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Ameliorating the impact of cocooning on people in custody – a briefing

Introduction

We need people to come talk with us, help us. We are on our own. (Journal 28)

Since April 2020, the Office of the Inspector of Prisons (IoP) has been collaborating with two academics from Maynooth University on a project to listen to people who are cocooning in custody, and establish how to support these persons and minimise the harm they experience as a result of the public health measures. This briefing aims to provide insight into how people in custody experienced cocooning and presents a range of practical suggestions emerging from the project partners' analysis of the data, and from a review of their early findings and ideas at an online stakeholders' roundtable on 25th June.

The success in preventing a single confirmed case of COVID-19 among people in custody in Ireland is a credit to the Irish Prison Service (IPS) and prison staff, deserving recognition and commendation. Many of those who participated in this project recognised this success, and noted that the provisions were put in place to protect those cocooned in prison, as well as the wider prison population and staff. Nonetheless, additional measures to alleviate the harm caused by these extraordinary restrictions are necessary to realise the human rights, dignity and wellbeing of people in custody and prison staff alike and are imperative to the legitimacy of the prison service.

Regimes in Irish prisons have developed considerably since the journals were collected. On June 29th, 2020, the practice of compulsory cocooning ceased. Still, this briefing remains of value to the IPS for several reasons. Firstly, those who were cocooning may continue to do so voluntarity. Secondly, it is possible that some public health restrictions can return if a 'second wave' of the virus occurs. Thirdly, this briefing considers how to administer the transition away from stricter regimes and to engage with those affected by the virus – which, it explains, includes all staff and prisoners. Finally, the suggestions it makes are of general value in responding to ongoing challenges within prisons (including legitimacy, healthcare, staff-prisoner relationships and purposeful activity), and apply equally to people who are held in isolation or under restricted regimes for reasons unrelated to COVID-19, including voluntary and involuntary segregation. In summary, the considerations in this briefing relate to the provision of support and dignified conditions for all those who live or work in Irish prisons.

The current project

In mid-April, 86 journals were distributed by Red Cross volunteers to most of the first two cohorts of people who were cocooning across seven prisons. The first cohort was cocooned due to advanced age (70≤), while the second was cocooned because of chronic unstable medical conditions. There was a total of 94 persons cocooning in eleven prisons at this time (roughly two thirds from the first cohort

and one third in the second). The seven prisons were selected for this project due to their geographical accessibility for journal distribution and collection, and also the need to ensure participant anonymity, which would have been difficult in prisons with only one person cocooning. The 86 journal recipients included males and females, ranging in age from their early 20s to over 70. More detailed demographic information was either not collected or is being withheld to maintain participant anonymity.

The journals consisted of lined and blank paper to enable both writing and drawing. Participants were told that participation was entirely voluntary and that they were free to write about, or otherwise to express in any way, their experiences of cocooning. All participants were asked to return their journals in a sealed envelope (also distributed by Red Cross volunteers) whether they were written in or not to help with anonymity. The journals were then collected by the Red Cross volunteers in early May, two weeks following their distribution, and returned to the Inspecor of Prisons who shared them only with the Maynooth academics. 72 journals were returned, of which 49 were written or drawn in.

This briefing is based on an analysis of these journals, and on a roundtable with a range of stakeholders from the IPS, IoP, academia and civil society, as well as representatives of the Irish Red Cross, including a Red Cross volunteer in custody. The participants at the roundtable were given an early draft of this briefing on which to comment, and this discussion was facilitated using a restorative process so that everyone present had an opportunity to respond to the question: 'Based on the briefing and your experience, how might we support people in custody who are subject to COVID-19 measures?'

Key themes and recommendations

1. Food

> *We have meals on wheels but it's not very nice eating [x] out of a cardboard box.* (Journal 19)
>
> *I save half of lunch, keeping it cool in [the] container with damp cloth for tomorrow's lunch. [x] is too [x] and gives me [x]. So I save half of Sunday's lunch.* (Journal 43)

Practices relating to food delivery, presentation and contents were prevalent features of the journals. The cardboard boxes are experienced as dehumanising while the inability to choose the meal, amount or elements of the meal are all areas that could make a significant improvement for the everyday lives of cocooners. Suggestions included tinfoil wrapped trays, plates within the cells to which food can be transferred and containers with segmented sections to separate food. It is positive that plates will be reinstated, but it is also important that people who are brought meals are informed about what is on offer and asked which portions they do and do not want.

The IPS should, in a communication to those who were cocooned, recognise the strength of feeling about this, acknowledge that they ideally would have addressed this sooner, and commit to better consultation with people subjected to public health measures or restricted regimes about their food. The relevant principles should be to maximise dignity and autonomy; consideration might be given to the models used in hospitals for food selection, as well as to the possibility that people might collect their own food at a separate time to the general population.

2. Yard time

> *Yesterday we were let out to the yard at approx. 10:30am [and] today we are out at 6:30pm. That is a long time to be left in a small cell. [..] 30 hrs in cell [is] very hard to do.* (Journal 20)
>
> *I miss going out to the yard 3 times a day as I liked the exercise and the fresh air after being stuck in a […] cell all night. […] Actually we were let out to the yard for an hour [today] which was very good.* (Journal 12)

Recreation in the yard took on greater importance than ever for cocooners. It provided an opportunity to exercise (many wrote their step counts/total distance), gave access to fresh air (good weather was consistently mentioned), and enabled social contact with peers. There may be opportunities to adapt timetables to increase the periods in the yard, such as by allowing cocooners out to the yard before other people engage in activities and reentering afterwards. For many, the period between daily yard times was reported as amounting to 30 hours, which was noted to be a very challenging experience. This corresponds with the burgeoning research on the experiences and (potentially, long-term) harms of solitary confinement (e.g. O'Donnell, 2014; Lobel and Smith, 2020).

3. Social connection and staff-prisoner interactions

> *It often feels that the small group I go to the yard with […] are the only prisoners in the place. This virus has sucked the life out of everything, even this prison.* (Journal 37)
>
> *I am grateful for the staff who care + who help, without them I could see a lot more problems. For staff members who don't care – ah well – fact of life I guess but very hard to stomach at times.* (Journal 5)
>
> *The "Bully" is on duty again today. […] Happily the officer for the next [x] days was a godsend. [x] treated us like human beings – no shouting or short snappy answers etc. – what a relief.* (Journal 31)

The absence of social contact was keenly felt by persons cocooning. Suggestions focused on increasing the numbers of phone calls permitted, the development of video calls (this was in its early stages when the journals were written), the providing of in-cell phones, and timely postal collection. The benefits of the prison community featured in the journals, so measures to facilitate this would be welcome and potentially low cost. As the restrictions ease, creating 'pods' of vulnerable prisoners might be feasible, or cocooned corridors/bubbles where people can move around more freely within these zones. At the roundtable, participants considered the benefits and risks of grouping cocooning persons together in single units or institutions. It was noted that consultation would be needed to determine whether this was desired by people in custody, and that such an approach was contingent on infrastructure.

In the context of isolation, many people discussed the importance of positive interactions with prison officers and other prison staff (e.g. healthcare staff). While some cocooners raised concerns and issues with certain staff, there is much to be gained by recognising that staff-prisoner relationships are a core feature of prison life, and by encouraging the development of positive relationships and interactions between staff and prisoners as much as possible. These could help alleviate the anxiety, isolation, and loneliness experienced by cocooning persons (see below for more on communications). The possible role of the Red Cross volunteers and the existing groups of trained 'listeners' could also be considered here. In addition, in-cell telephone access, established to provide direct lines to addiction counselling,

release support, chaplaincy and psychology, could be retained and expanded to include other people in custody with relevant needs.

4. Consistency, communication and feelings of punishment

> *The routine seems to be falling in to place at this time and yesterday we received a schedule for the week of when our turn to go to the yard would take place. The schedule is much appreciated.* (Journal 11)
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> *I have 6 leaflets from the IPS re: the virus. Communication is very good, explaining why normal prison routine has been so drastically changed. […] Info sheet[s] from the IPS encouraging us to keep our minds busy […] are very useful.* (Journal 37)
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> *My punishment by the courts was prison, now doing my punishment cocooning is like doing my time in solitary confinement. Being punish[ed] now for having a chronic [x] disease.* […] *I know this sounds strange to the suits outside, but for anybody outside who knows how it feels to be cocooned for so long a smiley face means a lot. Thank you.* ☺ (Journal 26)

A core component of several journals was the desire for consistency in regime delivery and practices. Many recognised the value of consistency; others highlighted the negative experience of inconsistency and uncertainty because of persistent cell moves, timetable changes and erratic service provision or delivery of goods. Consistency is invaluable to facilitate the management of time, the maintenance of the self and good mental health. The importance of consistency is inexorably linked to staff-prisoner relationships and the communication of information. Indeed, how information is conveyed is often as important as the information being conveyed. Again, some cocooners expressed gratitude at the level of communication (staff dialogue, leaflets), but others expressed confusion, fatigue and a loss of faith in the merits and practices of cocooning, and difficulties with its indeterminate nature. This is partially accounted for by the sense that cocooning felt like solitary confinement or punishment. Some people asserted that it felt like they were punished for being vulnerable (‘older’ or ‘sick’), which contributed to deteriorating mental health. One participant noted that "this is a far worse punishment than being locked up for a P19 and is very very depressing” (Journal 9). We need to learn from these perceptions of feeling disadvantaged and punished, and consider how best to alleviate these feelings and prepare, if measures are needed again later, to limit the impact on mental health and prison legitimacy.

Despite the new practices being informed by governmental guidelines, there is a dehumanising quality to being spoken to only through a closed door. Many prisoners expressed that this and other practices made them feel like they were being seen as a 'leper', a ‘pariah’ or as sources of disease. We appreciate that this was an unintended consequence of regimes that were adopted in haste, but awareness of this can be a step towards its resolution, with appropriate adaptations by prison officers, governors and other prison staff. We suggest that, with regard to the governmental guidelines, interactions with cocooning people in custody are conducted masked and face-to-face at appropriate distances, rather than through a closed door. It would be worth considering what other measures might enhance the experience of these interactions and, by extension, enhance the impact, clarity and legitimacy of any communicated information. Consideration might be given to contacting relevant persons from other jurisdictions who may have ideas for innovative approaches to supporting cocooners in prisons.

5. Mental and physical health

> *I surprise myself I have become so depressed since being cocooned: I feel that I am isolated and solitary. I am also surprised that I am unable to lift myself out of this depression. There is only a few times in my life when I felt suicidal and this is one of them.* […] *Certainly my sleep is affected by lack of activity* (Journal 34)
>
> *My heads a bit recked as I need an operation done… I was supposed to get my operation done after Xmas in [x] but [x] is full of the coronavirus and god knows when all this is going to be over. […] All you are left with when the door bangs out is your thoughts and my head drives me fucken crazy.* (Journal 22) (sic)

The levels of despair expressed across the journals made for very grim reading indeed. Participants at the roundtable noted that mental health was already the primary health issue in prisons, and that COVID-19 exacerbated this. Consideration of this must reflect both the impact on people with mental illnesses and pre-existing mental health issues, and the general mental health implications and trauma caused by the pandemic and by the restrictions. The IPS will need to find ways to identify and respond to trauma among people in custody, staff and other stakeholders caused by the pandemic, whether this manifests immediately, or a year or more down the line. This will require shorter and longer term plans to support all staff and people in custody, as prisons and the country as a whole transition into a 'new normal' – bearing in mind that, for some, reduced restrictions may heighten their anxiety.

The journals also indicated that the mental health implications of the restrictions may have increased the burden of chronic physical disease, and vice versa. One action should be to assign someone in HQ the task of ensuring, in liaison with hospitals and with the HSE, that people in custody are remebered as health services resume. This might involve a communication to all those with a health condition for which treatment was delayed, explaining that they have not been forgotten and updating them on the evolving situation. This communication should be personal, sensitive and human-centred and, as such, consideration might be given as to which staff have the appropriate skillsets and relationships with people in custody for this task.

6. Purposeful activity

> A*nother day locked away from everything. I know it's necessary but it sure is boring. My cell is very clean and tidy, mop and polish every morning. I might become an obsessive cleaner!* […] *I really miss the classes I had every weekday morning*. (Journal 37)

The rituals and pastimes developed by people cocooning are a critical factor in their coping strategies. Meaningful, productive and purposeful activities are vital for these people. Many expressed how much they missed their jobs, courses, and other sources of meaning, stimulation and ways to pass time. The existing resources provided in some prisons are noted throughout the journals (DVDs, Netflix, puzzles, games, etc.) but there was a sense that these lose their appeal over time. Put succinctly in one journal, "there's only so many word searches you can do" (Journal 15).

There is potential to build on existing strengths in creative, innovative ways by providing materials for arts, education, music, language skills and writing, among others. One option, which is already in place in some prisons, is to provide educational, fitness and other resources through an in-cell audiovisual

system, diversifying the learning and recreational options available to cocooners. Participants at the roundtable suggested that the IPS work with universities to create educational content and to develop digital pedagogies, learning from the Cell Block Science and Learning Together programmes in the UK. Roundtable participants also commented that it would be easy to provide a wide range of educational materials, games, communication technologies, books and newspapers, and apps to support physical and mental health, if basic tablets with Wi-Fi access and appropriate security measures were provided to people in custody. It was suggested in journals that religious services could be made available in an outdoor setting to facilitate social distancing.

Another recurring feature of these journals was the benefit of mindfulness techniques, although only some indicated that they knew about these. These may be of use to all people in custody, irrespective of whether they are subject to a restricted regime. There could be consultation with people in custody regarding the demand for learning mindfulness and other such techniques and on the best ways of providing such instruction if desired. This relates to a wider point: the IPS should establish mechanisms to ask those subject to restricted regimes what their needs are and how these might be met.

7. Consultation

> *Another matter is only a few people cocooning and why can't the Red Cross call to these cells and ask the people what they want for lunch or tea instead of everything put into the box. When we were collecting our food before we would only take what we wanted.* (Journal 49)

Consulting people in custody and staff is crucial in normal times and will be of particular importance in the coming weeks and months. All prison staff and prisoners – not least those who cocooned – have been affected in some way by COVID-19 and the public health restrictions. This means that a range of policies and practices are required to ensure their psychological safety and support mental health and reconnection as we transition from the measures.

It is beyond the scope of this briefing to state what these policies and practices should be. However, these are most likely to be trusted, effective and respond to peoples' needs if they are determined via consultation with the people that they intend to help, i.e. prisoners and staff at all levels. Restorative practices could be used to give prisoners and staff a meaningful opportunity to express themselves and play a role in determining what should happen in relation to protocols for visits, relaxing regimes, and the provision of ongoing support. It is positive to see new provisions for Governors to engage with cocooners. It will be important that they listen deeply to their experiences to establish their needs. It must also be noted that the current project only included a small number of those impacted by these restrictions – many more persons were cocooned after the journals were distributed, and those who were the only cocooners in their prison (and therefore were not within the scope of this project) might have had an even harsher experience than those who were quarantined as part of a group.

There would be value in adopting similar methods to those used in this project, and other methods of engagement (such as restorative practices), as part of longitudinal efforts to understand how people were affected and how to meet their needs. This project can be a springboard to establish structured, ongoing and widespread consultation mechanisms to help the IPS reflect on and develop policies and practices. More specifically, it may be worth asking the persons affected by cocooning what they think about the findings in this briefing, and how they experienced subsequent changes in regime.

We might also look at recent months through the lens of 'appreciative inquiry', meaning that we focus on the strengths of the work undertaken, such as the rapid introduction of electronic visits and the positive relational work done by the staff, so that the gains and the ongoing processes of change and innovation are captured, examined and learned from. This project also illustrates the need to develop advanced record-keeping infrastructure to support and enable inspection. For example, prisons might seek to keep track of the extent to which exercise and meaningful human contact are afforded people who are subject to restricted regimes in practice.

8. Early release

Finally, the criteria used for temporary and early release were subject to suggestions from the journals and roundtable participants. Great lengths were taken to decrease the prison population, which fell from 4,167 persons on March 13th to 3,715 persons on June 29th, as part of efforts to reduce the risk of infection in prisons. Criteria for release included the remaining length of sentence and whether the offence was violent in nature. However, there are still persons who could arguably be categorised as of a low risk to the community, but who were not considered for release within the existing criteria. The current circumstances provide an opportunity to review these early release criteria. We urge that mechanisms for early release and alternatives to custody are used to the widest extent. Understanding that it is not entirely in the power of the IPS to reduce prison overcrowding, criminal justice agencies and other relevant stakeholders should collaborate to ensure that all persons who are able safely to serve their sentence in the community are afforded an opportunity to do so.

Conclusion

The Irish public sector has made a range of policy decisions that, mere months ago, would have been unforeseeable. This demonstrates that boundaries can and should be pushed. The greater use of early and temporary release, reductions in overcrowding and multiple cell occupancy, and developments in the use and availability of technology, are all gains to be maintained, and on which we can now build.

This briefing presents suggestions emerging from an analysis of the cocooning journals and from the roundtable with IPS representatives and other stakeholders. Its authors recognise the achievement of the IPS and individual staff in keeping COVID-19 out of prisons. Yet, we also know from these journals that this came at a significant cost to the mental health and wellbeing of the people subject to special measures. Moreover, we have identified ongoing questions around general prison administration (e.g. communications, relationships and legitimacy) that apply to other persons on restricted regimes, and to the people in custody and staff as a whole (e.g. around mental health and consultation). We should now determine what can be done to alleviate the suffering identified, and how best to provide people in custody and prison staff with all the support they need and the dignity and rights to which they are entitled going forward. We welcome the willingness of the IPS to facilitate the oversight body to hear directly from people in custody through this exercise and, finally, we call on the IPS to enable as many collaborative projects, and to publish as much data and as many of its own plans, as possible.

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