



REPORT

COVID Working Group 2022 - 2023

Learnings from the COVID-19 pandemic in prisons

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About EuroPris

EuroPris is a non-political, non-governmental network organisation of and for prison practitioners. Membership to the organisation is open to public institutions or organisations of the Council of Europe member countries, which provide prison or correctional services on a legal or statutory basis. In 2023, 35 jurisdictions are members of EuroPris.

The overarching purpose of the European Organisation of Prison and Correctional Services (EuroPris) is to promote and develop European prison practice in accordance with human rights, international rules, and regulations. By providing an arena for exchange of knowledge and benchmarking, EuroPris has the role of a knowledge broker. This is the most important role of EuroPris. The expertise in each topic is provided by the different prison agencies, academia, and other actors in the field of corrections. EuroPris is also an advisory and practice-based resource to policymakers in Europe, with a specific focus on the European Commission and Council of Europe.

As part of its work, EuroPris organises a number of activities throughout the year that provide for a meaningful exchange of knowledge and promising practices between European prison practitioners. One of these activities is to bring experts from a variety of EuroPris member countries together in meetings to discuss pressing issues, share experiences and develop tools that are of value to the wider EuroPris community. In 2022, EuroPris was managing expert groups on the following subjects: Domestic violence, Foreign nationals in prison and probation, ICT in prisons, Real Estate and Logistics, Framework Decision 909 (EU Transfer of prisoners) and Children of prisoners. In addition, in the same year a Covid working group started its work to collect examples in Europe to learn from for further critical crises situations.

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About EuroPris Working Group on COVID

EuroPris has seen the importance of meeting the urgent needs of its members. To support them in their challenges during COVID, EuroPris started already in the beginning of the pandemic in 2020 an exchange platform to provide and collect question and answers from the members to members: <https://www.europris.org/covid-19-prevention-measures-in-european-prisons/>. Also online possibilities of exchange and a Director General Webinar on the topic of COVID were organised. Following the COVID-19 pandemic, EuroPris convened a working group of representatives from England and Wales, Catalonia, Spain, France, Bulgaria, Romania, Italy and Cyprus to share best practice and lessons learned in the event of a major health crisis.

While most countries had eased their COVID restrictions by 2022, the report is being released now to include reflections on the longer-term impact of COVID.

Covering the work done earlier on in the pandemic to mitigate the spread of the infection and respond to the immediate crisis, the group has been able to reflect also on some of positive interventions which have remained in prisons systems or are being built on to improve the service.

The group was first coordinated by Athena Demetriou, later by Justina Dzienko. From 2022-2023 the group consisted of:

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Milosz Bruski (for Ed Cornmell)	England and Wales
Nerea Ansa Zaragoza	Catalonia
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Introduction

The COVID-19 pandemic was the first time a global event had caused such wholesale changes to traditional customs, socialising and workplace practices. If the impact on society was tremendous, all the more in prisons, where there is a deprivation of liberty inherent in prison sentences.

Early on in the pandemic, prisons were identified as a high-risk route for transmission due to the closed nature of the environment and in many countries, the age of establishments. The loss of life among prisoners and staff early on was predicted to be high.

As countries began to introduce restrictions aimed at preventing the spread of the infection, prisons had to work at pace to understand how this translated to their environment and what it meant for the safe, decent and secure running of their establishments.

Most countries prison system's had close working relationships with health ministries because of their responsibility to deliver healthcare in prisons. as well as the community.

Contingency plans for large scale infections were in place and memorandum of understandings to reduce the spread of infectious illnesses such as TB or HIV existed. These proved helpful initially but were not adequate preparation for a long-term global infection.

The countries who have taken part in this report all responded broadly in the same way: through introduction of infection prevention measures such as social distancing and mask wearing, restricting regimes.

Senior leaders had to work out how to reduce footfall into the prison and decide, in environments where no prison staff routinely worked from home, who really did need to do their job from an establishment. Technology at the start of the pandemic was not advanced enough to support working from home for staff or family contact and access to education or other programmes for prisoners. Development in this area developed at a huge pace and is one of the benefits to have come from the pandemic.

Balancing what is a prisoner is legally entitled to, alongside preventing the spread of infection, maintaining order and control and ensuring the mental and physical wellbeing of prisoners was to be the challenge for duration of the pandemic.

Most prison systems turned to a crisis management response which in some cases lasted nearly two years. While the measures put in place undoubtable saved lives, the physical and psychological impact of living and working in this way has been high. Prisoners' sentence progression has been impacted and there has been a psychological toll on staff at all grades. Recovery for prison systems across Europe is ongoing however there have been opportunity through this to develop better digital solutions at pace, build stronger partnership workings and reimagine what a regime looks like.

Management of infectious diseases (including COVID) inside and outside of prisons

1 Introduction

This chapter will describe the practices that have been used to contain the epidemic in prisons.

With its unprecedented speed of spread and the great unknown it brought with it, Covid-19 created a number of challenges for decision-makers in all countries in Europe. Figures predicted high loss of life in prisons but overall mitigations and rapid responses meant much lower eventual loss of life.

Medical care in prisons must comply with good practice approved by each country's health departments and must be in line with that offered in the community.

In a number of cases, joint memorandums of understanding existed before COVID between prison and health departments for managing infectious diseases such as HIV, hepatitis, flu and tuberculosis.

In all countries, prisons and healthcare teams worked created a plan to prevent the spread of COVID-19. Some countries reported that pre-existing challenges in staffing of healthcare facilities put additional strain on their ability to respond to the pandemic.

Romania has been given funding by the Council of Europe to mitigate the impact of low medical staffing levels. This will support the ongoing efforts of the Romanian authorities to improve the medical care and treatment practices for prisoners, as well as to provide adequate psychiatric assistance in a medical and therapeutic environment.

2 Measures introduced to prevent the spread of COVID-19

The main focus for prevention of transmission needed to be the staff because they represented the main gateway for the infection to get into the prison. In addition, the more staff who caught COVID and were away from the prison increased the chance of not being able to run a safe and secure prison, leading to significant negative impacts on inmates.

The majority of countries adopted similar mitigation measures, outlined in their plans.

- social distancing
- use of personal protection equipment including masks
- hand sanitiser
- regular cleaning
- minimising movement such as court hearings or transfers to prisons
- Introducing video calling instead of physical visits to reduce footfall into a prison
- precautionary confinement for prisoners coming from outside
- quarantining of prisoners with COVID
- established protocols for staff who had been in contact with someone with COVID and for returning to work after COVID

- development of a work schedule to reduce contact between employees (distribution of employees in shifts, implementation of the telework where the situation allows it)
- COVID testing
- vaccination programmes

Countries varied in whether vaccinations for prison staff were mandatory or whether prison staff were included as priority recipients. In France, the vaccination was only mandatory for prison officers working in medical sectors for example.

Where vaccinations were mandatory, countries were able to accurately record uptake but in countries where it was voluntary, it was difficult to design a system which captured this data.

In Italy, all prison staff – unless they were exempt - were vaccinated by the 15th December 2021.

Uptake of vaccinations for prisoners relied on targeted campaigns to show the benefit of vaccinations. Figures varied with Bulgaria vaccinating 399 prisoners/detainees, representing 52.6% of the prison and detention population are.

3 Lessons learnt

- Prisons systems were largely ill-equipped to deal with a health emergency on this scale at short notice but the 'crisis response' which drives the nature of the day-to-day work meant the eventual response was sound
- Close and good cooperation with local healthcare services is crucial
- Strong relationships between the prison system and the ministries of health in each country is critical
- "Distancing, testing & isolating" is a good practice to avoid spreading the virus
- Consulting trade union organisations in finalising plans for specific measures, especially in those activities that require the additional involvement of employees (wearing protective equipment, performing sanitation/disinfection activities, accepting rapid tests, changing the work schedule etc.)
- Communication is critical to ensuring uptake of mitigation measures

4 Country specific remarks

Romania:

"The prevention activity at the level of the Romanian penitentiary system was part of a proactive register, as evidenced by the fact that on 24.02.2020, following the outbreak of the first infection cases with the new coronavirus in Europe (Lombardy Region in Italy), at the level of the National Administration of Penitentiaries (NAP) the first Measures Plan to prevent illness and the spread of the infection with COVID-19 among the staff and inmates was developed and approved by decision of the Director General."

France:

"In France, public hospital services alone are responsible for prisoner healthcare. That said, during the pandemic, the medical services in the prisons worked in close collaboration with the prison services, to find appropriate responses for quarantine, covid testing, the medical care of infected prisoners as well as promoting the vaccine campaign. Right from the start of the pandemic, the French prison system took into account the restrictions that people throughout the community outside prisons were facing. It aligned these general restrictions and the government's response with its management inside prisons. This course of action was a factor of acceptance of the restrictions inside prisons and was again followed by the French prison system when lifting the restrictions. For example, from May 2020, as lockdown was lifted on the outside, visits were reinstated inside prisons, as long as the social distancing guidelines were respected."

Italy:

"During the pandemic, among the precautionary actions aimed at limiting the contagion of COVID-19 in prisons, on the basis of the directions given by the Ministry of Health and by the relevant Scientific-Technical Committee, the prison governors undersigned protocols with local healthcare agencies to draft operational guidelines to limit the virus spreading within the prisons and then for the vaccination campaign of inmates and staff."

Spain:

"The appearance of the COVID-19 pandemic forced the General Secretariat of Penitentiary Institutions to adopt a series of restrictive measures, in terms of the mobility of inmates, the access of family members and extra-penitentiary professionals to the centers and the suppression of workshops' activities, educational and others, all of them aimed at the prevention and control of the disease. These measures have demonstrated their effectiveness by verifying that the prevalence of infection among prison inmates was much lower than that estimated in the general population."

England and Wales:

"The prison service collaborated extensively with public health bodies and clinical services to co-produce guidance and advice for policy, ministers and operations. In prisons, multi-agency collaboration across NHS services, public health bodies across the UK, prison leaders and HQ throughout the pandemic led to the co-ordinated and effective management of outbreaks at multiple local sites on a daily basis. The roll out of mass testing for COVID-19 across the Prison Estate also involved effective collaboration between the HMPPS testing team, national and regional health and health leads in prisons."

Crisis management and leadership

1 Introduction

COVID was by its nature a health-based crisis yet it was one that needed a largely operational response to it. Prison systems have well established responses to crisis management, usually by introducing command structures at a national and regional level. This approach was adopted for the pandemic to ensure compliance with COVID regulations, to manage the flow of information to the operational line and to ensure changes to regulations were managed effectively.

In addition, the volume of reporting back from prisons to the centre needed co-ordination.

In England and Wales, Exceptional Delivery Models were introduced in the summer of 2020 as it became apparent the crisis would be ongoing. They provided more detail on specific areas of service delivery for local prison leads to enable them to deal with the specifics of the crisis more easily. Every part of the prison service had to move into crisis mode and support the response to the pandemic. This meant long-term project work had to be paused, people deployed to different roles and non-essential learning and development was paused.

Leaders in headquarters or central teams had to work closely and negotiate with counterparts in health authorities as well as managing ministerial demands and dealing with national trades union. Leaders in prisons had to interpret instructions from the centre and provide a powerful, clear and consistent voice to prisoners, staff, partners and trades unions. Local leadership would be critical in managing the response to COVID and its recovery.

While prison systems are used to being in a 'control and command' response mode for short periods of time, some countries retained this response for nearly two years. As a result, it often became unclear as to what was a business as usual decision vs one which needed central approval. The volume of information which needed to be provided to the centre over a much longer period of time than expected created an additional staffing burden when staffing levels were low.

People who became managers for the first time during COVID have experienced a highly unusual way of working where their local decision making and risk assessment ability was limited. Despite this, leaders responded and adapted at pace – they were willing to innovate and do things differently to overcome some of the complexities involved in managing the pandemic. This is evidenced largely in the technology chapter. Their attitude built a significant sense of pride and team spirit in prisons.

2 Measure put in place to manage the crisis

- Central point for all decision making
- Single Commander
- Regional command structures
- Pausing all non-essential work and projects to reduce the burden on the prisons
- Returning staff to prisons to provide additional support
- Command structure in place to co-ordinate activity at the centre
- Entire new models of delivery

3 Lessons learnt

- Establishing a leadership structure that is not reliant on certain individuals can avoid creating single points of failure
- Senior leaders in prisons have reported that their wellbeing has suffered as a result of the length of time in crisis mode
- Strong relationships needed to be built between the leaders of the prison systems and the leaders of health departments
- Relationships between trades unions and the prison system during a sustained crisis is critical
- Existing relationships at a senior levels will enable more productive partnership working
- Communication between the centre and prisons and prison leaders and their staff is crucial
- Visible leadership from all grades is important during a sustained crisis

4 Country specific remarks

Romania:

"This kind of responsibility can prove to be a burden that can have a long-term psychological impact on staff. For this reason, good cooperation between the management of penitentiary units and trade unions is opportune in order to find optimal solutions to maintain a normal work environment."

Spain:

"The General Secretariat of Penitentiary Institutions includes six subdirectorates general. One of these sub-directorates deals with Health management within the secretariat. When the pandemic began, it was entrusted with managing it in close collaboration with those responsible for health in the autonomous regions."

France:

"In the French prison system many officials went door to door giving prisoners an opportunity to voice concern and share their perspective. This encourages commitment to new policies and reduces conflicts."

Catalonia:

"A crisis committee was created (general directors of the penitentiary system and health professionals) from which decisions and safety protocols were made to transmit to the directorates of the penitentiary centers. Each establishment could adapt those protocols to their specific procedures, always following the committee regulations."

Italy:

"During the pandemic, the Department of Penitentiary Administration has provided operational indications and updates on the regulations in force at penitentiary institutions. Weekly videoconference meetings were held between the Head of the Department and the general managers at the regional Directorates to take stock of the situation and evaluate new interventions and operational solutions."

Bulgaria:

"The medical staff was well centrally coordinated and explained in detail to the inmates the benefits of vaccination trying to reduce the tension that would be created in the prison community because of the specificity of the situation."

England and Wales:

"A national command structure was established with the COVID-19 Gold Commander acting as the strategic lead for HMPPS COVID-19 response across the estate. A National Framework was introduced comprising five regime stages from heavily restricted to full regime. Establishments were immediately placed into restricted regimes level to minimise mixing and movements and counter the threat. As time progressed, Governors were able to deliver more activity, within Covid secure guidelines that were appropriate to their particular prison and local needs. Whilst still significantly limiting, designing local regimes was deemed crucial and required Governors to continue to make local choices, supported and overseen regionally, about how to balance delivery of sufficient regimes with continued infection controls. This had to be balanced with backlogs in key areas such as staff training and offending behaviour interventions within available resources."

Regimes

1 Introduction

As individual countries passed laws which imposed restriction on movement and mixing of households, each prison system had to interpret those laws for a closed environment. This meant adapting to enforce social distancing, understanding what might be meant by a 'household' within a prison, legally suspending many prison rules and how to decide what activities would be deemed essential.

This inevitably led to significant restrictions in how regimes operated with a focus on delivery the core basics such as meals, medicine, showers and some form of family contact. In relation to activities run in prisons, these were largely suspended. Initially, prisoners didn't get the chance to move to workshops, education, therapeutic activities or face to face family visits.

In addition, new arrivals or transfers had to isolate for a specific period of time to reduce the chance of bringing an infection into the prison.

Prisons had to consider what a safe group size would be and whether this met the legal definition of household mixing. Inevitably moving smaller groups of prisoners and preventing mixing meant that basic tasks such as getting everyone to showers would take longer.

In England and Wales, a National Framework was introduced comprising five regime stages from heavily restricted to full regime. Establishments were immediately placed into restricted regimes level to minimise mixing and movements and counter the threat.

Within the command mode/structure, prisons began to take tentative steps to reintroduce regime under close central control and progressed through stages of the National Framework. This was fluctuating throughout the period in relation to the changes in national COVID trends, with evolving approach to social visits, movements and access to large group activities to ensure appropriate parity with community restrictions.

The importance of proportionality when imposing restrictions and working towards mitigating their impact was crucial to maintaining ongoing stability and managing prisoners' wellbeing.

Communicating these restrictions and the reasons for them was critical in ensuring compliance. In the early days of regime restrictions, prisoners largely felt like their treatment mirrored that of the community and there was a sense of 'all being in it together'.

As the COVID cases slowed down following the first wave and community restrictions began to ease, prisons explored equivalent tailored relaxation of restrictions. This was done in recognition of the unique environment and the fact that any outbreaks will spread far quicker in prisons than the community. Testing and vaccination enabled regimes to open up more.

As well as the regime restrictions imposed to manage the spread of the infection, staffing levels had an impact on what could be delivered. Levels were impacted by staff being sick, needing to shield because they or a family member were vulnerable, they caught the virus or because they needed to support the testing regime put in place.

Alongside restricting regimes, reducing prison population was one of the main strategies in countries faced with overcrowded prisons. In France, the early release schemes during the epidemic brought the number of inmates down to a level that hadn't been seen in years. However, since June 2020 the sense of urgency to reduce the prison population has faded and prisons now have more prisoners than before the crisis.

2 Measures introduced to minimise impact on regimes

- Collaboration with education providers meant that some education could be access in cells.
- Additional credit was provided for phone calls
- No charge for televisions
- Additional food packs
- Prisoners were able to still receive a wage even when they were unable to work
- Distraction packs which could be used in-cell were provided
- Additional family contact measures – these are dealt with in a separate chapter.

3 Lessons learnt

- Coherence with restrictions placed on the general population is critical to maintaining legitimacy
- The importance of proportionality of restrictions
- Mitigations, where possible, are critical if regime is restricted
- Contingency planning is essential to ensuring organised and co-ordinated reactions.
- Advance planning is an efficient way to ensure the availability of sufficient resources (human capital, security measures or medical equipment for instance) to prevent panic and ensure speedy decision making. This would help prisons better function in the future in the event of another pandemic or natural disaster. These plans could list key actors, important tasks or actions and divide responsibility.
- Communications is critical to ensuring a sense of collective responsibility and reduce the spread of rumours. Consulting and ensuring prisoners had an active part to play resulted in a greater level of compliance.
- There is an opportunity to further explore a blended model of in-cell and in person learning and to understanding how we can better provide a more personalised regime which better contributes to supporting the rehabilitation aims of each individual.
- It is no longer possible to argue that single occupancy is an unattainable objective

4 Country specific remarks

France:

"Throughout the health crisis, prisoners were not invoiced for television access, subscriptions to TNT channels or Canal+ bundles. Every prisoner's personal telephone account was regularly credited, and video conference calls were developed."

England and Wales:

"England and Wales used the enforced shut down of regimes to redefine what a purposeful regime looks like. Pre-COVID research as well as COVID experiences clearly demonstrate the value of tailoring regime to individual needs and risks. The feasibility of recognising purpose can be found in a wide spectrum of activities including formal and informal, self, staff and peer-led activities, delivered on and off wing, in and out of cell."

Catalonia:

"Prison regimes were not modified due to the crisis. However, the measure to maximize open regime (inmates who only go to prison to sleep) was established in order to manage prison establishments occupation given the limitation and complexity of the inmate-staff interaction. A lesson learnt was the importance to provide staff with more support, training and opportunities to enable them to be able to improve inmate's engagement and be more active in regime delivery (e.g. deliver more activities)."

Italy:

"The penitentiary system had to organize itself to limit the infections. In fact, during the pandemic, the use of alternative measures and semi-freedom was implemented to ensure a lightening of the penitentiary system. Hearings were held using videoconferencing and transfers of detainees were limited to cases of extreme necessity or for health reasons."

Spain:

"The General Secretariat of Penitentiary Institutions, considering the number of inmates with respect to the available places, has been able to use entire modules for the quarantine of those inmates who left on leave or entered from other centers."

As for those who were in a semi-open regime, the use of electronic bracelets or access to a regime close to probation has been facilitated."

Bulgaria:

The timely introduction of regime changes was mandatory to prevent the spread of Covid-19 in prisons, and the restrictions introduced were not to exceed those imposed on the national population due to the conditions in which prisoners already resided and had to be specified"

Technology

1 Introduction

The main objective of this chapter is to describe the good practices introduced to mitigate the impact of COVID-19 preventative measures and highlighting those that have been incorporated into business as usual due to the improvement they have given both prison administrators and prisoners.

COVID-19 has marked a turning point in prison management and, in particular, in the introduction and development of technological tools in the prison environment. COVID-19 control measures enabled prison administration to suspend some of the legal rights that prisoners had such as face to face visits but it remained critical to offer viable alternatives.

In addition, access to services such as education, therapeutic resources, leisure activities, jobs and treatment programmes were severely curtailed. In both cases, digital tools partially or totally ensured that some form of accesses to all these areas were guaranteed.

These measures were not introduced immediately due to the need to introduce new technology both in terms of infrastructure and training. Most countries initially created a priority list of prisoners who had access to digital tools until staff levels and successful roll-outs were complete.

While working from home was not available to many staff working in the prison services, there was a need to identify those people who could work from home and provide them with the right IT infrastructure to do so. It challenged the IT skills and infrastructure of prison services in most countries although this adaptation has now been made successfully.

2 Digital tools introduced to mitigate the impact of COVID-19 controls

- Video calls for family and friends contact
- Video conferencing for court attendance, enabling the justice system to keep functioning and preventing further harm to victims
- Potential to access education via computers or tablets provided to some inmate after appropriate security checks
- Access to external therapeutic activities via video-conferences

- Self-service kiosks or in-cell devices enabling inmates to access messaging, training, therapeutic content, employment development and daily services autonomously.

Although technological implementation in prison administrations was already under way before the start of the pandemic, COVID-19 has been an unprecedented push in this area. There were different levels of measures implementation:

Level 1. Urgent and focused directly on inmates, related to the need to guarantee their rights.

Level 2. Progressive and transversal measures, applied to the work methodology and technological tools that until now had not been implemented in the penitentiary environment.

Level 3. Promote and maximize projects that were already in progress, but which COVID has made it possible to maximize their relevance and possibility of economic investment to launch new projects.

3 Lessons learnt

- Digital tools can simplify internal prison procedures, both for inmates who have more autonomy and staff who have more time to undertake purposeful work aimed at rehabilitation
- Video visits are an excellent additional tool for family contact but should remain as a complement and not be a replacement for in-person visits
- Telemedicine is not yet a widely spread technology
- Further development is needed to guarantee data protection and secure communications.
- There are additional risk associated with security for video visits, especially for inmates who have restraining orders as it is not always possible to tell who else is in the room.
- Increase in use of digital tools in prisons will help inmates develop basic technological skills, lessening the gap for when they return to their community
- More digital training needs to be provided to inmates
- Virtual court attendance reduces prison management tasks

4 Country specific remarks

Catalonia:

The Catalanian Penitentiary Service is exploring using artificial intelligence to facilitate the analysis of data gathered manually to be able to detect behavioural patterns and build a risk map for internal security.

"The main objective of this project is to have a solution that facilitates the analysis of existing data and information, through artificial intelligence, to detect behavioural patterns that allow a risk map for internal security, relating environmental situations and coincidence of risk profiles. Having a tool of this type in the control of accesses of the different areas of the penitentiary centres, will allow to provide information to the system of internal security oriented to the prevention of regimental incidents. We are also building a service that allows the verification of a person's identity (inmates family, external professionals, etc.) based on their identity document and facial recognition captures in order to be able to create their digital identity and to be able to access to the Extranet of Criminal Execution. There it will be possible to call inmates and have a direct contact with them."

Spain:

"The use of videoconferences has been widely extended in all prisons in order to maintain contact with previously authorized family and friends within the most appropriate security margins:

- *Video calls with a duration of 5 minutes with families and relatives*
- *Videoconferencing for Courts, lawyers and other professionals. Videoconferencing was already implemented at the Communication department with the corresponding courts. The number of these videoconferences increased considerably. In order to guarantee the right of inmates to communicate with their lawyers, computers were enable in the phone booths for this purpose. in the communications department. On the other side, Videoconferencing with lawyers from the Bar association office to the prison started as an experiment receiving a warm welcome. Moreover, a system of interpretation online has also started as an experiment for foreigner inmates. It is expected that both experiments will be extended to all penitentiary establishments."*

Italy:

"During the pandemic, the use of technological equipment has made it possible to limit infections while ensuring that the inmates maintain contacts with family members, defenders and continue their studies. The registration in the "critical events" application used by the Department's Situation Room of every new case of COVID-19, both relating to the inmate population and to the staff on duty in all prison facilities, allowed the contact tracing of the positive subject, in order to prevent the further spread of the infection and to quickly identify the origin of the positive case, so that all appropriate measures could be taken to prevent the further spread of the infection."

England and Wales:

"The use of technology during the pandemic showed its essential role in supporting operations during a sustained emergency response, both for staff to do their job and prisoners to keep contact with their families. It has provided renewed focus on the importance of digitally enabled prisons and these commitment have subsequently made in public papers on prison policy. Prisons which were better equipped digitally were able to provide a wider range of distraction activity during the periods where prisoners were spending significant time in their cells."

Family Contact

1 Introduction

Family contact is a legal right for inmates as well as being a recognised factor in rehabilitation. In March 2020, in-person visits were stopped as most countries went into some form of restricted movement or limited household mixing. When restrictions were eased, families were recognised alongside staff to be one of the main ways infection could get into the prison.

While necessary to prevent the spread of COVID-19 and to ensure compliance with the temporary legal measures in place, the change in family contact had a significant impact on inmates and their families. Families were anxious about the health of their loved ones because of the potential spread in a closed environment and were frustrated if their prisons did not ease restrictions at the same time as the community.

When visits were allowed, there remained significant restrictions such as screens between inmates and visitors, no physical contact and a limit on the number of visitors. Before testing was routine, anyone who had respiratory symptoms of COVID were not allowed entry and everyone had to have their temperature taken. Visits often had to be cancelled due to an outbreak in the prison or national restrictions being reintroduced.

Some countries mandated a digital COVID certificate or proof that a visitor had been vaccinated to enable a visit to go ahead.

2 Measures introduced to reduce the impact of limiting family contact

As outlined in the Use of Technology chapter, video calling was one of the main ways prison systems mitigated the loss of family contact. In addition:

- Prisons provided additional, free credit for phone calls
- What's App calls and Skype were provided by prisons, usually via tablets
- Women and prisoners under the age of 18 had additional support to maintain family contact
- Testing regimes enabled visits to resume and in some prisons, physical contact to take place
- Bespoke government website pages were devoted to the status of visits in prisons to keep families up to date. Prisons with local social media accounts used these to communicate with families.

3 Lessons learnt

- Restricting footfall into prisons helped reduce the spread of COVID-19
- Digital tools became vital to enabling contact to continue
- In person visits remain important and should not be replaced by digital tools.
- Family communication was critical but methods of communicating with families were limited
- Social media and digital platforms were important for communicating visiting protocols with families

4 Country specific responses

Bulgaria:

"The use of videoconferencing was considered to be a successful alternative to visiting during COVID-19, but it is also a successful way for foreign prisoners contact their relatives. At present, the use of videoconferencing to compensate for physical visits is being used extensively."

Spain:

"Videocalls have been implemented in prisons. The usefulness of its use has been widely demonstrated, especially in the case of those inmates whose families have difficulties moving or reside abroad. This modality will be maintained."

Italy:

In September 2022, a circular of the Head of the Department of established that the video calls are to be considered steadily as an alternative mode of benefitting from talks with family members, becoming a stable mode of contact with families, not only for less dangerous detainees of the medium security circuit, but also for the "high security" inmates, taking into account the positive effects that, even for the subjects included in the latter circuit, it has entailed in terms of treatment.

Catalonia:

"Video conferencing was an alternative to compensate for the loss or reduction of physical visits and to guarantee inmates' right to communication. This system definitely has a positive impact both for the inmates and for the prison administration so it remains as a new technological resource

Closing remarks

Within the year 2022, Covid became less and less a pressing topic in the prison services of European countries. It slowly turned into a post Covid period in Europe. All restrictions were more and more eased, so the focus started to change. Less the acute and quick acting perspective was important, then the long-term behaviour of systems and more the Learnings of the pandemic. The phenomenon of resilience and preparedness of agencies and correctional services for future crises became relevant.

This review therefore did not only show what was done including examples from European prison services, but highlighted the Lessons learnt from the Covid pandemic. It has less a reporting and descriptive character with only looking back, but more concluding character with a looking forward perspective. It can be useful, when prison services seek structural or systematic changes within the prison sector in the area of Leadership management, Regimes, Technology and Family contacts in prisons. This report can be used as a general preparation for future challenges and for other types of crises which prisons will have to overcome.

The report was edited and revised by Suzy Talbot, England and Wales (Head of communications at HMPPS).