This is an Accepted Manuscript of a book chapter published by Routledge in Covid-19 and Criminal Justice: Impact and Legacy in England and Wales on 23rd June 2023, available online: http://www.routledge.com/10.4324/9781003281481

Learning from the covid-19 pandemic: Probation's role in providing health-related support

Abstract

Health, health inequalities and the social determinants of health have been in the spotlight like never before throughout the covid-19 pandemic. People under the supervision of the probation service are known to have a higher prevalence and complexity of many health needs than people in the general population. They face numerous barriers to service access and are subject to many of the negative social determinants of health. Supporting health improvement within this population would not only benefit the individuals under probation supervision, but could also produce wider benefits such as a reduction in avoidable use of crisis services like Accident and Emergency, improved compliance and engagement with the probation service and reduced re-offending. Drawing on recent empirical research with probation practitioners and people under probation supervision, this chapter discusses key themes around the impact of the response to the pandemic on probation practice, and in particular, the role of probation practitioners in identifying health-related drivers of offending, facilitating access to health support for individuals under supervision, and advising the courts on appropriate sentencing including the use of Community Sentence Treatment Requirements. It focuses on the critical role that probation practitioners can play in supporting health improvements amongst individuals on their caseload, and what learning from research conducted during the pandemic tells us about what is needed to enable staff to perform this role well and how this might best be provided.

Dedication: We dedicate this chapter to Jahmaine who sadly passed away before it was published. His energy, compassion, and commitment to using his lived experience to help others inspired us and continues to inspire us.

Introduction

The covid-19 pandemic has focused attention on health, health inequalities and the social determinants of health. Internationally, rates of many health problems are high amongst people on probation[1] and people on probation are much more likely to be subject to many of the negative social determinants of

[1] Charlie Brooker, Coral Sirdifield and Rebecca Marples, 'Mental health and probation: A systematic review of the literature' (2020) 1 Forensic Science International: Mind and Law 100003.; Coral Sirdifield, 'The prevalence of mental health disorders amongst offenders on probation: A literature review' (2012) 21 Journal of Mental Health 485.; Coral Sirdifield, Charlie Brooker and Rebecca Marples, 'Substance misuse and community supervision: A systematic review of the literature' (2020) 1 Forensic Science International: Mind and Law 100031.; Coral Sirdifield, Charlie Brooker and Rebecca Marples, 'Suicide and probation: A systematic review of the literature' (2020) 1 Forensic Science International: Mind and Law 100012.

health such as unemployment and homelessness[2]. This is echoed in studies from the UK - in a study of a stratified random sample of people on probation in one region of England, 12.1% (95% CI [7.3, 17.0]) scored 11+ on the Drug Abuse Screening Test (DAST), indicating a substantial or severe level of drug abuse[3]. This study also reported that 32% of the sample had a lifetime history of suicide attempts and 5% had self-harmed during the month prior to being interviewed[4]. Estimates of the prevalence of hazardous drinking (defined as a score of 8+ on the Alcohol Use Disorders Identification Test (AUDIT)) amongst probation populations in England have been variously reported as 25.6%[5], around 44%[6], and 55.5%[7]. An estimated 39% of people on probation have a current mental illness, with 72% of these individuals also having a substance misuse problem (dual diagnosis), and 27% having more than one type of mental illness (co-morbidity)[8]. A health needs assessment of 183 people on probation in England showed that 83% of the sample smoked tobacco[9]. This compares to a recent prevalence estimate of 13.9% across England[10].

However, despite these needs, for numerous reasons uptake of healthcare services is low amongst people on probation. Barriers to access to treatment and support include stigma, poor past experiences with services, low levels of motivation to attend, lack of GP registration, difficulties around inter-agency information-sharing resulting in a loss of continuity of care as people progress through the criminal justice pathway, long waiting lists, and a lack of appropriate service provision (with, for example, referral thresholds and criteria excluding some individuals with relatively low levels of need or dual diagnosis)[11].

---

[2] Revolving Doors Agency, *Rebalancing Act. A resource for Directors of Public Health, Police and Crime Commissioners, the police service and other health and justice commissioners, service providers and users* (2017).
[3] Charlie Brooker and others, 'Probation and mental illness' (2012) 23 The Journal of Forensic Psychiatry & Psychology 522.
[4] G. Pluck and C. Brooker, 'Epidemiological survey of suicide ideation and acts and other deliberate self-harm among offenders in the community under supervision of the Probation Service in England and Wales' (2014) 24 Crim Behav Ment Health 358.
[5] Dorothy Newbury-Birch and others, 'Sloshed and sentenced: A prevalence study of alcohol use disorders among offenders in the North East of England' (2009) 5 International Journal of Prisoner Health 201.
[6] Anees Ahmed Abdul Pari and others, 'Health and wellbeing of offenders on probation in England: an exploratory study' (2012) 380 The Lancet S21.
[7] Charlie Brooker and others, 'Probation and mental illness' (2012) 23 The Journal of Forensic Psychiatry & Psychology 522.
[8] C. Brooker and others, *An Investigation into the Prevalence of Mental Health Disorder and Patterns of Health Service Access in a Probation Population* (2011).
[9] C. Brooker and others, 'Community managed offenders' access to healthcare services: Report of a pilot study' (2009) 56 Probation Journal 45.
[10] Office for National Statistics, *Adult smoking habits in the UK: 2019* (2020).
[11] Nicola Lang and others, 'Linking probation clients with mainstream health services: Experience in an outer London borough' (2014) 61 Probation Journal 278.; Direct Commissioning Change Projects Team NHS Commissioning, *Strategic direction for health services in the justice system: 2016-2020* (2016).; Revolving Doors Agency, *Rebalancing Act. A resource for Directors of Public Health, Police and Crime Commissioners, the police service and other health and justice commissioners, service providers and users.*

Recent reports evidence the current shortfalls and fragmented nature of provision for those with mental illness and/or substance misuse needs[12].

Reforms that split probation services in England and Wales into the National Probation Service (NPS) and Community Rehabilitation Companies have now been reversed, and sentences are now managed by a unified Probation Service. A Health and Social Care Strategy 2019-2022[13] produced prior to this restructure outlines a health-related role for probation staff. This includes identifying health-related drivers of offending behaviour, facilitating access to support and appropriate healthcare, developing clear pathways into support services for people on probation (including promoting GP registration), supporting continuity of care for people being released from prison, working in partnership on the Offender Personality Disorder Pathway, and considering health needs when advising the courts on appropriate sentencing, including the use of Community Sentence Treatment Requirements (CSTRs). The latter are part of a sentence given by the court and involve an individual attending for treatment via Alcohol Treatment Requirements, Drug Rehabilitation Requirements, and/or Mental Health Treatment Requirements.

During the pandemic, both probation and health services responded to the need for social distancing, with probation in England and Wales adopting 'Exceptional Delivery Models' which largely replaced traditional face-to-face supervision with contact via telephone, digital platforms such as Microsoft Teams, and doorstep supervision (i.e., meeting just outside of someone's home). This chapter describes three underpinning themes identified in a study[14] which combined findings from a qualitative survey completed by probation staff, telephone interviews with probation staff, and telephone interviews with people with experience of being on probation during the pandemic. The project was co-produced with people with lived experience of probation (peer researchers) and explored the impact of the changes on probation's health-related role, partnership working and pathways into healthcare for people under probation supervision, and the lived experience of seeking health-related support whilst under probation supervision. In particular, the chapter focuses on what learning from this research tells us about what is

---

[12] C. Black, *Review of Drugs: phase one report* (2020).; C. Black, *Review of Drugs: phase two report* (2021); Criminal Justice Joint Inspections England and Wales, *A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders* (2021).
[13] HMPPS and NPS, *National Probation Service Health and Social Care Strategy 2019-2022* (2019).
[14] C. Sirdifield and others, 'Probation and Covid-19: Lessons learned to improve health-related practice' (2022) Probation Journal

needed to enable probation staff to perform their health-related role well and how this might best be provided.

Digital Capability and Access

Data provided by both probation staff, and those with lived experience of being on probation, showed that technology has benefitted them during the pandemic. It enabled staff to maintain communication with people on their caseload as well as with colleagues at probation and partner agencies whilst observing social distancing rules, and to attend online training. It also made it easier (find time) to attend inter-agency meetings as there was no need to travel. Similarly, some people on probation found it easier and more comfortable to communicate with probation via telephone or online platforms (including about their health) and appreciated the flexibility in how they engaged with probation. People on probation stated that ‘remote’ appointments created savings on travel time and costs and made it easier to fit in probation appointments alongside other commitments (for example to employers or family) or during periods of ill-health. This meant that they could avoid the stigma of attending a probation office, together with any unwanted contact with other people on probation or encountering triggers to re-offending such as drug dealing taking place close to probation offices.

In terms of access to healthcare, the adaptations that have been made to the way that services are provided in response to the pandemic have highlighted pre-existing trends around the potential role of technology in reducing inequalities in access to information and healthcare - producing similar benefits for individuals like those outlined above in relation to probation and producing cost savings for providers. However, it has also highlighted the relationship between digital and health equity and the role of technology as a social determinant of health[15]. Wood et al., (2021) argue that people can only effectively engage with digital services if they have access to technology, an appropriate level of technical literacy, broadband internet, and a private space in which to engage[16]. Not everyone has all of these things – there is “a digital divide between those who have access to information and communications technology and those who do not, giving rise to inequalities in access to opportunities, knowledge, services and goods”[17].

[15] J. Early and A. Hernandez, 'Digital Disenfranchisement and COVID-19: Broadband Internet Access as a Social Determinant of Health' (2021) 22 Health Promot Pract 605.
[16] B. R. Wood and others, 'Advancing Digital Health Equity: A Policy Paper of the Infectious Diseases Society of America and the HIV Medicine Association' (2021) 72 Clin Infect Dis 913, 914.
[17] Office for National Statistics, *Exploring the UK’s digital divide* (2019) 2.

The data from our study highlight this issue in the probation population as currently, the ability of some people on probation to engage with probation and healthcare services is being limited by a lack of access to technology – for example, not owning or having access to smart technology, or internet access being restricted due to licence conditions. In other cases, engagement is being limited by a lack of funds (for example, to purchase telephone credit) and/or by a lack of understanding of technology, which may have changed considerably whilst someone was in prison as illustrated by this participant:

> *I had never used the computer, ever in my life; and guess what, everything is done by computer*

Additionally, concerns were expressed by participants about the quality of interactions and of care that was provided 'digitally' as opposed to face-to-face. Whilst there could be benefits to this as described above, probation staff expressed concerns that people under supervision did not always take remote appointments as seriously or that the quality of their engagement was reduced when appointments were offered in this way. As detailed in our second theme below, the relationship between staff and people under supervision has been shown to be key to achieving desistance, and there is potential for this to be enhanced by introducing more discretion and choice into probation practice in terms of the way that people engage with the Service. However, if blended supervision (i.e. a mixture of face-to-face and remote supervision) is to continue to be used in the future, then careful consideration needs to be given to the impact of this for both staff and people under supervision, and the circumstances in which it is most appropriate. We offer some principles for this grounded in the research presented here, which can be accessed at https://probation-and-covid19.blogs.lincoln.ac.uk/findings-and-outputs/.

Flexibility, Trust and Choice

In the introduction of this chapter, it was noted that stigma is one of several identified barriers for people under supervision in accessing treatment and support. Peer researchers openly reflected upon the impact of feelings of stigma, recounting their experiences of stigmatisation when walking into a probation office in view of members of the public. They also recounted experiences of reluctance to attend in-person appointments due to the location of a probation office, which could be difficult and time consuming to travel to from their home; and their knowledge of individuals frequenting the area who may pose a threat to them physically or through intimidation, or who may still be active in addiction, which could be triggering.

Many people who have experienced the criminal justice process have had frequent encounters with figures of authority throughout their lives reinforcing the notion of an 'authoritarian continuum'[18] whereby interactions with key actors (parents, teachers, police, prison officers) have resulted in prolonged feelings of powerlessness, and a deprivation of agency. For some, probation practitioners become another key actor in the continuum, and this can result in further hesitation to engage due to deep distrust of authority and social services, including the probation service[19]. Moreover, probation practitioners have the power to recall individuals to prison, and fear of this is something that the peer researchers recounted as making it difficult for them to have honest conversations with probation around issues such as substance misuse (see 'risk management' below for more on this). Conversely, the supervision experience can present a gateway to a new form of relationship built on trust and supporting people to access services, while a clear, yet different, power dynamic remains. The nature of these relationships generated important conversations with peer researchers within the research team, whose lived experiences of navigating the criminal justice process revealed the importance of trust and choice in the absence of agency in their previous experiences. Stemming from this, is the central importance of language[20] as the ways in which people under supervision are perceived can provide an important opening to the exploration of trust and choice in the supervision experience. A peer researcher wrote candidly about the impact of words used with reference to people under supervision which was a key instigator in our exploration of these themes:

> *"When writing a document or working with people, which is relevant to people within the criminal justice system, we must at all times be very aware of the language and terminology being used, and the impact that this may have. It is quite a common theme throughout society that we shouldn't let words affect us, for instance the old saying, 'sticks and stones may break our bones but words will never hurt us'.*
>
> *However, we see the influence that words actually have, all around us on a daily basis, this can be witnessed through television, various social media platforms and daily interactions with other people, for example people being called*

[18] H. Nichols, *Understanding the Educational Experiences of Imprisoned Men: (Re)education* (Routledge 2021).
[19] Jason Morris and others, 'Towards a desistance-focused approach to probation supervision for people who have committed Intimate Partner Violence: A digital toolkit pilot study' (2021) 68 Probation Journal 261.
[20] D. Breakspear and P. Mullen, *The importance of person-centred language* (Revolving Doors Agency 2021).

'scroungers' for falling on hard times and accessing benefits they are entitled to, or the messages of racist abuse used against footballers and others on Twitter.

All words being used to describe an individual's personal circumstance, should at all times be specific to their situation, always put the person first and never suggest they are only capable of one lifestyle. I would like us to look at how do we address an individual who has engaged with probation.

Service user, ex prisoner, ex offender, ex criminal and lived experience are all terms I'm sure we are familiar with when engaging with probation. The negative opinions towards these terms though, seems to outweigh the positive from talking to lots of people…

This is why we need to address the relevant Person in a way that enables the person to maintain their self-worth, self-esteem and dignity. When addressing an individual within the context and capacity of probation, the person and the role that is requested of them is all that is needed.

For instance, a person on probation when no longer engaging with probation will then become a person.

There is no requirement or valid reason to continuously highlight a specific period in someone's past, and this should be avoided at all costs.

The potential repercussions of individual labelling could be highly damaging when engaging with people experiencing rehabilitation."

Self-perception and how individuals are perceived by others form essential elements in the process of desistance from crime, particularly in the process of reintegration and the formation of a positive self-identity beyond the label of 'criminal' or 'ex-offender'. The adoption of 'Exceptional Delivery Models' during the pandemic facilitated more flexibility for staff in managing their caseloads and to an extent, enabled people under supervision to consider some choice in their method of engagement. For example, we were made aware of a case where a person under supervision could choose to either maintain their risk score and continue to have office-based meetings, or, have their risk score reduced and have meetings in a virtual setting. It is pertinent then to consider the nature of desistance and the role of probation supervision in this journey to draw out the value of flexibility, trust and choice enabled by a blended approach to probation supervision.

Concerned with why people consciously decide to stop committing crime, desistance is defined as the point at which a person decides to quit their life of crime[21] and is distinguished in both primary and secondary forms. While primary desistance describes short-term crime free “lulls”, secondary desistance involves a more permanent state of assuming a reformed ‘non-offender’ identity[22]. Distinguishable from rehabilitation, desistance is not something ‘done to’ the individual, but rather is a process involving their active participation. For some individuals, crime is perceived as a necessary choice resulting from the experience of social inequality, such as poverty, for example. Choice, however, is also a central tenet of active decision making to abstain from committing crime. As acknowledged by Maruna (2001), the desistance process is subjective, requiring change in agency. Trust therefore needs to be built by practitioners to support the challenging process of identity reconstruction during resettlement and reintegration[23]. Through the demonstration of their own hope, practitioners can provide confidence to people under supervision[24] and can play a role in supporting people to identify and build upon their strengths. They can also provide a key figure of support when likely obstacles are faced[25]. In the unprecedented circumstances experienced during the covid-19 pandemic, the contextual obstacle became a shared challenge and has provided a lens through which to review the importance of the role of flexibility, trust, and choice in probation supervisory relationships whereby the negotiation of suitable communication methods and agreed approaches to supervision have been paramount to the maintenance of continued support.

---

[21] S. Maruna, *Making good: How ex-convicts reform and rebuild their lives* (American Psychological Association Books 2001).

[22] S. Maruna and S. Farrall, 'Desistance from Crime: A Theoretical Reformulation' (2004) 43 Kolner Zeitschrift fur Soziologie und Sozialpsychologie 171.

[23] B. Weaver and F. McNeill, 'Travelling hopefully: desistance theory and Probation practice' in J. Brayford, F. Cowe and J. Deering (eds), *What Else Works? Creative Work with Offenders* (Willan Publishing 2010).

[24] Beth Weaver, 'Control or change? Developing dialogues between desistance research and public protection practices' (2014) 61 Probation Journal 8.

[25] F. McNeill, 'Changing lives, changing work' in I. Durnescu and F. McNeill (eds), *Understanding Penal Practice* (Routledge 2014).

In their pilot study on the use of a digital toolkit, specifically for people who had committed intimate partner violence, Morris et al. (2021)[26] deployed flexibility in the mechanisms for the programme's delivery. This flexibility was advantageous for participants with varying health concerns in affording them access to the toolkit in a way most appropriate for them. They noted however that with flexibility came uncertainty about the specific application of the toolkit which can highlight the careful negotiation required in taking a flexible approach to probation supervision processes more broadly. As argued by Fox and Marsh (2016)[27], individual personalisation is a significant factor in effective probation supervision and the findings of the present study highlighted that personalisation could be achieved through a flexible, or 'blended' approach.

Probation staff commented in our research that a flexible approach to supervision could facilitate the tailoring of supervision using various approaches including walks, home visits and phone contact. Of particular note, frequent reference was made by probation staff to flexibility facilitating the ability to deploy professional judgement and thus empowering them in their roles. The empowerment experienced by probation practitioners through having flexibility in their working approach was also shared by some people under supervision. One participant under supervision commented:

> *They have actually let me come into the office, they've kept in contact with me, they've really gone over and above for me, they have. They could have just said to me look we will come to see you every two weeks or you come into the office once a month or something like that, but no, they went out of their way.*

For others under supervision during the pandemic, knowledge of the potential for flexibility became a source of frustration. In one case, a person under supervision appreciated video communication because it provided visible evidence that they were in their place of work engaging with a process that facilitated their reintegration into society. In this case however, frustration was caused by the requirement to continue attending the probation office, jeopardising their ability to engage with their working hours in the same way as their colleagues.

---

[26] Morris and others, 'Towards a desistance-focused approach to probation supervision for people who have committed Intimate Partner Violence: A digital toolkit pilot study'.
[27] Chris Fox and Caroline Marsh, ''Personalisation':Is social innovation possible under Transforming Rehabilitation?' (2016) 63 Probation Journal 169.

Fragmented approaches to probation supervision can in some cases create confusion for people under supervision in making sense of their relationship with their probation practitioner[28] and can thus have negative implications in the formation of a trusting relationship. Crewe (2007)[29] noted that underlying distrust of rehabilitative professionals can be masked by people under supervision when systems of reward and punishment are connected to the rehabilitation process. In the same vein, thought must be given to the masking of effective probation supervision that flexible approaches could inadvertently facilitate. However, a key element of the development of trust and openness on the part of people under supervision, is the preparedness of probation practitioners to listen[30] and the various communication mechanisms afforded by a flexible approach do not create barriers to this. However, internet access may be restricted by lack of access, including due to licence conditions, and practitioners suggested that the initial development of trust with a new client can be difficult to establish via phone calls.

Desistance-focused practice highlights the importance of probation practitioner flexibility in achieving trust. As noted by Ainslie (2021)[31], demonstrating trust was perceived to be valuable in building motivation, even in cases when practitioners took action that would not necessarily be approved by their managers.

Desistance theory creates a robust grounding to theoretically frame the nature of the application of good probation practice, which is inclusive of, and extends beyond, the principles of flexibility and trust. The instigation of blended approaches to probation supervision through the introduction of 'Exceptional Delivery Models' has opened the door to more choice in how and where supervision is experienced, creating enhanced agency for people under supervision and presenting a gateway to extend thinking around trust in the supervisory relationship through reciprocal negation on the 'right' approach for the person being supervised, which in some cases can prevent disruption to engagement in important reintegrative activities, such as employment. Giving people under supervision more choice in how they can appropriately engage in their supervision process highlights themes of successful desistance, such as,

[28] Gwen Robinson and Jane Dominey, 'Probation reform, the RAR and the forgotten ingredient of supervision' (2019) 66 Probation Journal 451.
[29] Ben Crewe, 'Power, Adaptation and Resistance in a Late-Modern Men's Prison' (2007) 47 The British Journal of Criminology 256.
[30] Deirdre Healy, 'Advise, Assist and Befriend: Can Probation Supervision Support Desistance?' (2012) 46 Social Policy & Administration 377.
[31] Sam Ainslie, 'Seeing and believing: Observing desistance-focused practice and enduring values in the National Probation Service' (2021) 68 Probation Journal 146.

agency, choice, empowerment, and control. The pursuit of a blended supervision model may then provide a vehicle through which to realise these core themes of successful desistance more fully.

Evidence of good practice in probation supervision can be viewed as 'the exception' and probation practitioner participants in the present study discussed 'going beyond the call of duty' to maintain appropriate support for people under supervision, especially in the exceptional pandemic circumstances. While it is encouraging to hear about such instances of care and compassion, this also presents concerns about the risk of staff burnout and the extent to which the extension of more flexible approaches requires the need for additional resourcing to reduce caseloads to achieve 'best practice' in blended supervision.

Risk is also a theme that requires exploration in relation to effective blended supervision practice whereby the absence of face-to-face interaction creates challenges for effective risk management concerning those whose wellbeing is particularly determined by visual cues, and those whose assessed levels of risk require less flexibility and are not conducive to the enhancement of reciprocal choice negotiation in the supervision process.

Risk management

The Probation Service has a dual role, reflected in its mission statement 'preventing victims by changing lives'. On the one hand, the service must manage the risks that people under its supervision may pose, primarily through the risk of reoffending, to protect the public and prevent further victimisation. To meet this aim, probation practitioners have the authority to recall someone back to prison if they are perceived to be at too high a risk of reoffending, primarily identified by a person under supervision breaching their licence conditions (e.g., if they travel to an area they are barred from). On the other hand, probation practitioners also have a duty to take steps to support rehabilitation and desistance, for example through supporting people to form positive pro-social identities and access services to have their unmet needs met. As these unmet needs, for example mental ill-health, problematic substance use and poverty, are evidenced as directly contributing to the risk of re-offending[32], supporting people under supervision to access help with these needs also has the effect of reducing reoffending, and in so doing protecting the public. As a result of these dual objectives, probation practitioners must navigate difficult decisions in high-pressure environments: if an unmet need that increases reoffending risk is identified should I recall someone back to prison to ensure the public is protected, but with the risk that our relationship may be

[32] B. Borysik and E. Corry-Roake, *The knot: lived experience perspectives on policing trauma, poverty and inequalities* (2021).

irreparably damaged, or do I accept some risk (perhaps without always having a full account of what is actually going on for someone) to give people the time needed to access support to mitigate these risks?

Our research highlighted both the challenges that existed pre-pandemic for probation practitioners in effectively balancing these dual objectives, but also the ways in which the pandemic exacerbated these difficulties. Previous research[33] has raised concern from probation practitioners that high caseloads, both pre- and during the pandemic, have prevented them from spending as much time as they felt they needed to build relationships and trust with people under supervision, necessary to understand what was really going on for them and how they could help them access the support they needed (e.g., making referrals or advocating on their behalf to address the barriers they faced in accessing services, for example as a result of dual-diagnosis). As a result of this caseload pressure, probation practitioners often only have limited windows to identify and explore potential risks and measures for mitigating these risks, having to rapidly assess how quickly and to what extent these measures would have an impact and balance this against the likelihood and severity of a further re-offence in terms of public harm. In turn, it is argued that this lack of time available to make these assessments exacerbates a risk aversion culture and contributes to higher rates of recall back to prison.

This risk-averse culture sometimes conflicted with how probation practitioners perceived their role, as focussing much more evenly on rehabilitation, desistance and supporting people to have their needs met. Through our research, several probation practitioners shared examples of how they often found themselves working outside of working hours to help fill the gaps from other services that had either closed or reduced access because of the pandemic, particularly in its early stages. As a result of working increased hours, however, middle managers told us they were increasingly concerned around burnout risk and the impacts this increased sense of pressure could place on staff wellbeing. In summary, balancing risk management with rehabilitation and desistance was already a difficult challenge that probation practitioners had to manage before the pandemic.

The covid-19 pandemic, as outlined earlier in this chapter, necessitated changes to probation practice to support more virtual forms of communication and delivery, particularly during its early stages. Despite the challenges described above, probation practitioners in our research reflected on how, in some ways, these made balancing risk management with rehabilitation and desistance easier to manage. For example,

[33] HMIP, *Caseloads, workload and staffing levels in probation services* (2021).; HMIP, *Annual report: inspections of probation services (2021)* (2022).; P. Mullen, N. Dick and A. Williams, *What next for Probation? Findings and recommendations from our lived experience inquiry into Probation* (2022)

they told us how they found it much easier to arrange joint meetings between themselves, the person under supervision and other support providers (e.g., someone from the council's housing team) using online platforms such as Microsoft Teams. In turn this meant they could provide more advocacy support to assist people under supervision in accessing vital services, as other providers no longer had to travel to attend joint meetings. Also as noted earlier in the chapter, probation practitioners perceived that some people under their supervision felt more comfortable providing them with a more honest account of what was going on for them when engaging over the phone or a doorstep visit. They felt this was perhaps because of feeling more comfortable talking from their own home or avoiding the stigmas that some associate with attending the probation office. Probation practitioners felt this increased openness and honesty supported them to strike a fairer balance in their decision-making, particularly as people under supervision were perceived as being more cooperative.

In other ways, however, probation practitioners felt the pandemic made their role in balancing risk management, rehabilitation, and desistance more challenging. The pandemic placed acute pressure, particularly in its early stages, on the external services probation relies upon (e.g., drug/alcohol services and testing) to assess and address people's needs, and in turn mitigate against reoffending risks. As a result of pandemic-related pressures, some services were forced to close altogether, whilst others had significant waiting lists as it took some time to adjust the service to support remote delivery. These left some people under supervision without the support they needed to effectively address the root causes behind their offending and reoffending, increasing the likelihood that they could be recalled back to prison. Probation practitioners also told us that they perceived some services, when delivered virtually (e.g., online or over the phone), as being of a lower quality (e.g., drug counselling delivered one-to-one with a professional over the phone was perceived to be less effective compared to group-work delivered with other people with lived experience in-person). Most notably, probation practitioners were concerned that remote supervision meant that they were less able to accurately assess physical signs that someone needed help, particularly around issues such as domestic violence or mental ill-health, which they felt limited the role they could play in supporting people to access help before needs became too acute and they felt they had no other choice but to recall them back to prison.

From a lived experience perspective, and as supported by other research[34], we were consistently told that people under supervision perceived risk management as the primary concern of probation practitioners,

---

[34] Mullen, Dick and Williams, *What next for Probation? Findings and recommendations from our lived experience inquiry into Probation.*

rather than as one aspect of an approach balanced with supporting them to access services to assist with desistance and rehabilitation. There was widespread concern that talking openly about any setbacks and challenges they faced would lead to punitive action (i.e., a recall back to prison) rather than an offer of support and signposting first. This was exacerbated by their sense that probation practitioners were just too overworked to be able to take the practical steps necessary (e.g., making a joint phone-call to a service to advocate for their access on their behalf) to support them to have their needs met, and so would always just opt for a recall if they had any concerns at all.

However, there were exceptions to this perspective. Where people under supervision felt that a good relationship with their probation practitioner existed, with these described as being underpinned by trust, choice and consistency, they described how the pandemic increased their sense of reliance on probation. A few participants described their probation practitioner as one of only a few consistently positive people in their lives, with this realisation cementing their relationship with them and encouraging them to speak more openly about the issues they faced and what they needed help with. This in turn supported their probation practitioner to make more appropriate referrals and be in a better position to recognise and address any barriers they faced in accessing the help they needed.

In summary, the pandemic has supported some positive practice to emerge that has helped probation practitioners to feel better placed to make better and more appropriate decisions around balancing risk management with rehabilitation and distance. This includes closer joint-working between probation and other agencies and should be continued post-pandemic. However, it is also important to recognise that such practice has done little to address pre-existing factors and pressures that make this balancing more challenging, such as caseload pressures, which need our close attention.

Forbearance

As outlined in the previous section, pandemic-related restrictions necessitated that many services adapted their delivery model to deliver their triaging function, and in many cases also their main service function, virtually. Our interviews with people with lived experience of probation supervision during the pandemic suggested that people showed forbearance with these adaptations, understanding that they were necessary to ensure everyone kept as safe as possible during the pandemic, particularly during its early stages. However, these interviews also strongly suggested that continuing this model of service delivery post-pandemic presents several challenges both to access to services, and people's motivation and willingness to reach out to services for help. Firstly, several participants told us that they themselves made the decision not to reach out to services as they felt their needs were not as acute as others', they did not wish to overburden overstretched services, and/or they did not want to risk contracting covid. Secondly, several other participants told us that they did not reach out for help as they had concerns that the quality of the help they would receive online (e.g., over MS Teams or Zoom) or over the telephone would be lower quality than help received in-person, and so may not be worth the time/hassle of reaching out in the first place. Both of these factors discouraged people under supervision from reaching out for help from services, and in many cases they recognised that the issues they faced, for example with their mental ill-health, worsened as a result.

As we emerge from the pandemic, and to avoid these unmet needs escalating any further, there is a real need for the Probation Service to provide encouragement to people under its supervision to re-engage with services and for services to be provided in an accessible way.

Conclusion

Many people on probation have complex health and social care needs and encounter numerous barriers to accessing healthcare. Contact with the Probation Service can provide an opportunity to support individuals who are often socially excluded to improve their health and to access health and social care. Probation practitioners' health-related role includes identifying health-related drivers of offending behaviour, facilitating access to support with health and social care needs including supporting continuity of care for those being released from prison, partnership working on the Offender Personality Disorder Pathway, and considering health and social care needs when advising the courts on sentencing.

It is important that practitioners can perform this role well as this should produce immediate benefits for people under supervision through improving their health, which would in turn contribute to reducing health inequalities in society. Moreover, identifying and addressing health and social care needs can support desistance through both directly addressing health-related drivers of offending behaviour such as problematic substance use, and by ensuring that unaddressed health or social care needs are no-longer a barrier to achieving wider aspirations that can support desistance such as gaining and maintaining employment. This in turn can contribute to wider societal benefits through reductions in offending and the associated victims and criminal justice costs.

During the pandemic, health services and probation made necessary adaptations to their practice to reduce transmission of covid-19. This chapter has presented key underpinning themes from a research project that investigated the impact of the response to the pandemic on probation's health-related role, partnership working and pathways into healthcare for people on probation, and the lived experience of seeking health-related support whilst on probation.

The biggest change that both probation and their health service partners made in response to the pandemic was the shift away from face-to-face engagement with people on probation and towards engagement using telephone and other forms of remote contact such as video calling using online platforms. So what have we learned about the impact of this on probation's health-related role and what is needed to ensure that probation staff can perform their health-related role well?

Time: it may seem like an obvious statement, but probation practitioners need sufficient time to focus on their health-related role. Research shows the pressures that probation staff currently experience due to high caseloads and how this can result in prioritisation of risk management over signposting to support to address the root causes of offending such as problematic substance use. Continuing blended supervision may be beneficial here as the research presented in this chapter shows that 'remote' meetings can reduce travel time and costs for both probation staff and those on probation which could potentially create more time to focus on identifying and addressing health needs. However, as discussed below, this is only part of the picture.

Evaluation and guidance: this chapter has demonstrated the complexity of the impact of the reduction in face-to-face appointments. This needs to be fully considered going forward. Remote engagement may make balancing probation appointments alongside other responsibilities easier and enable avoidance of the stigma of attending a probation office and unwanted contact with others. However, it may also be superficial. Whilst some found it easy to talk openly about their health at remote probation appointments, and to access healthcare in this way, for others this was problematic. Reasons for this included a lack of understanding of or access to digital technology (including due to licence conditions) and/or of a private space in which to have the conversation. Trusting relationships and effective monitoring and management of risk are central to probation practice. Offering choice around remote versus face-to-face engagement may help staff to perform their health-related role and contribute to the wider desistance agenda through assisting development of trust and shifting the perception of probation's role by people on probation from one of surveillance and/or punishment to one of support. However, face-to-face appointments are still needed as remote appointments can make it difficult for probation staff and people on probation to read each other's body language and to develop rapport, and for staff to identify signs of ill-health and/or continued substance use which may be more apparent when contact is face-to face (for example the smell of alcohol). The suitability of blended supervision to complement (but not replace) traditional (face-to-face) practice should be assessed on a case-by-case basis, and the principles that we offer around this may provide a good starting point. A full evaluation of the impact of continuing use of blended supervision is needed together with research-informed guidance for staff around this.

Digital skills training: People on probation need support to improve their digital skills and work needs to be undertaken to improve access to technology too – both to support engagement with probation and also to ensure that individuals are not prevented from accessing healthcare due to a digital divide. Similarly, staff also need to have good understanding of and access to technology to perform their role in facilitating access to support for health and social care needs.

Investment in probation and healthcare service provision and supporting staff wellbeing: whilst blended supervision may create time savings, the research also highlighted the possibility that it may exacerbate existing burnout concerns. A lack of appropriate and accessible healthcare provision to meet the needs of people on probation is an ongoing issue that has been exacerbated during the pandemic and some probation practitioners have worked increased hours to attempt to bridge gaps in provision. There is a clear need to invest in the probation service to reduce caseloads and ensure provision of support for staff wellbeing, and to increase our understanding of the health and social care needs of people on probation and invest in services to meet these needs.

The pandemic has highlighted the importance of reducing health inequalities in society and we hope that this research highlights the important contribution of probation practitioners to this agenda through their health-related role, and how they can best be supported to perform this role.

References

Blogs

Breakspear D and Mullen P, *The importance of person-centred language* (Revolving Doors Agency 2021).

Books

Maruna S, *Making good: How ex-convicts reform and rebuild their lives* (American Psychological Association Books 2001).

Nichols H, *Understanding the Educational Experiences of Imprisoned Men: (Re)education* (Routledge 2021).

McNeill F, 'Changing lives, changing work' in Durnescu I and McNeill F (eds), *Understanding Penal Practice* (Routledge 2014).

Weaver B and McNeill F, 'Travelling hopefully: desistance theory and Probation practice' in Brayford J, Cowe F and Deering J (eds), *What Else Works? Creative Work with Offenders* (Willan Publishing 2010).

Journal Articles

Ainslie S, 'Seeing and believing: Observing desistance-focused practice and enduring values in the National Probation Service' (2021) 68 Probation Journal 146.

Brooker C and others, 'Probation and mental illness' (2012) 23 The Journal of Forensic Psychiatry & Psychology 522.

Brooker C, Sirdifield C and Marples R, 'Mental health and probation: A systematic review of the literature' (2020) 1 Forensic Science International: Mind and Law 100003.

Brooker C and others, 'Community managed offenders' access to healthcare services: Report of a pilot study' (2009) 56 Probation Journal 45.

Crewe B, 'Power, Adaptation and Resistance in a Late-Modern Men's Prison' (2007) 47 The British Journal of Criminology 256.

Early J and Hernandez A, 'Digital Disenfranchisement and COVID-19: Broadband Internet Access as a Social Determinant of Health' (2021) 22 Health Promot Pract 605.

Fox C and Marsh C, '‘Personalisation’:Is social innovation possible under Transforming Rehabilitation?' (2016) 63 Probation Journal 169.

Healy D, 'Advise, Assist and Befriend: Can Probation Supervision Support Desistance?' (2012) 46 Social Policy & Administration 377.

Lang N and others, 'Linking probation clients with mainstream health services: Experience in an outer London borough' (2014) 61 Probation Journal 278.

Maruna S and Farrall S, 'Desistance from Crime: A Theoretical Reformulation' (2004) 43 Kolner Zeitschrift fur Soziologie und Sozialpsychologie 171.

Morris J and others, 'Towards a desistance-focused approach to probation supervision for people who have committed Intimate Partner Violence: A digital toolkit pilot study' (2021) 68 Probation Journal 261.

Newbury-Birch D and others, 'Sloshed and sentenced: A prevalence study of alcohol use disorders among offenders in the North East of England' (2009) 5 International Journal of Prisoner Health 201.

Pari AAA and others, 'Health and wellbeing of offenders on probation in England: an exploratory study' (2012) 380 The Lancet S21.

Pluck G and Brooker C, 'Epidemiological survey of suicide ideation and acts and other deliberate self-harm among offenders in the community under supervision of the Probation Service in England and Wales' (2014) 24 Crim Behav Ment Health 358.

Robinson G and Dominey J, 'Probation reform, the RAR and the forgotten ingredient of supervision' (2019) 66 Probation Journal 451.

Sirdifield C, 'The prevalence of mental health disorders amongst offenders on probation: A literature review' (2012) 21 Journal of Mental Health 485.

Sirdifield C, Brooker C and Marples R, 'Substance misuse and community supervision: A systematic review of the literature' (2020) 1 Forensic Science International: Mind and Law 100031.

Sirdifield C, Brooker C and Marples R, 'Suicide and probation: A systematic review of the literature' (2020) 1 Forensic Science International: Mind and Law 100012.

Sirdifield C, Nichols N and Mullen P, 'Probation and Covid-19: Lessons learned to improve health-related practice' (2022) Probation Journal

Weaver B, 'Control or change? Developing dialogues between desistance research and public protection practices' (2014) 61 Probation Journal 8.

Wood BR and others, 'Advancing Digital Health Equity: A Policy Paper of the Infectious Diseases Society of America and the HIV Medicine Association' (2021) 72 Clin Infect Dis 913.

Reports

Black C, *Review of Drugs: phase one report* (2020).

Black C, *Review of Drugs: phase two report* (2021).

Borysik B and Corry-Roake E, *The knot: lived experience perspectives on policing trauma, poverty and inequalities* (2021).

Brooker C and others, *An Investigation into the Prevalence of Mental Health Disorder and Patterns of Health Service Access in a Probation Population* (2011).

Criminal Justice Joint Inspections England and Wales, *A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders* (2021).

HMIP, *Caseloads, workload and staffing levels in probation services* (2021).

HMIP, *Annual report: inspections of probation services (2021)* (2022).

HMIP and CQC, *A joint thematic inspection of community-based drug treatment and recovery work with people on probation* (2021).

HMPPS and NPS, *National Probation Service Health and Social Care Strategy 2019-2022* (2019).

Mullen P, Dick N and Williams A, *What next for Probation? Findings and recommendations from our lived experience inquiry into Probation* (2022).

NHS Commissioning DCCPT, *Strategic direction for health services in the justice system: 2016-2020* (2016).

Office for National Statistics, *Exploring the UK's digital divide* (2019).

Office for National Statistics, *Adult smoking habits in the UK: 2019* (2020).

Revolving Doors Agency, *Rebalancing Act. A resource for Directors of Public Health, Police and Crime Commissioners, the police service and other health and justice commissioners, service providers and users* (2017).