

Learning from the pandemic: using blended supervision

Researchers from the University of Lincoln and Revolving Doors Agency conducted research with frontline probation staff (including Senior Probation Officers) and people under probation supervision to identify learning from Probation's response to Covid-19. We sought to understand how this learning, both positive and negative, can be taken forward to support engagement, and positive health-related outcomes in supervised individuals going forward. In total we:

- Analysed 27 in-depth surveys with frontline Probation staff, with a mix of seniority, from 10 National Probation Service Regions and a Community Rehabilitation Company; and
- Analysed 11 in-depth interviews with people under probation supervision during the pandemic

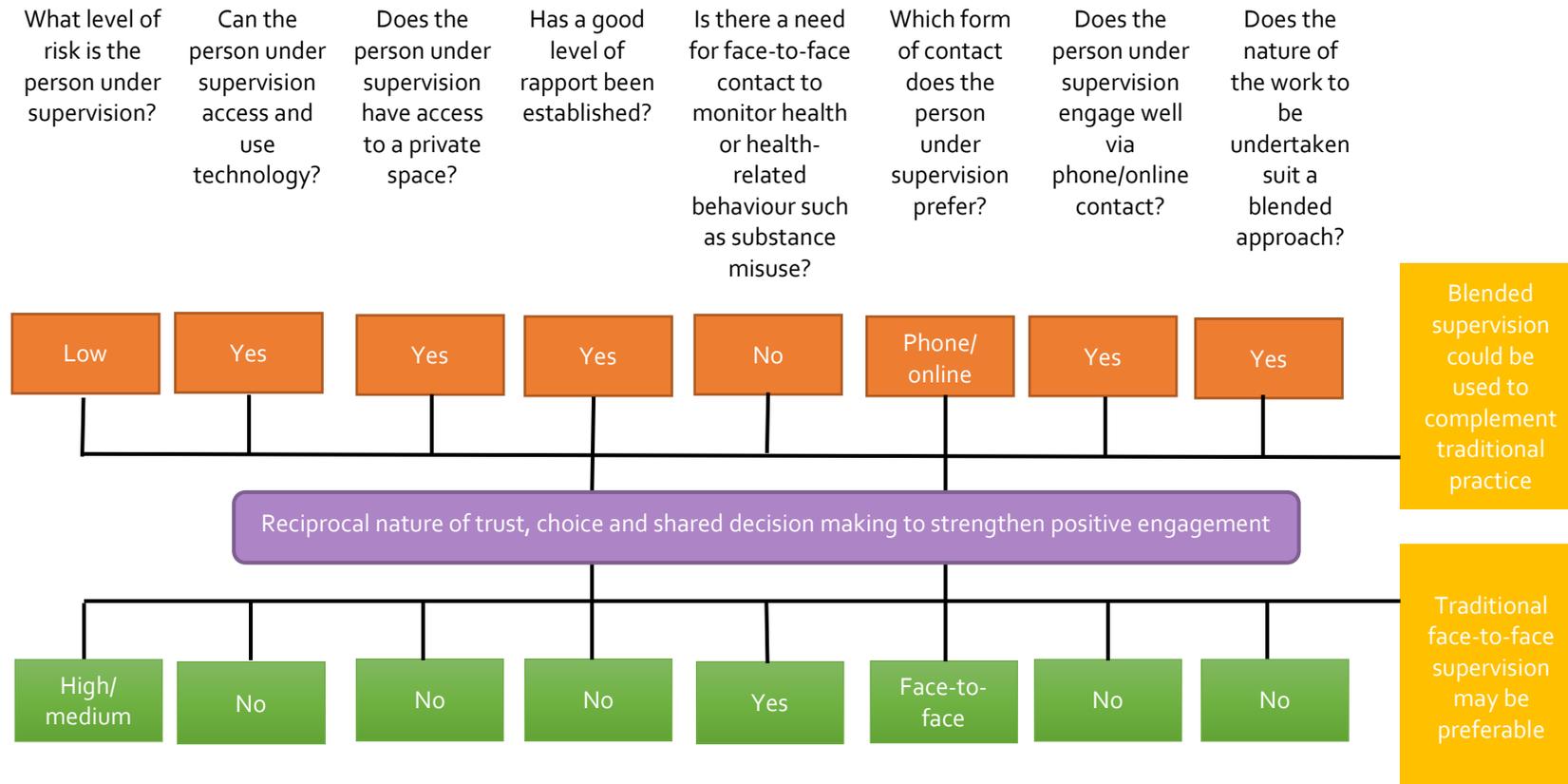
Whilst these people's experiences may not be representative of the wider probation population, it was clear from both probation staff and supervised individuals participating in the study that decisions around the method and balance of communication between probation and those under supervision needed to be taken on a case-by-case basis to support supervised individuals to engage best with probation. To facilitate decision-making around striking this balance we have created some principles, based on our research, which can be used to help decide on the right balance. As we emerge from the pandemic, we recommend that the impact of blended supervision on criminal justice and health outcomes should continue to be monitored and researched as the context changes.

The benefits of different types of supervision

	<i>Perspective of probation staff</i>	<i>Perspective of people under supervision</i>
<i>Face-to-face supervision is most beneficial</i>	<ul style="list-style-type: none"> • For high and medium risk cases • For particular types of offence-related work, for example related to domestic violence • To help establish rapport and build open dialogue and trust in new relationships between staff and those being supervised • When people do not have a private space from which to engage with probation • When people do not have access to (including due to licence conditions), or ability to use technology (including available phone credit) • To support health-related rehabilitation and monitor health-related risk: identifying a) health needs and changes in health status (e.g. through subtle visual cues), and b) when people may be behaving in ways that are detrimental to their health • To encourage high quality engagement rather than just compliance 	<ul style="list-style-type: none"> • If people are nervous about using a telephone or other technology to speak to probation staff • To establish rapport and build open dialogue and trust • When people do not have access to, or the ability to use technology • To enable people to pick up on visual cues during conversations with staff • When people are socially isolated and/or value the supportive relationship that they have with probation
<i>Remote (e.g. FaceTime or phone calls) forms of communication are most beneficial</i>	<ul style="list-style-type: none"> • To prevent transmission of covid-19 and other illnesses, particularly for the clinically vulnerable • When working with people with whom an appropriate supportive professional relationship has already been established • To improve engagement given competing pressures like employment, family or illness (although note fear re: superficial engagement) • When people have access to a private space • When people are more willing to talk openly about their health during remote conversations • When people have access to, and can use the technology 	<ul style="list-style-type: none"> • To offer continuing support during lockdown, potentially reducing feelings of isolation • To avoid unnecessary travel, which may be lengthy if travelling from a remote area, particularly for short appointments • To improve engagement and reduce difficulties from competing pressures e.g. employment, family, illness • To avoid unwanted contact with other people (for example in the reception area) • To avoid potential stigma from being seen entering a probation office • For making people feel at ease when talking to probation staff

Should I consider blended supervision?

Our research suggests that there is *always* a need for some face-to-face supervision to build rapport and to be able to assess the state of someone's health and identify any changes in health status. There is no 'one size fits all' approach to whether or not blended supervision is suitable. Rather, there are several factors that it may be helpful to consider when deciding whether or not to adopt a blended approach as shown below. As with other aspects of their probation supervision, people under supervision told us that they particularly valued being asked about what communication style would work best for them and to have this considered. In circumstances where this happened this helped them to establish a more open and positive relationship with their probation officer.



Examples

Clearly blended supervision is not suitable for everyone, and there is a need for some face-to-face supervision for *all* cases – remote supervision should not be used in isolation. However, the examples below may help people to think about how the above model could be applied in practice to support an individually tailored balance of communication methods to be struck to support supervised individuals to engage positively with probation. These examples are based on real scenarios encountered by people with lived experience of probation supervision.

Jonathan

Jonathan* was assessed as medium risk and was given 13 weeks probation supervision following a custodial sentence for a minor offence. He struggles with mobility, having recently had a hip operation, and has a long history of criminal justice involvement. Prior to this most recent sentence, and several years ago, Jonathan received a 2-year custodial sentence. During his time in custody Jonathan was concerned about being released back to the area he was from, as other people he had been involved with had made serious threats against him. Whilst he expected to carefully plan for his release with probation 6 months prior to his release, this joint planning only started 4 weeks prior to release which increased his levels of anxiety and further damaged his trust in probation. Upon his release he was also expected to attend the same probation office as people who had made threats against him, further fuelling his anxieties. To minimise this risk Jonathan made sure his appointments were first thing in the morning. Deepening his frustrations was how he was often in the waiting room for longer than he was with his probation officer. As a result, he perceived his interactions with probation as a waste of time and petrol as conversations usually only lasted a few minutes. As he feared recall and did not feel his safety concerns were well responded to, Jonathan described how he often told his officer what he thought they wanted to hear.

Jonathan carried this mistrust and negative perception of probation with him to this most recent period of supervision. The flexibility and dedication shown by his probation officer, however, helped to shift this perception. Jonathan described how his probation officer would do extra research after appointments to find organisations and charities to support him, particularly around Jonathan's ambition to build a campaign to prevent knife crime. These telephone calls, organised in addition to mandated appointments, demonstrated to Jonathan that someone was there thinking about him who genuinely believed in him. Jonathan also felt able to ring his probation officer (outside of appointments) if an idea that could support his rehabilitation came into his head, helping to further build his enthusiasm and confidence. When his ideas for his campaign to prevent knife crime crystallised Jonathan wanted to see his probation officer face-to-face, as he felt it would have more effect if done this way. In contrast to how negatively he felt about probation in the past, how he did not feel listened to and that he could trust his officer, he described how the additional support and flexibility shown by this most recent officer shifted his perceptions. He described how: 'Everything I do today came out of my conversation with that probation officer'.

Paul

Paul* was arrested for the first time at 16 for a minor theft offence and his offences escalated from this point on. He has a long history of criminal justice involvement spanning 15 years, but all his offences were related to his drug addiction.

Following his most recent custodial sentence, Paul was assessed as medium risk and was given a 12-month license. His license conditions including abstinence from drug use, providing probation with a bail address, and being barred from entering the town centre in the town where his family lives. As a result of these conditions, Paul could not access the methadone scripts that were necessary to support his recovery as the drug service was based in the town centre. He was faced with the difficult choice of either moving to a new town to have access to the drug and other support services he needed, or living with his family to access secure accommodation. He decided to move to a new town to access support from Narcotics Anonymous and other providers but was made homeless as a result. In this new town Probation arranged for Paul to live in an Approved Premises (AP), but Paul had concerns as he explained how he would be triggered into relapsing because of seeing others using in this accommodation. He told his probation officer

that: "If you put me here, I will relapse and probably end up dead". Despite his concerns, he was told that he did not have a choice and would be breached if he did not accept living in the AP.

After a few months living in the AP, Paul relapsed. He continued to see probation in-person but chose to hide this relapse from his probation officer, as he felt their first reaction would be to recall him to prison, rather than offer him support. His perception of probation was that they held a custodial sentence over his head and were just waiting for him to fail. Paul feels that he would have been more honest with his probation officer if they had explicitly emphasised and demonstrated that recall would not be the first option, and that support would be offered first.

A few months after his relapse Paul ended up in hospital due to a medical complication resulting from injected drug use. It was only at this point that probation found out about the relapse through a charity that Paul engaged with. When he was discharged from hospital Paul could hardly work and needed the assistance of a Zimmer frame. He could not physically get to the probation office but was pleasantly surprised by how understanding probation was of the situation and moved contact to over the phone. He felt that it was only at this point that probation gave him some slack and flexibility; flexibility and choice that he needed much earlier on to avoid relapsing.

His perception of probation prior to being released from hospital was very negative. He described how he had to travel 1 hour and 45 minutes each-way to travel to the probation office, as it was outside the town he was living in. As a result, he had to dedicate the whole day to the appointment, which often felt like a waste of time as appointments usually lasted 5-10 minutes. This was because he did not feel comfortable requesting help from or talking honestly with his probation officer as he felt he would be immediately recalled. When visiting the probation office, he also found that he would often bump into people he did not want to associate with, drug dealers and people in active addiction. He describes how for someone who is trying to come away from addiction, being offered drugs at the probation office can be the big thing that draws them back into using. He feels that offering appointments over the phone can play a big role in safeguarding people with these vulnerabilities.

Listening to Paul's concerns and providing him with the flexibility and choice he needs to support his rehabilitation are key, including the circumstances when remote contact would be preferable. Additionally, it is critical that action is taken to challenge negative preconceptions people have of the probation service through demonstrating how support will be offered first before recall is ever considered.

Clare

Clare* was assessed as medium risk and was given a supervision order of two and a half years. She had mental health issues that were exacerbated because by the process of re-gaining custody of her child after having spent time in prison.

Clare had a great relationship with the first probation officer she was assigned. Clare felt that this officer demonstrated from their heart that they wanted to help, making her feel that this officer 'just got it' and were 'my type of person'. Unfortunately, after 3 months this officer moved to a different part of the country, so she had to be assigned a new officer. Her relationship with the new officer was not as positive and Clare felt she did not provide her with the kind of help she needed. Clare describes how this new officer used to want to 'fish [for further information] a lot about my ex', when Clare did not go to probation to talk about her ex (as this was in the past). Instead, she wanted to talk about more current and pertinent issues to her rehabilitation such as regaining custody of her child, moving house as staying in her current accommodation re-triggered difficult memories associated with her ex, and the financial difficulties she was facing, particularly around PIP (Personal Independent Payments) applications that were denied. She describes how this new officer offered no support with the PIP appeals process and simply just provided her with a number from DWP (Department of Work and Pensions) to call. As a result of not getting the help she needed from her probation officer, Clare describes how she: 'Did not know what way I was going. I didn't know who I was, where I was and where I was going'.

This frustration around not getting the help she needed was exacerbated by having to get three busses to get to the probation office, taking her half a day to travel each way. She felt that her relationship with her officer felt like a 'hi and bye system', only a quick check-in as her officer seemed to not want to provide the additional support she needed, for example to navigate the benefits system effectively.

An incident involving her ex-partner served to further damage her relationship with her new probation officer. One of Clare's license conditions was that she was barred from associating with her ex-partner, but both were assigned to the same probation office. A mistake was made by the probation office that led to Clare and her ex-partner leaving the building at the same time. They exchanged a few quick pleasantries as they walked out together (but very quickly went their separate ways). However, social services were called, and this negatively impacted her application to regain custody. Whilst this was probation's mistake, Clare was blamed. She eventually got an apology from social services for the mistake, but her probation officer never apologised. She felt disrespected by her probation officer as a result, and this made her more reluctant to ask for the help she needed. Despite having these concerns and feeling that her relationship was irrevocably damaged, Clare did not want to complain as after being passed around, she felt there could also be the risk that she could be assigned to an officer she got on with even less.

It was only towards the end of the order, when she fell pregnant, that Clare felt her probation officer opened doors and opportunities to her. Up until this point, after 15 months of supervision, Clare felt her officer was very reluctant to put her on programmes to support her rehabilitation, for example peer mentoring training courses, as though she did not trust her. Frustratingly these opportunities came just as she had less time and energy to dedicate to them, due to the pregnancy. It was also only at this point that Clare was referred to the local women's centre. She felt the workers at the centre understood her, her history and where she was coming from. If she could not attend a group meeting, they would take the time to call her to catch her up and they also took the time to support her with an application for a Discretionary Housing Payment (DHP), providing her with the form and completing it with her. This application for a DHP, which was approved, was used to make the bedroom of the child she was applying to regain custody of more comfortable, supporting her application. She felt she could have had this support much earlier if probation would have helped her with the application or referred her to an organisation like the women's centre who could have helped.

As Clare had been the victim of domestic violence, and was still at risk, she felt face-to-face contact with probation was essential to her. She felt remote contact would not have been suitable as she could not then read the body language of her probation officer. She also felt probation couldn't recognise the signs that she may be at risk, and so could not offer help: "You don't know what's happening behind closed doors. How would they know I didn't have a bruise on my leg? Things are not always so noticeable on video calls".

*Pseudonym

To learn more about the overall findings from the wider study please see:

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

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

If you would like to refer to this guidance elsewhere, please use this reference:

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