Probation and Covid-19

In this infographic researchers from Revolving Doors and the University of Lincoln outline the findings from their research into the experiences of accessing healthcare whilst under probation supervision. By shedding light on the impact of the coronavirus (COVID-19) pandemic, the research includes some highly pertinent recommendations for probation providers in relation to healthcare and supervision more broadly. With implications for probation both during and after recovering from the pandemic this research should be read widely.

Probation and Covid-19

Many people under probation supervision are in poor health compared to the general population. Health-related factors, such as problematic substance use and mental ill-health can be root causes of crime and re-offending. Probation staff work with health and social care partners to help people on probation to access support and improve their health.

During the pandemic, face-to-face probation appointments were reduced, and replaced with doorstep visits, and contact via telephone and online platforms such as Microsoft Teams to keep people safe. Access to healthcare services (e.g. GPs) also changed to be more online/over the telephone.

We wanted to know what impact the response to the pandemic had on:

- Probation's health-related work,
- The lived experience of accessing support for health issues whilst engaging with probation, and
- Partnership working and pathways into healthcare for people on probation

What we did...

We analysed 27 open surveys of frontline probation staff working in 10 National Probation Service Regions and a Community Rehabilitation Company.

These explored their perceptions of the impact of the response to Covid-19 on their health-related practice with people under supervision.

We conducted and analysed in-depth interviews with 11 people that were engaging with probation during the pandemic.

These explored the impact of changes on their health, access to healthcare, and experience of working with probation or health services to improve their health during the pandemic.

We shared findings with probation health leads and participants in the study at an online workshop and conducted follow-up calls to add detail to our findings.

We made recommendations around how to minimise negative impacts and maximise and share good practice.

We found that...

Face-to-face supervision is important to build rapport, identify and address health issues, and to monitor and manage associated risk. It is also needed for some types of work e.g. around domestic violence.

Some people prefer face-to-face contact with probation and with healthcare.

Remote supervision should not be used on its own but can usefully complement face-to-face appointments.

It can be easier for people to attend probation appointments this way if they are ill, working, or have family responsibilities. It also saves travel time and costs and avoids the stigma of attending a probation office.

Not everyone has access to technology like a smartphone, or phone credit to contact probation and healthcare.

Not everyone understands how to use technology.

Some people's use is restricted through their licence conditions.

Considering people's preferences about how to attend (where this is possible) may encourage them to view probation as supportive, improve their engagement, and encourage open conversations about health.

Access to some healthcare has been delayed, disrupted, or was often only possible by phone or online during the pandemic. This has had a negative impact on the health of people engaging with probation. It has been hard to provide Community Sentence Treatment Requirements.

There have been some beneficial innovations, including using Microsoft Teams to improve inter-agency communication, but probation staff have needed to do extra work to provide additional support due to gaps in health service provision. This could lead to burnout in the long-term.

We recommend...

1

Decisions around the use of blended probation supervision (a mix of face-to-face and remote contact) should be made on an individual basis. There is no one size fits all approach. Staff should consider a range of factors such as level of risk, digital capability, health needs, whether someone engages well over the phone, and the individual's preferences. The impact of blended supervision should continue to be evaluated.

2

The probation service should provide digital skills training and support to access appropriate technology to ensure that the digital divide does not further disadvantage people in accessing support from probation and healthcare providers.

3

Ensuring that probation staff have access to practical and emotional support through supervision and wellbeing services to prevent burnout, particularly as the consistency of relationships was emphasised as critical by people engaging with probation to their rehabilitation.

4

Further research into and evaluation of the outcomes of innovations that have happened during the pandemic and that staff have suggested may be beneficial to pilot in the future such as peer mentors and strategic health roles within probation.

For more detailed study findings please see:

<https://probation-and-covid19.blogs.lincoln.ac.uk/>

This summary was co-produced by staff from the University of Lincoln and Revolving Doors Agency, and individuals with lived experience of the criminal justice system (Jahmaïne, Gareth and Nadia).

This research is funded by the Economic & Social Research Council (ESRC), as part of UK Research and Innovation's rapid response to Covid-19, grant number ES/V015982/1