



**USER VOICE**

# **COMING OUT OF COVID SOLUTIONS FROM THE USER VOICE**

**#COMINGOUTOFCOVID**

**AUGUST 2021**



## A MESSAGE FROM MARK

*“COVID-19 has created a mental health time bomb in prisons and probation services. We must put power back in the hands of the people who need it, now.”*

**Mark Johnson, Founder, User Voice**



# WHAT HAPPENED?

On the 10th of May, User Voice held a series of virtual events about the transition out of COVID-19 for those in prison and on probation.

The virtual events brought together our National Service User Council and senior prison, probation, and health leaders within the Criminal Justice System. The goal of these events was to communicate feedback from service users and to agree realistic and implementable solutions that will benefit everyone across the Criminal Justice System and the communities beyond.

Guest speakers included Amy Rees, the Director General of Probation and Wales, the Deputy Director of prisons Stephen O'Connell and Kate Davies, the Director of Health and Justice, Armed Forces and Sexual Assault Referral Centres (SARCs) for NHS England.

Having directly engaged 23,000 people in prison and probation over the course of restrictions in 2020, Council members presented the issues and proposed solutions from the service user point of view. The following report is a summary of the issues, responses and solutions discussed at these virtual events.

**12,000 SERVICE  
USERS IN THE  
COMMUNITY**

**11,000 PRISON  
RESIDENTS  
INCLUDING 1,000  
IN PRISONS WITH  
HEALTH COUNCILS**



**PROBATION TEXT SYSTEMS**



**FLYERS IN 'PROJECT IN A BOX'**



**ONLINE SURVEYS**



**REFERRALS**



**0800 NUMBER**



**FACE-TO-FACE**



**VIRTUAL MEETINGS**



**EMAIL**



## PROBATION

*“I have received very little communication during lockdown, I have spoken to no one and just received text messages. I do not read good English and it is difficult for me to know what they mean”*

# THE ISSUES

During COVID-19, the probation service focused on offender risk and management, not rehabilitation. Communication was at the root of every issue we heard about.

Face-to-face contact was replaced by telephone and video calls. Many tried but failed to contact their local office.

Unpaid work was brought to a halt during lockdown, creating a huge backlog. Communication on this issue was poor, with many left with no updates at all.

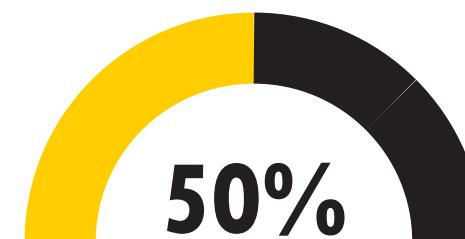
Relationships with probation officers deteriorated, leaving many to feel abandoned.



**1 in 3 had not been told of changes to probation services**



**Of those with Neurodiverse conditions said staff didn't understand their needs**



**Did not know education, training and employment (ete) activities count towards unpaid work**



## CONTACT

*"I have not heard anything since before Christmas. I have had 2 calls scheduled but nobody has rang. I have tried getting hold of my PO but was told she was on sick and someone else would ring but nobody ever has. I don't have long to go so don't want anything to go wrong."*

## UNPAID WORK

*"I have not heard a thing about when I can complete my hours. I only have 6 hours left and feel as though I am in limbo until I can finish them. Not sure how long this is going to go on for"*

*"I got a text message from a no reply number telling me to turn up for unpaid work but they didn't say where I had to go."*

## RELATIONSHIPS

*"It feels like she judges me but she can't understand because she has never been through the system"*

*"I feel like my RO has given up with helping me"*

*"I've lost my home, my partner, my job and all they are concerned about is my hours on community service"*



## PRISON

*“The restrictions we have put in place have been necessary to save lives, but we know – as in the community – they have come with serious consequences.”*

**National Framework for Prison Regimes & Services**



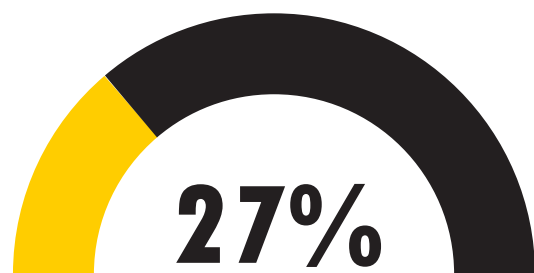
# THE ISSUES

COVID-19 restrictions had a terrible impact on the prison regime, visits and purposeful activity.

Residents were locked up for 23 hours with limited time in the open air, and all meals were served at cell doors.

Throughout most of lockdown, they couldn't see families in person. Even when visits were allowed, they could not hug loved ones.

Opportunities for productive activities were rare, with virtually no access to education, training or employment opportunities or behavioural courses.



Said that friends/family were their best mental health support



Said the Prison Regime was the most serious issue they faced

*"I am not able to see my children, my family, I need help, I'm going mentally mad"*



## PRISON REGIME

*"All these restrictions are being eased on the outside and we are still seeing hardly any changes to our own regime. This is unfair because we are people too and shouldn't be treated like this"*

*"Residents are going crazy cooped up 23 1/2 hours daily, we are not chicken and cattle"*

## NO VISITS

*"Visits - not being able to interact with my wife and kids on a visit. My daughter has learning difficulties and wouldn't understand why she can't hug her dad so my wife doesn't come to see me with the kids because we'd get in trouble if my daughter tried to hug me"*

## NO ACTIVITIES

*"Not being able to progress in accordance with my sentence plan e.g. the unavailability of horizon programme is unduly affecting my progression to a cat D classification."*





A background image showing a group of people in a meeting or workshop. In the foreground, a person's hands are visible, holding a pen and writing on a notepad. The background is slightly blurred, showing other participants and a bright, possibly windowed area.

## PRISON HEALTH

*“Health, wellbeing, care and recovery  
need to be a core part of the  
Government’s plans for prison reform”*

**Health & Social Care Committee report 2018**



# THE ISSUES

With over 23 hours in cells and no visits, the damage to residents' mental health has been severe. Isolation, anxiety and a lack of support were rife.

Reduced and unreliable access to medication has added to the problem. Some residents told us their medications were stopped with no prior warning.

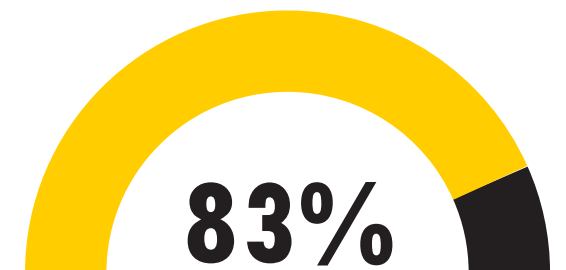
Lockdown was an opportunity to tackle substance misuse. Instead, a lack of support through periods of enforced abstinence meant relapse is more likely when restrictions are lifted.



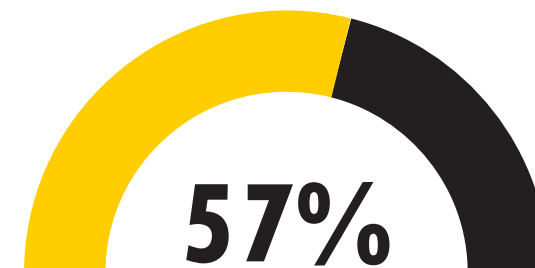
**1 in 4 couldn't get the mental health support they needed**



**Thought medication was the biggest issue in prisons**



**Felt more isolated and stressed during COVID-19**



**Had not received any substance misuse support**

## MENTAL HEALTH

*"I arrived in prison for the first time at 20 years old very afraid and full of anxiety, I requested help from mental health but only saw someone 2 months later and nothing since. I suffer with depression, anxiety and insomnia and had pre-existing sleep meds on prescription but this has not been allowed. I can't sleep I'm having panic attacks."*

## MEDICATION

*"I have schizophrenia and my medication has been halved and some stopped so now my behaviour has changed and nobody will listen"*

*"Before I got recalled I got a mental health report and told I had ADHD. I came to the prison and wasn't given medication for it and then was given the wrong dosage of another medication."*

## SUBSTANCE MISUSE

*"I'm on a methadone script. Nobody from recovery has seen me the whole time. I asked to see my worker but they didn't come."*



A woman with dark hair pulled back, wearing a grey cardigan, is seated in a meeting. She is looking slightly to her left with a thoughtful expression. The background is a bright, out-of-focus interior space.

## SOLUTIONS

*“Capacity building for peers and making sure they are properly trained and supported is hugely important... but if we’re going to do it, do it well.”*

**Stephen O’Connell, Deputy Director of Prisons**

**USERVOICE**

These solutions came directly from service users. They were put forward by the National Service User Council and agreed with leaders from the prison, probation and healthcare services. They fall into three categories that together have the power to transform the lives of people in prison and on probation, and benefit society as a whole.

By putting service users at the heart of decisions, we can reverse the damage done as we come out of COVID-19.

## PEERS

Well trained and fully supported peers can reduce reoffending, and help the prison system recover from the fallout of lockdown.

*“As part of the Liaise and Diversion Programme in the NHS long-term plan, £3.5 million must be spent on peer support.”*

**Kate Davies, Director of Health and Justice**

*“Capacity building for peers and making sure they are properly trained and supported is hugely important... but if we’re going to do it, do it well.”*

**Stephen O’Connell, Deputy Director of Prisons**

## PARTNERSHIP

Service users believe that partnership at all levels of the criminal justice system is vital for rehabilitation and reduction in crime.

While they believe that only offenders can stop re-offending, they also believe that a system that partners with them will ensure policies and services achieve their purpose.

Genuine, not tokenistic, participation recognises and harnesses the value of the service user voice.

## PRIORITISATION

Instead of criminalising the actions of people with neurodiverse conditions, and investing in more prison places, service users want to prioritise rehabilitation, prisoner wellbeing and addressing tech illiteracy.

Service users believe that investing in in-cell technology and peer support will enable them to stay connected with family and friends, get the vital support that they need, and give access to educational and rehabilitative courses.

The probation service requires a different set of priorities driven by a person-centered approach. Sufficient time is a critical factor in effective reduction of reoffending.





# MOVING FORWARD

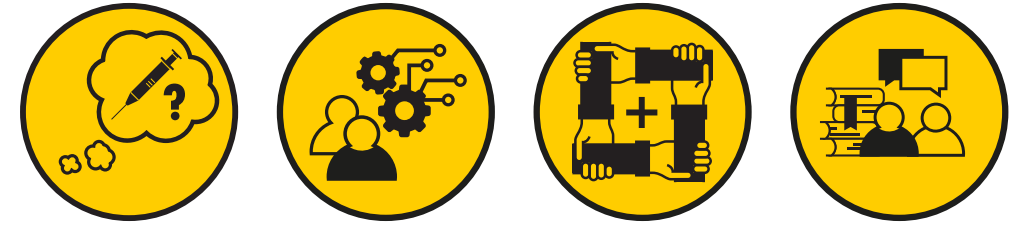
From the engagement with service users and Council members throughout the pandemic, it is clear that a range of cost-effective solutions are needed to urgently address the issues created or aggravated by Covid. User Voice Council representatives and heads of prison, probation and prison health have put forward the following solutions:

## PROBATION

- Create a service directory by region so that people on probation can find the help they need.
- Create a nationwide peer support network.
- Involve service users in the co-design of probation's new 'blended model' (i.e. face-to-face and remote working) of supporting/supervising people on probation.
- Recruit, train and support people on probation so that they can have a stake in the procurement of rehabilitation services.
- Training for probation staff on cultures, ethnicities, religions & neurodiverse needs, led by service users.
- Employ people with lived experience and implement a quota for all commissioned rehabilitation services.
- Increase the time available to support individuals by reducing caseloads for probation staff
- Make probation communications easier to understand by co-designing with service users i.e. text messages, posters, emails, letters.
- Address backlogs of unpaid work by reducing the number of hours required or allowing people on probation to do other activities to work up their hours, similar to Project in a Box.
- Introduce an 'About Me' info sheet which enables service users to communicate their views and needs to new or substitute probation officers, avoiding the need to repeat information.

## SIMPLE EXAMPLE OF THE POWER OF SERVICE USER PARTICIPATION

- Merseyside engaged service users in decision making processes in real time
- Identified that the messages sent to service users via text were unclear and misunderstood.
- Worked with the CRC to pitch the language used in texts to the audience it's meant for.
- Now over 20,000 service users nationally benefit from receiving clearer information.



# MOVING FORWARD

## PRISON AND PRISON HEALTH

- Test staff and visitors using Lateral Flow Tests to prevent further outbreaks, allow prisoners more time out of cells and tackle staff shortages caused by self-isolation.
- Employ more staff with lived experience.
- Involve prisoners in the co-design and co-training for new prison officers.
- Ensure insights from prisoners are used to inform £3.5 million spent on peer-support as part of Liaise and Diversion Programme in the NHS long-term plan.
- Recruit, train and support prisoners so that they can have a stake in the procurement of prison/health services.
- Allow more than 1 monthly face-to-face visit, and continue to offer purple visits for those whose families are unable to visit face-to-face i.e. foreign nationals.
- Increase investment in laptops for prisoners and improve access to online support and learning.
- Make £5 phone credit permanent, to enable residents regular contact with family and friends.
- Create peer-led self-help groups as a temporary solution while access to support services is limited.
- Invest in long term, accredited and certified peer training and peer support programmes.
- Determine the causes of vaccine hesitancy in prisons and create a campaign designed by residents to educate and encourage take-up of vaccines.
- Create a 'Coping with Covid' campaign designed by prisoners to help them discuss and address the extreme issues that they have faced during lockdown.
- Improve mental health training for staff, with an emphasis on addressing self-harm.
- Integrate service users into the upcoming National Partnership Agreement for Prison Healthcare in England.



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