. (Flick, 2018, 105)

. Through It is hoped that the process of engaging with the participants in the first instance and having their suggested questions shaping subsequent correspondence will contribute to shaping wider research agendas on Covid-19 within prison settings. It is critical that people in custody are able to reflect on their experiences of the Covid-19 pandemic and able to influence associated research agendas, something that has not happened until this project. Without this engagement, the evidence base on Covid-19 in prisons will be significantly lacking.

Responses to letter two went further than simply providing questions and areas of consideration for future letters. They also began to illuminate the negative consequences of the Covid-19 lockdown experienced by people living within the Scottish prison estate. In these responses we begin to get an insight into the ways in which the lockdown deepened the experiences of custody, further distancing participants from positive aspects of the pre-lockdown regime.

LETTER THREE

The impacts of the pandemic on family relationships

Letter three used a series of text boxes covering a range of areas including the implications of Covid-19 on life in prison including communication issues and relationships. These areas were derived from responses in letter two, which received five responses (a 63% response rate). For James in particular, the Covid-19 pandemic and associated lockdown were having profound implications for his family relationships, but these were implications deepened by what James viewed as poor management of the pandemic within custody. Below James reflects on the reasons why he didn't want to use the phone in prison as much as he could, as he felt that it wasn't cleaned enough therefore increasing the chance of infection spreading:

Not as much due to lack of cleaning of the phones in the sections and no hand sanitiser around. Once/Twice per month a call to one person in case I catch the virus. (James)

This was particularly significant, given that the telephone was the main means of staying in touch with family for the participants in this study, while visits were cancelled. That James felt the phone wasn't cleaned enough points to a lack of faith in the cleaning routine and management of the pandemic in this regard. These apprehensions relating to the risk of infection within prison were challenging for the participants, given that their options for getting out of what they felt were risky situations were limited. Graham was particularly concerned about the consequences of the pandemic getting into prison:

Let's hope it doesn't get into prison, god help us if it does!! (Graham)

This deepened feelings of isolation and detachment from life both within and outside the prison walls. For James, this related to how being in prison lockdown meant that he couldn't protect and support his family in the context of the lockdown:

Personally, am incredibly worried about progression so I can be back with my family supporting them at such hard times. (James)

Detachment from the protective role that many play within their families is a consistent problem for men in prison (Arditti et al., 2005, Hairston, 2002, Dyer, 2005). Here we see the Covid-19 pandemic further undermining these aspects of male roles in some families.

Communication issues

Communication about Covid-19 and the lockdown was a recurring issue in relation to the management of the pandemic for the participants in this study and was a recurring theme in all letters received, although particularly noticeable in letter three. A narrative began to emerge around a lack of communication and not knowing when things would get back to normal:

It is difficult, as at the time of writing [May 2020], we are in our cells 23 hours per day, it is becoming harder with very little communication from SPS. (Peter)

Some participants reflected that lack of and poor communication from prison staff about the Covid-19 pandemic, lockdown and Prison Rule changes was contributing to increasing stress and anxiety levels. James was very sceptical about prison staffs' knowledge during this confusing time:

I think they are just making it up as they go along, it's been weeks since the outbreak, now they are going to provide a personal phone to each person - what does that tell you? (James)

Despite James's scepticism, Paul outlines some of the ways that the prison had informed him of a number of changes that took place during the Covid-19 pandemic:

Sheets were handed out with info about regime changes. Recreation and exercise periods were restricted further. The information channel had some info also. (Paul)

The information channel referred to relates to a channel of the television through which prison authorities conveyed certain information about the Covid-19 pandemic and lockdown. There has been wider analysis of the significance of televisions in prison settings (Knight, 2017), which suggests that television is central to everyday life in prison and 'normalisation' of the prison cell. With limited access to other sources of information, televisions seem to have had an even greater significance during the Covid-19 lockdown. Peter reflects on this :

Not had any information for weeks now, mainly the news on TV. Info channel if we hear a new thing. Television News. No info about the wider community is offered. (Peter)

Peter highlights the limits of this source of information. There was often little information about the local level, either relating to his community within prison or, indeed, outside the prison walls. With limited interactions with other people in custody and prison staff, this was a major deficit in the information about the pandemic available to participants in this study. Additionally, Graham was quite critical of the information channel:

The communication appears to be outdated there is an information channel on television that you check on a regular basis only to find out that it is weeks out of date, with the same outdated being played on a loop, that drives you nuts!!! (Graham)

Relationships between people in custody and staff

Relationships between people in custody and staff are at the core of the prison experience (Liebling et al., 2011). According to a number of participants, the increased tensions and frustrations associated with the Covid-19 pandemic and lockdown in custody were expressed in various forms of violence and friction both between those in custody and with prison staff:

Tempers are more frayed and arguments and scuffles with prisoners and staff are more regular. (Steve)

Everyone is expressing same concerns, both mentally struggling as well as physically. Hunger is an issue, mental and physical wellbeing also. (Paul)

Other prisoners are becoming frustrated and leading to unnecessary violence and smashing of cells for example. (Peter)

These sorts of responses contrast with other narratives about lockdown within prison settings, including statements by the chair of the England and Wales Prison Officer Association:

... we now see a controlled, well ordered, less violent and more stable prison estate. (Fairhurst, 2020)

There was sense in some of the responses that interactions with staff were becoming increasingly strained, which contrasts with positive narratives relating to lockdown in prison. There was a sense that staff did not know what to say, or how to interact with participants. This was within a context where it was felt that prison staff were ill informed about Covid-19 and associated lockdown:

It's like they don't know much; eggshells spring to mind. (Paul)

You feel that we are even more of a burden to some of the Wardens who take their outside frustration out on us. You ask simple questions and get met with smart answers which can cause tension for no need. (Graham)

Graham went onto reflect on the ways in which the pandemic was also challenging for staff, and that the treatment they were getting from some people in custody was not respectful of this:

They are more fed up than us, feeling locking us up and more restrictions are causing them stress due to daily questioning and sometimes abuse due to random changes in what's left of routine. I feel sorry for the officers as they get abuse from some prisoners which is totally unacceptable. (Graham)

Despite the role of 'empathy' within prison settings having been explored in a number of studies (Brown, 2012), it is relatively rare for narratives from prisoners about prison staff such as Graham's above to be voiced. Alongside some of the negative implications of Covid-19 on life in custody explored above, Graham's expression of empathy for prison staff suggests that the pandemic in some instances might create opportunities for new kinds of empathy and reflection by those in custody. Paul expressed similar views relating to the lockdown restricting what staff could do and how they might be able to positively interact with people in custody:

[Staff] are restricted to what they can do because of 2 metre rule. They must also have concerns in their own lives to deal with during Covid-19. (Paul)

Complicating Graham and Paul's relatively empathetic positions, a wider range of perspectives on the treatment of those in custody by prison staff during the pandemic were outlined in letter three. In these responses, it is evident that the pandemic was influencing what was previously seen as normal interactions between prison staff and those in custody. Tait (2011) identified five typologies of prison staff approaches to caring for prisoners (true carer, limited carer, old school, conflicted and 'damaged'), indicating a diversity of approaches to this complex role. Steve indicates that a diverse framework of staff approaches to care still resonates, with the pandemic providing new opportunities for these different approaches being expressed:

There are some staff who realise this is hard for us all (including them) and some who relish on the fact that they are getting to just lock us up all the time. (Steve)

Peter reflects on what he viewed as staff being particularly lazy or detached from the role he expected of them. This included not responding to in cell buzzers activated when prisoners required help:

Too many officers sit at the desk (6-8). No social distancing that equals to what's forced on prisoners. Buzzers are being pressed and on more than one occasion it's taken 30 minutes plus to answer, one was 90 minutes until more people started kicking doors on various landings. (Peter)

This perhaps is the most challenging insight into the ways in which the Covid-19 pandemic was being managed in this particular prison. Such disconnections were in some ways deepened within the context of the Covid-19 pandemic, as a consequence of prison officers maintaining distance from prisoners. As Peter went onto reflect:

Prison officers understandably keeping clear of prisoners as much as possible - I do not blame them. (Peter)

Returning to Tait's typologies of prison officer care (2011) enables consideration of how the Covid-19 pandemic has subverted the possibility of staff performing 'true carer' and, to a degree, 'limited carer' roles. Prison staff can have long careers within the prison service (in August 2020 41% of frontline operational staff in the SPS had been in the service for 21 years or more), and can sometimes work on the same hall for many years, providing a sense of continuity for people in custody. A significant number of staff were shielding, and parts of the prison were closed which meant a higher degree of staff movement around the prison than normal. Peter found the changes in staffing a challenge on his hall (somewhere where he had lived for many years), as the new staff were not as experienced in working with prisoners on halls:

Staff are rotating a lot and many don't know how to work on the halls. This had led to outbursts and arguments. (Peter)

The increased movement of staff around the prison was seen as increasing the risk of infection for James :

I feel the staff changes on landings is too often bringing more risk of infection as no one wears a mask or gloves when in contact with prisoners. (James)

These fears of becoming infected resonates with earlier fears relating to using prison phones. For participants in this study, prison officers were felt to pose a particular risk of transmitting

infection, given they prisoners had very limited contact with anyone else coming into prison from the community.

Responses to letter three generally suggest a worsening situation, feelings of isolation, and the increased weight of time in prison. It was evident that most of the participants were struggling with the changes, compounded by communication issues and sometimes challenging treatment by staff and other people in custody. The findings in this study have shown a range of issues relating to the management of the Covid-19 pandemic in custody from the perspective of people in custody. There emerges a range of transformative impacts of Covid-19 on everyday life within prison with participants struggling to get the information that wanted and needed. Additionally, the Covid-19 pandemic the response to this by prison administrators has resulted in feelings of isolation and the increased 'weight' and 'deepening' of experiences of custody.

Conclusion

This project has shown that correspondence methods are well suited to situations where face-to-face data collection is not possible, although this a method not without its problems in a context where literacy levels can be challenging. The responses to letter two shaped later correspondence between the PI and participants, and it is hoped that the letters that came after letter two were ones that resonated with areas that the participants felt were important.

This study provides unique insights into the management of Covid-19 in prison settings. Participant narratives challenge prevailing discourses about the successful management of Covid-19 in prison settings and provide insights into the difficulties that lockdown posed for those in custody. Many participants missed the pre-lockdown regime and, for them, the Covid-19 lockdown was a particularly challenging time. Particular issues that emerged were communication in general terms between prisoners and prison staff as well as feelings of isolating and detachment from both 'ordinary' life within and outside the prison walls as a result of increased distance from family. This, in turn, increased tension between staff and prisoners. There was also a recurring sense that the Covid-19 lockdown felt like a punishment to the participants in this study.

The implications of this study are potentially wide reaching for prison administrators. Analysis of the letters received provides a unique and troubling insight into the management of Covid-19 in prison settings. While the pandemic represents a challenging time for many in society, it is evident from this study that prison administrators could do more to mitigate the negative impacts of the Covid-19 pandemic on those in custody addressing basics such as communication. Addressing this concern could significantly improve life and reduce distress for those in custody during this and any future pandemics. While there has been important guidance published by the WHO (2020) and UNDOC amongst other organisations, this paper through new insights provides a critique of these, through foregrounding the narratives of those in custody. These insights should be used to influence guidance addressed towards prison administrators and public health practitioners that will assist in improving elements within their control such as communication. The unique nature of this study means that it is challenging to compare and contrast the findings of this study with other studies focused on Covid-19 or other pandemics and their impact within custodial settings. This is reflective of a wider issue within prison public health research, where research has tended to happen to people in custody (AUTHOR et al 2020). As a consequence of this, their particular experiences of Covid-19 and other pandemics have largely gone unreported in the existing literature. Interestingly the same can be said of prison staff, whose experiences of

the Covid-19 pandemic within their workplaces has not yet been the focus of analysis, this is certainly an area for future investigation.

Ultimately, it is hoped that this study, through highlighting the views of people in custody about the management of the Covid-19 pandemic, will encourage prison administrators to return as soon as is safely possible to pre-lockdown routines and regimes. Ultimately, the speed (?) to which pre-lockdown conditions can be returned to, will determine the impact and consequences of the Covid-19 pandemic and the possibility of its lasting impact on everyday life within prison settings.

References

- AGEE, J. 2009. Developing qualitative research questions: a reflective process. *International Journal of Qualitative Studies in Education*, 22, 431-447.
- AHEARN, L. M. 2001. *Invitations to love : literacy, love letters and social change in Nepal*, Ann Arbor, Mich., University of Michigan Press.
- AKIYAMA, M. J., SPAULDING, A. C. & RICH, J. D. 2020. Flattening the curve for incarcerated populations—Covid-19 in jails and prisons. *New England Journal of Medicine*, 382, 2075-2077.
- ALEXANDER, G. C. & QATO, D. M. 2020. Ensuring access to medications in the US during the COVID-19 pandemic. *JAMA*.
- APPADURAI, A. 1996. *Modernity at Large: Cultural Dimensions of Globalization*, Minneapolis, University of Minnesota Press.
- ARDITTI, J. A., SMOCK, S. A. & PARKMAN, T. S. 2005. " It's Been Hard to Be a Father": A Qualitative Exploration of Incarcerated Fatherhood. *Fathering: A Journal of Theory, Research & Practice about Men as Fathers*, 3.
- BAUM, F., MACDOUGALL, C. & SMITH, D. 2006. Participatory action research. *Journal of epidemiology and community health*, 60, 854.
- BAZELEY, P. & JACKSON, K. 2013. *Qualitative data analysis with NVivo*, SAGE publications limited.
- BESNEY, J., MOREAU, D., JACOBS, A., WOODS, D., PYNE, D., JOFFE, A. M. & AHMED, R. 2017. Influenza outbreak in a Canadian correctional facility. *Journal of infection prevention*, 18, 193-198.
- BROWN, G. R. 2014. Qualitative Analysis of Transgender Inmates' Correspondence: Implications for Departments of Correction. *Journal of Correctional Health Care*, 20, 334-342.
- BROWN, M. 2012. Empathy and punishment. *Punishment & Society*, 14, 383-401.
- BURKI, T. 2020. Prisons are "in no way equipped" to deal with COVID-19. *Lancet (London, England)*, 395, 1411.
- CARPENTIER, C., ROYUELA, L., MONTANARI, L. & DAVIS, P. 2018. The global epidemiology of drug use in prison. *Drug use in prisoners: Epidemiology, implications, and policy responses*, 17-41.
- CHAO, W.-C., LIU, P.-Y. & WU, C.-L. 2017. Control of an H1N1 outbreak in a correctional facility in central Taiwan. *Journal of Microbiology, Immunology and Infection*, 50, 175-182.
- CONTROL, C. F. D. & PREVENTION 2012. Influenza outbreaks at two correctional facilities--Maine, March 2011. *MMWR. Morbidity and mortality weekly report*, 61, 229.
- CREESE, B. 2016. An assessment of the English and maths skills levels of prisoners in England. *London Review of Education*, 14, 13-30.
- DAVIDSON, H. & BIRMINGHAM, C. L. 2001. Letter writing as a therapeutic tool. *Eat Weight Disord*, 6, 40-4.
- DAVIS, J. W. 1967. A discourse on letter writing. *Int J Orthod*, 5, 10-2.
- DE CARVALHO, S. G., SANTOS, I. M. & DOS SANTOS, A. B. S. 2020. The pandemic in prison: Interventions and overisolation.
- DUNN, D. S. 2000. Letter Exchanges on Statistics and Research Methods: Writing, Responding, and Learning. *Teaching of Psychology*, 27, 128-30.

- DYER, W. 2005. Prison, fathers, and identity: A theory of how incarceration affects men's paternal identity. *Fathering: A Journal of Theory, Research & Practice about Men as Fathers*, 3.
- EPSTON, D. 2009. The legacy of letter writing as a clinical practice: introduction to the special issue on therapeutic letters. *J Fam Nurs*, 15, 3-5.
- FAIRHURST, M. 2020. *Returning to chaos is not an option* [Online]. POA. Available: <https://www.poauk.org.uk/index.php?national-chairman> [Accessed].
- FINE, M. & TORRE, M. E. 2006. Intimate details: Participatory action research in prison. *Action Research*, 4, 253-269.
- FINE, M., TORRE, M. E., BOUDIN, K., BOWEN, I., CLARK, J., HYLTON, D. & UPEGUI, D. 2004. Participatory action research: From within and beyond prison bars. *Working method: Research and social justice*, 95119.
- FLICK, U. 2018. *An introduction to qualitative research*, Sage Publications Limited.
- FORD, L. T. & BERG, J. D. 2018. Analytical evidence to show letters impregnated with novel psychoactive substances are a means of getting drugs to inmates within the UK prison service. *Ann Clin Biochem*, 55, 673-678.
- FORRESTER, A., TILL, A., SIMPSON, A. & SHAW, J. 2018. Mental illness and the provision of mental health services in prisons. *British Medical Bulletin*.
- GATERA, G. & PAVARINI, G. 2020. COVID-19: what is next for public health? *The lancet*, 395, 542-545.
- GOFFMAN, E. 1968. *Asylums: Essays on the social situation of mental patients and other inmates*, AldineTransaction.
- GOYER, K. 2002. HIV/AIDS and the case for prison reform: prison health is public health. *SA Crime Quarterly*, 2002, 23-26.
- GRANA, A., GIRELLI, L., GATTINONI, F. & SEMENZA, C. 2001. Letter and number writing in agraphia: a single-case study. *Brain Cogn*, 46, 149-53.
- GUO, T., FAN, Y., CHEN, M., WU, X., ZHANG, L., HE, T., WANG, H., WAN, J., WANG, X. & LU, Z. 2020. Cardiovascular implications of fatal outcomes of patients with coronavirus disease 2019 (COVID-19). *JAMA cardiology*.
- GUTHRIE, J. A., LOKUGE, K. & LEVY, M. 2012. Influenza control can be achieved in a custodial setting: Pandemic (H1N1) 2009 and 2011 in an Australian prison. *public health*, 126, 1032-1037.
- HAIRSTON, C. F. 2002. Fathers in Prison. *Marriage & Family Review*, 32, 111-135.
- HARRIS, J. 2002. The correspondence method as a data-gathering technique in qualitative enquiry. *International Journal of Qualitative Methods*, 1, 1-9.
- HAVERKATE, D. L., MEYERS, T. J., TELEP, C. W. & WRIGHT, K. A. 2020. On PAR with the Yard: Participatory Action Research to Advance Knowledge in Corrections. *Corrections*, 5, 28-43.
- HAWKS, L., WOOLHANDLER, S. & MCCORMICK, D. 2020. COVID-19 in prisons and jails in the United States. *JAMA Internal Medicine*.
- HEYMANN, D. L. & SHINDO, N. 2020. COVID-19: what is next for public health? *The Lancet*, 395, 542-545.
- JIWA, M. & BURR, J. 2002. GP letter writing in colorectal cancer: a qualitative study. *Curr Med Res Opin*, 18, 342-6.
- JOLLY, M. 2011. What I never wanted to tell you: therapeutic letter writing in cultural context. *J Med Humanit*, 32, 47-59.
- JONES, L. & TULLOCH, O. 2020. COVID-19: Why Are Prisons a Particular Risk, and What Can Be Done to Mitigate this?
- JONGBLOED-PEREBOOM, M., OVERVELDE, A., NIJHUIS-VAN DER SANDEN, M. W. G. & STEENBERGEN, B. 2018. Learning New Letter-like Writing Patterns Explicitly and Implicitly in Children and Adults. *J Mot Behav*, 50, 677-688.
- KAKIMOTO, K., KAMIYA, H., YAMAGISHI, T., MATSUI, T., SUZUKI, M. & WAKITA, T. 2020. Initial investigation of transmission of COVID-19 among crew members during quarantine of a cruise ship—Yokohama, Japan, February 2020.

- KELLY, A. C. & WARING, S. V. 2018. A feasibility study of a 2-week self-compassionate letter-writing intervention for nontreatment seeking individuals with typical and atypical anorexia nervosa. *Int J Eat Disord*, 51, 1005-1009.
- KEPPLER, K., STÖVER, H., SCHULTE, B. & REIMER, J. 2010. [Prison health is public health! Problems in adapting and implementing health services for prisoners in Germany. A review]. *Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz*, 53, 233-244.
- KINNER, S. A., YOUNG, J. T., SNOW, K., SOUTHALAN, L., LOPEZ-ACUÑA, D., FERREIRA-BORGES, C. & O'MOORE, É. 2020. Prisons and custodial settings are part of a comprehensive response to COVID-19. *The Lancet Public Health*, 5, e188-e189.
- KIRKHORN, L. E. & AIRTH-KINDREE, N. M. 2010. Letter-writing as an expression of nursing care. *Nurs Educ Perspect*, 31, 116-7.
- KNIGHT, V. 2017. Remote control : television in prison. London: Palgrave Macmillan,.
- KOLIND, T. & DUKE, K. 2016. Drugs in prisons: Exploring use, control, treatment and policy. Taylor & Francis.
- KRALIK, D., KOCH, T. & BRADY, B. M. 2000. Pen pals: correspondence as a method for data generation in qualitative research. *Journal of Advanced Nursing*, 31, 909-917.
- LAI, C.-C., SHIH, T.-P., KO, W.-C., TANG, H.-J. & HSUEH, P.-R. 2020. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and corona virus disease-2019 (COVID-19): the epidemic and the challenges. *International journal of antimicrobial agents*, 105924.
- LAZZERINI, M. & PUTOTO, G. 2020. COVID-19 in Italy: momentous decisions and many uncertainties. *The Lancet Global Health*, 8, e641-e642.
- LIEBLING, A., PRICE, D. & SCHEFER, G. 2011. *The prison officer*, Abington, OX, Willan Pub.
- LIEBRENZ, M., BHUGRA, D., BUADZE, A. & SCHLEIFER, R. 2020. Caring for persons in detention suffering with mental illness during the Covid-19 outbreak. *Forensic science international. Mind and law*, 1.
- LINCOLN, Y. S. & GUBA, E. G. 1985. *Naturalistic inquiry*, Beverly Hills ; London, Sage.
- LIU, P. P., BLET, A., SMYTH, D. & LI, H. 2020. The science underlying COVID-19: implications for the cardiovascular system. *Circulation*.
- LLOYD-SHERLOCK, P., EBRAHIM, S., GEFFEN, L. & MCKEE, M. 2020. Bearing the brunt of covid-19: older people in low and middle income countries. British Medical Journal Publishing Group.
- MONTOYA-BARTHELEMY, A., LEE, C. D., CUNDIFF, D. & SMITH, E. 2020. COVID-19 and the correctional environment: the American prison as a focal point for public health. *American Journal of Preventive Medicine*.
- MORGAN, M. & KETT, M. 2003. The prison adult literacy survey. *Results and implications*.
- MUZUMDAR, S., GRANT-KELS, J. M. & FENG, H. 2020. The ethical conundrum of writing a recommendation letter for someone you would not recommend. *J Am Acad Dermatol*.
- OKANO, J. T. & BLOWER, S. 2020. Preventing major outbreaks of COVID-19 in jails. *Lancet (London, England)*, 395, 1542-1543.
- ORGANISATION, W. H. 2003. Declaration: Prison Health as Part of Public Health. Adopted at Moscow October 2003. Copenhagen: World Health Organisation.
- PACKHAM, C., BUTCHER, E., WILLIAMS, M., MIKSZA, J., MORRIS, R. & KHUNTI, K. 2020. Cardiovascular risk profiles and the uptake of the NHS Healthcheck programme in male prisoners in six UK prisons: an observational cross-sectional survey. *BMJ open*, 10, e033498.
- PAYNE, Y. A. & BRYANT, A. 2018. Street participatory action research in prison: A methodology to challenge privilege and power in correctional facilities. *The Prison Journal*, 98, 449-469.
- PENNY, E. & MALPASS, A. 2019. Dear Breath: using story structure to understand the value of letter writing for those living with breathlessness - a qualitative study. *Arts Health*, 1-15.
- PROST, S. G., NOVISKY, M. A., RORVIG, L., ZALLER, N. & WILLIAMS, B. 2020. Prisons and COVID-19: A Desperate Call for Gerontological Expertise in Correctional Healthcare. *The Gerontologist*.
- RANCOUR, P. & BRAUER, K. 2003. Use of letter writing as a means of integrating an altered body image: a case study. *Oncol Nurs Forum*, 30, 841-6.

- RAUTIO, P. 2009. Finding the place of everyday beauty: Correspondence as a method of data collection. *International Journal of Qualitative Methods*, 8, 15-34.
- ROBINSON, L., SCHULZ, J., KHILNANI, A., ONO, H., COTTEN, S. R., MCCLAIN, N., LEVINE, L., CHEN, W., HUANG, G. & CASILLI, A. A. 2020. Digital inequalities in time of pandemic: COVID-19 exposure risk profiles and new forms of vulnerability. *First Monday*.
- RUBIN, R. 2020. The challenge of preventing COVID-19 spread in correctional facilities. *Jama*, 323, 1760-1761.
- SEDDON, J. 2018. General practitioners teaching new surgical trainees about clinic letter writing. *Clin Teach*, 15, 44-47.
- SIMPSON, P. L. & BUTLER, T. G. 2020. Covid-19, prison crowding, and release policies. British Medical Journal Publishing Group.
- SOLIS, J., FRANCO-PAREDES, C., HENAO-MARTÍNEZ, A. F., KRSAK, M. & ZIMMER, S. M. 2020. Structural Vulnerability in the US Revealed in Three Waves of COVID-19. *The American journal of tropical medicine and hygiene*, 103, 25.
- SOMMER, R. 1958. Letter-writing in a mental hospital. *Am J Psychiatry*, 115, 514-7.
- STRINGER, E. T. 2013. *Action research*, Sage publications.
- SY, M., O'LEARY, N., NAGRAJ, S., EL-AWAISI, A., O'CARROLL, V. & XYRICHIS, A. 2020. Doing interprofessional research in the COVID-19 era: a discussion paper. *Journal of Interprofessional Care*, 1-7.
- TAIT, S. 2011. A typology of prison officer approaches to care. *European Journal of Criminology*, 8, 440-454.
- TAXMAN, F. S. & RESSLER, L. Public health is public safety: Revamping the correctional mission. Contemporary issues in criminal justice policy: Policy proposals from the American Society of Criminology conference, 2009. Cengage Florence, KY, 327-342.
- THOMPSON, R., TANIMOTO, S., ABBOTT, R., NIELSEN, K., LYMAN, R. D., GESELOWITZ, K., HABERMANN, K., MICKAIL, T., RASKIND, M., PEVERLY, S., NAGY, W. & BERNINGER, V. 2017. Relationships between language input and letter output modes in writing notes and summaries for students in grades 4 to 9 with persisting writing disabilities. *Assist Technol*, 29, 131-139.
- TURNER, K. & LEVY, M. 2010. Prison outbreak: Pandemic (H1N1) 2009 in an Australian prison. *Public health*, 2, 119-121.
- VACCA, J. S. 2004. Educated prisoners are less likely to return to prison. *Journal of Correctional Education*, 297-305.
- VOLKOW, N. D. 2020. Collision of the COVID-19 and addiction epidemics. American College of Physicians.
- VOSE, B., CULLEN, F. T. & LEE, H. 2020. Targeted Release in the COVID-19 Correctional Crisis: Using the RNR Model to Save Lives. *American Journal of Criminal Justice*, 45, 769-779.
- WALKER, T., SHAW, J., TURPIN, C., ROBERTS, C., REID, C. & ABEL, K. 2017. A Qualitative Study of Good-Bye Letters in Prison Therapy. *Crisis*, 38, 100-106.
- WANG, J., YANG, W., PAN, L., JI, J. S., SHEN, J., ZHAO, K., YING, B., WANG, X., ZHANG, L. & WANG, L. 2020. Prevention and control of COVID-19 in nursing homes, orphanages, and prisons. *Environmental Pollution*, 115161.
- WORLD HEALTH ORGANIZATION 2003. Declaration on prison health as part of public health. *Moscow: World Health Organization*.
- WORLD HEALTH ORGANIZATION 2020. Preparedness, prevention and control of COVID-19 in prisons and other places of detention (2020), Interim guidance 15 March 2020.
- WURCEL, A. G., DAURIA, E., ZALLER, N., NIJHAWAN, A., BECKWITH, C., NOWOTNY, K. & BRINKLEY-RUBINSTEIN, L. 2020. Spotlight on Jails: COVID-19 Mitigation Policies Needed Now. *Clinical Infectious Diseases*, 71, 891-892.

