

PROBATION'S HEALTH-RELATED ROLE AND COVID-19

A study conducted by researchers at the University of Lincoln and Revolving Doors Agency together with individuals with lived experience of the criminal justice system and support from Probation, has investigated the impact of the response to the pandemic on probation's health-related role. Learning from this study can be used to improve health-related practice as we emerge from the pandemic.

This co-produced research has created thematic maps around:

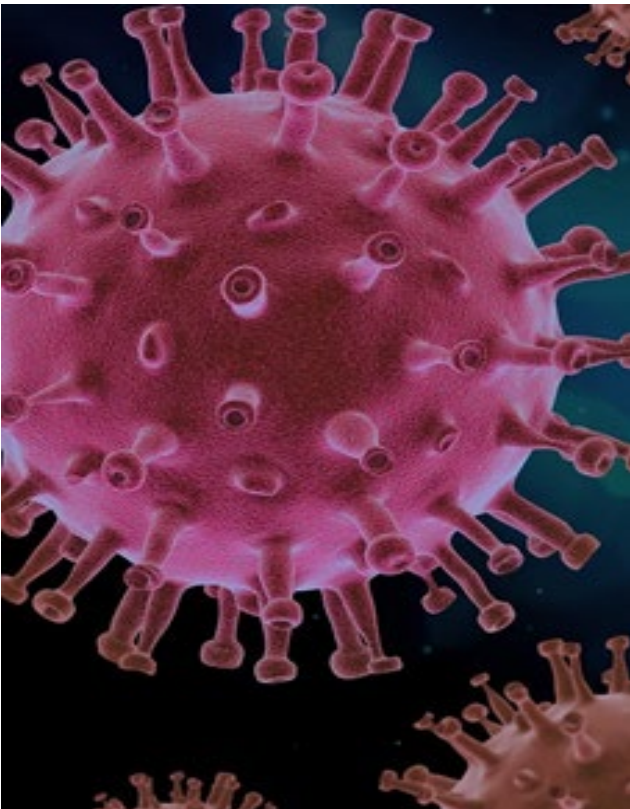
- Changes to and innovations in probation practice that have occurred during the pandemic and the impacts of these on probation's health-related work from the perspectives of probation staff and people under probation supervision.
- The experience of accessing health support whilst engaging with probation, both prior to and during the pandemic.
- How changes have impacted on partnership working between probation and healthcare agencies, and pathways into care for those under probation supervision

The team have made recommendations for how learning could be applied to future practice, and have produced some principles around the use of blended supervision that can be considered alongside guidance from Her Majesty's Prison and Probation Service in the future.

Probation staff in England perform a health-related role that includes identifying health-related drivers of offending behaviour, facilitating and encouraging access to support for these, developing clear pathways into services for those under supervision, working with NHS partners to support the delivery of the Offender Personality Disorder Pathway, and advising the courts on appropriate sentencing that considers health needs.

During the pandemic, the majority of face-to-face supervision was replaced by other means of contact such as doorstep visits and contact via telephone or a mixture of face-to-face and other forms of supervision ('blended supervision'). Similarly, access routes for healthcare were changed in order to reduce transmission of covid-19.

The research team conducted a qualitative enquiry into the impact of these changes based on findings from 27 probation staff surveys and 11 semi-structured interviews with people that were under probation supervision during the pandemic.



KEY FINDINGS AND RECOMMENDATIONS

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.



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.



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.



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.



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.



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.

The balance between face-to-face and other forms of supervision should be decided on an individual basis, ideally with input from the person under supervision. Factors to consider when deciding whether to use blended or more traditional approaches to supervision include level of assessed risk, digital access and capability, health needs, level of rapport, the type of work to be undertaken, the individual's circumstances and whether they engage well over the telephone. For more on this see: [Blended supervision principles](#).

Lack of access to and understanding of technology (the digital divide) can be a barrier to accessing Probation and health support. There is a need to provide digital skills training and support to access technology to ensure that people under probation supervision can access services.

The relationship between Probation staff and those that they supervise is key to achieving positive health and reoffending outcomes. Staff have attempted to bridge the gaps in support for people on their caseloads during the pandemic, putting them at risk of burnout. Appropriate practical and emotional support needs to be provided to protect the workforce.

Innovations like the use of Microsoft Teams for multi-agency communication, distraction packs (including contact details for support services and coping strategies and exercises to try at home) and Government support for accommodation needs should continue and be evaluated.

Potential new innovations such as increased use of Mentors and the creation of strategic health roles in probation should be the subject of research.

IMPACT ON POLICY

This research has the potential to impact on policy as:

- It has increased understanding of the impact of the response to the pandemic on Probation's health-related role from the perspective of staff and people under supervision.
- It has made suggestions around how learning from the study could be applied to ensure that any negative consequences of change are minimised and any beneficial changes are maximised, spread, and researched in the future.
- It has produced principles for the use of blended supervision which Probation Service staff may wish to consider alongside other guidance.

Principal researcher(s): Dr Coral Sirdifield, Dr Helen Nichols, Dr Philip Mullen

Policy briefing #011

Contact: csirdifield@lincoln.ac.uk

October 2021

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

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