

A close-up photograph of a person's hands holding a white, pleated face mask. The person has dark skin and is wearing a light-colored, ribbed sweater. The background is blurred, showing green foliage. The text 'USER VOICE' is overlaid on the top left in a yellow, torn-paper style box.

**USER VOICE**

# **COMING OUT OF COVID**

## **SOLUTIONS FROM THE USER VOICE**

**AUGUST 2021**



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# ABOUT USER VOICE

User Voice is a user-led charity created for and run by people who have been in prison and on probation. We exist to reduce offending and support rehabilitation by working with the most marginalised people in and around the Criminal Justice System.

User Voice currently operates elected councils in one-fifth of prisons and, prior to renationalisation, we were contracted in two thirds of Probation Service. As of June 26th, we now hold the national Probation Service contract for service user feedback.

The National Service User Council featured in this report is made up of elected representatives from the regional service user councils. It creates opportunities for this marginalised and mostly unheard group to influence policy making at a national level and to create a system that is done with, not to, people.

Since the pandemic began in March 2020, User Voice has spoken to over 23,000 service users within prison and Probation Services. Through a range of innovative engagement methods, we have kept open vital lines of communication, accommodated service users with specific characteristics such as neurodiverse conditions and ensured that the voices of service users are heard.

## SUMMARY

Although the pandemic created unprecedented challenges for the country as a whole, it took a particularly heavy toll on the most vulnerable in society. Services across the board have been impacted by COVID-19, the NHS has been under immense pressure on the front lines and all other social services have had to quickly adjust to a remote working environment and scaled back services.

We commend the speed of transition to this new way of working, including the response from the prison, probation and prison health services. Through our consultations and engagements, User Voice found many positive examples of how the system can help people get back on track when time and the right support are offered.

Sadly however, these positives examples were the exception, not the rule. The focus of prison and probation shifted from offender management and rehabilitation to solely offender management. The Probation Service moved to a remote working approach which suited many but left the more vulnerable without the support system they badly needed. As the prison system was almost completely locked down, prisoners were kept in their cells for 90% of their day. They had reduced access to support services and activities and no visits from family and friends.

The resulting regime for people in prison amounted to widespread solitary confinement that would normally be viewed as a violation of human rights. People on probation have been abandoned and their recoveries reversed. The isolation and lack of support highlighted repeatedly in this report have created a mental health time bomb that can only be diffused by urgently implementing the solutions put forward by service users themselves.

These solutions reflect the need to put power back in the hands of people that need it. The over-reliance on professionals erodes the ability of people to adequately support each other. Peer support, training and education would not only benefit service users and prisoners but also help to alleviate the massive strain on professional resources that the system will inevitably experience as we come out of COVID.

With the renationalisation of the Probation Service and the challenges in recovering from the pandemic, there has never been a more important time for the Probation Service to listen to and partner with service users.



# BACKGROUND TO THIS REPORT

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 Capital Director General of Probation and Wales, the Deputy Director of prisons Stephen O'Connell and Kate Davies, the Capital Director, Health, 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.



# PROBATION

## BACKGROUND

During COVID-19 the Probation Service, which is normally responsible for both offender management and rehabilitation, moved to the exceptional delivery model which solely focused on offender risk and management.

Through our engagement with 12,000 people on probation, we learned that service users were unable to initiate or complete sentence requirements such as unpaid work and were unable to attend offender behaviour programmes. Case management was scaled back and face-to-face contact was replaced by telephone and video calls. Major cuts to mental health provision and access to drug and alcohol services left many vulnerable people without the support they needed. Overall, many on probation were unable to progress with their lives, complete their orders, complete rehabilitation, and begin to reintegrate into society.

As we move out of lockdown, the most pressing concerns will be the backlogs of unpaid work and accredited programmes. Online delivery of programmes and supervision may alleviate this backlog, but the level of access to technology and technological illiteracy among service users is a major concern.

## ISSUES

### LACK OF CONTACT

Dr Jo Farrar, Chief Executive, HMPPS set out what the Exceptional Delivery Model (EDM) means in practice for the Probation Service and stated that;

*"We are carrying out telephone, Skype and video messaging for people under our supervision. We recognise that that is not as robust as face-to-face contact, so we are increasing the frequency of those contacts. All our plans are reviewed by senior probation officers to make sure that we balance the risk against the needs of social distancing."*

In 2020, an HM Inspectorate of Probation report said that these extra contact requirements were not being met, and the feedback from service users confirms that conclusion.

Poor communication was an issue for all, although issues like access to mental health support were of greater concern to them.

A frequent issue raised by service users was the difficulty they faced contacting their Responsible Officer (RO) outside of appointments.



**1 In 5 people considered communication about their order/licence to be the biggest problem they faced**

*"It is still quite hard to get hold of my RO, sometimes I even email but get no response and there is no general number to call."*

*"My case manager is not around - she never answers her phone."*

Similarly, service users reported issues attempting to contact their local office.

*"How come we are not getting any info from the office- I tried to call the office 3 times last week - then another 3 times today - no one answers ... Why? Why give us a number that no one answers ... They never answer your emails."*

*"Not being able to get hold of anyone at the reception, the number I call doesn't work. I haven't got a direct number for my probation. I have been passed on to a new probation with no details given – communication on my order needs to improve."*

The lack of contact proved particularly difficult for service users who had changed their contact number and were trying to contact probation to make them aware of the change.

*"Haven't spoken to my RO since last year, i've been calling the office to give them my new number. I've given my new number to them when I do get through but nobody gets back to me – poor communication!"*

*"I have received my induction over the telephone from Salford office and was told someone would give me a call. I have broken my phone and now have another contact number. I have tried to get in touch with the office to let them know but I can't get through. I am really worried that I will be breached as they won't be able to contact me. I have tried to get in touch, I have been down to the office but no one is picking up and no one was at the office. I don't know what else to do and I am really worried about this."*

Service users experienced anxiety and stress over missing appointments for communication reasons outside of their control.

*"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."*



Many also received conflicting information from the text messaging service and their RO.

*“Got a text message telling that I have an appointment in the office, but i’ve already sorted that with my case manager and it’s a phone call not me going into the office. It’s confusing when the case manager tells me one thing and a text message is telling something different. Causes me stress and anxiety.”*

Although text messaging has been a common form of communication, it is not always suitable for service users with reading difficulties, or for whom English is a second language.

*“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 therefore difficult for me to know what they mean. I had one today about course. I don’t know what they mean?”*

Overall, it’s clear that the Probation Service was facing the same unprecedented challenges as the rest of the country. Remote contact was new to both probation staff and service users but being able to speak to someone was more important than ever, especially to the most vulnerable. Unavailable, inconsistent and incomprehensible contact with service users created high levels of stress and worry, in an already worrying time.

## POOR COMMUNICATION AROUND UNPAID WORK

Unpaid work was brought to a halt during lockdown. The huge backlog of unpaid work has been identified by parliament as one of the 'most pressing concerns' facing the Probation Service as we move into recovery. A number of initiatives exist or were implemented to try to alleviate this backlog, initiatives like project-in-a-box and the 30% off-the-job allowance were created to fix the problem but were undermined by the lack of clear communication about unpaid work.

Service users stated they were unclear what was happening regarding unpaid work as they had received no updates.



**1 in 3 people stated they had not been kept updated on changes to Probation Services as a result of the Coronavirus outbreak**

*"I have no idea what is going on with unpaid work. I don't know if it's starting again or how it's decided who will be going first."*

*"It has been another month and I still don't know what is happening with unpaid work - no one seems to know."*

Service users reported still being unclear as to what they needed to do to complete their hours.

*"I really want to know when my unpaid work hours will start again, as I only have 25 hours left and haven't did any since March 2020." (Northampton)*

*"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, surely I could do them with some social distancing or whatever, shops and pubs are open so why can't unpaid work be done?"*

Many expressed anxiety around the fear of being recalled for not completing unpaid work hours.

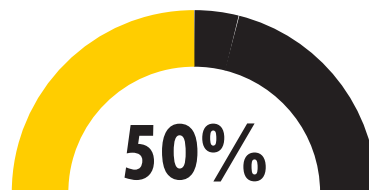
*"I need help with my CP - I don't know anything - not knowing what I'm doing or if I'm going to be recalled for not attending CP- no one has told us anything about what is going on - until now- thank you for keeping me up to date jason - why can't they just do the same as what you are doing."*

Service users received vague text messages that did not contain a number to call for further help, creating even more anxiety.

*"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."*

*"I have received a text message about courses and I have no idea how to go about doing this as the text was really vague"*

**In a survey of 250 service users from four different CRC areas, only**



**were aware that certain ETE activities could count up to 30% of their unpaid work**





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Service users often did not fully understand the text messages sent regarding unpaid work, and, in particular, the abbreviation used for Education, Training & Employment, “ETE”.

*“I have received about 3 or 4 text messages about CP that I have no idea what they are on about I have spoken to the supervisor here and even they don’t know what they mean about 20% ETE.”*

*“I have received a text message about hours and courses and it’s all really confusing as I don’t understand what they are telling me.”*

Of the service users who were aware of ETE counting to 30% of unpaid work hours, only 15% had actually accessed ETE activities.

Service users did not have access to data or the internet so could not complete online ETE activities as part of their unpaid work hours.

*“Waiting to start hours and want to do the ETE but need data or internet, waiting for them to let me know.”*

*“Wanted to finish my hours doing the online ETE stuff but cannot afford the data. I thought you would be able to go in somewhere and sit and do it but not apparently. So stuck with 40 hours left to do and sentence finishes soon.”*

Service users felt it was unfair that orders were being extended when it was not their fault that they couldn’t complete unpaid work hours.

*“I have got a letter through the post saying I have got to go back to court as probation have applied for my order to be extended. I haven’t completed my CP hours, but this is because they closed the unit. I don’t think it’s fair that because they gave me nothing else to do instead, I have now got to go back to court and have the order extended and I don’t know for how long as no one knows how long this COVID will carry on. It doesn’t seem fair that I get punished because they had to close the unit.” (Cheshire & Greater Manchester)*



The communication around unpaid work is as important as the status of the unpaid work itself. Initiatives like project-in-a-box helped service users progress with their sentences and their rehabilitation, but although probation attempted to accommodate service users with online courses in lieu of unpaid work, many service users did not have access to the technology required to take part. The lower levels of literacy and tech literacy among this group must be considered when addressing the unpaid work backlogs. But more than anything, communication must be clear, concise and in a language that services users can understand.

## **UNPRODUCTIVE RELATIONSHIPS WITH PROBATION OFFICERS**

The quality of relationships between service users and probation officers can have a significant impact on outcomes, especially when it comes to employment and reoffending. A negative relationship with probation officers is one of the top issues highlighted throughout our engagements and consultations. One of the reasons given was a perceived lack of support. Many service users felt their RO had simply given up on them.

*"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"*

Others felt that their probation officers had a negative or punitive attitude rather than a rehabilitative approach.

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

*"She has breached me despite me returning her calls"*

In other User Voice consultations with groups with protected characteristics, service users have warned of a one-size-fits-all approach that fails to meet the needs of those from different cultural backgrounds or those who have neurodiverse conditions. Some of the main issues are a lack of awareness and understanding.

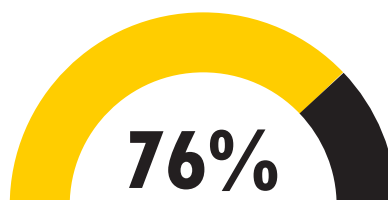
Those from Asian and Muslim backgrounds faced high levels of stigma in their community and felt that probation could be more understanding of their religious or family commitments. Those from a travelling background and those with neurodiverse conditions often struggled with literacy and felt that no accommodation was made for this.

A growing body of research highlights the importance of communication between probation officers and service users, not just in terms of access to probation but also the quality of contact. One recent study found that authoritarian strategies dominate probation officer-service user relationships and advocated for importance of a more client-centred approach to improve offender outcomes<sup>2</sup>.

As we move out of COVID-19, frequency and quality of communication will be vital to recovery and rehabilitation.



**2 Out of 3 service users had not been asked, assessed, or diagnosed with a neurodiverse condition during their journey through the Criminal Justice System**



**stated that staff did not understand their needs <sup>1</sup>**



# PRISON

## BACKGROUND

At the beginning of the pandemic, the sole focus of the Ministry of Justice (MOJ) and her majesty's prison and Probation Service (HMPPS) was on the preservation of life. Time out of cells and social contact was minimised. Some were in their cells for 23.5 hours per day with no time in the open air and all meals were served at cell doors. Face-to-face visitations were suspended and there were no transfers in or out of the establishment.

The National Framework acknowledges that “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, and we must also minimise the associated harms in terms of wellbeing and mental health.”

As we move from level 5 restrictions of the COVID-19 National Framework to Level 3 and beyond, the true impact of the sustained isolation and lack of purposeful activity will become ever more evident.

However, those prisoners hoping for some relief from the isolation, boredom and mental trauma of being locked up for 90% of their day, will receive little assurance. Despite the huge toll the restrictions have taken, Stephen O’Connell, Deputy Director Prisons said that Level 3 will not seem that much different for many and certainly “won’t feel the same as pre-COVID”.

We are already hearing from those in prison that it appears to be true. We are currently conducting a large-scale research study in collaboration with Queens University Belfast across 9 prisons in England focusing on the experience of COVID restrictions and capturing changes as they move to Level 3. Prisoners have described just 30 minutes out of cells, two hours a week education, and 1 in-person visit with no physical contact. Some have gone a full year without seeing children and family, and the effect of this isolation has been heart wrenching.

These experiences show little change from the problems caused by lockdown life in prison that arose in our discussions with 10,000 residents during the pandemic. We learned that the impact of these restrictions on the prison regime, visits, purposeful activity and wellbeing has been severe.

## ISSUES

### PRISON REGIME

The most common issue for residents was the prison regime, with 22% stating that it was the biggest issue they faced. Although many more considered the prison regime to be an issue, other aspects of prison life impacted them more heavily.

*"Being locked up too much. There is no regime other than lock up."*

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

It was also difficult for residents who saw easing of lockdown restrictions in the community not replicated in prisons.

*"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."*

### NO VISITS

For most of the lockdown period, residents were not permitted to see their families in person. This compounded the emotional strain of the lockdown and affected individuals' mental health. It was the second most common issue raised by residents, and 13% felt it was the biggest problem they faced. Even when visits were allowed, social distancing meant that residents were not allowed to hug their loved ones.

*"No visits from family has really started to affect me mentally."*

*"Not being able to physically see family when a relative passed away recently."*

*"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."*

## LACK OF PURPOSEFUL ACTIVITY

Despite being confined to their cells for over 23 hours, residents were provided with few productive activities to complete. They have not been able to engage in meaningful education, training or employment opportunities or behavioural courses during the lockdown. Some felt that they were left to 'rot'.

*"The lack of purposeful activity. We are locked up for 23 hours a day with nothing to do."*

*"Being locked in the cell for 23 hours a day with nothing to do, no work and no education."*

In prison, support is essential to enable people to move forward positively with their lives. The lack of productive activities has at best stagnated their progress and in many cases, they have regressed.

*"I can't progress. I want to work towards my future. Being locked in the room for 23 hours is mind numbing."*

*"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"*

## IMPACT ON PRISONER WELLBEING

According to the Nelson Mandela Rules, being confined for more than 22 hours a day constitutes solitary confinement, which means that confinement to prison cells for up to 23.5 hours a day is a breach of human rights.

The serious negative impacts of solitary confinement are well documented and include emotional breakdown, sleep disturbances, anxiety and panic, aggression, paranoia, cognitive dysfunction, depression, increased suicidality and self-harm. The majority of those we spoke to felt more isolated (83%), more frustrated (87%) and more stressed (80%) during COVID-19.

*"Mental health is my main issue because there is no education or work to keep my mind occupied and no communication from staff" (male resident)*

The majority of prisoners could not access support services during lockdown and with 4 in 10 impacted by mental health issues before COVID-19<sup>3</sup>, the prison system is now facing a mental health time bomb.



# PRISON HEALTH

## BACKGROUND

Complex needs are a factor in reoffending, and healthcare has a vital role to play in breaking the cycle. People in prisons are more likely to have complex physical and mental health care needs. Many have been victims of abuse, taken into care or been homeless. Substance abuse and head injuries are more common among prisoners than the wider population, and prisoners are twice as likely to miss an outpatient appointment.

In 2018, [a report on prison health](#) by the Health and Social Care Committee stated that “health, wellbeing, care and recovery need to be a core part of the Government’s plans for prison reform”. Yet according to the Care Quality Commission, more than half of England’s prisons were failing to provide adequate medical care.

From our engagements, we learned that there is still much work to be done. We spoke to 10,000 residents including 1,000 in prisons with health councils and discovered that extreme levels of confinement have stripped them of all coping mechanisms and support systems.

Access to nutritious food is reliant on means costing up to £80 per week. Residents are routinely going days without showers, and with extreme delays in access to vital medication, healthcare is virtually non-existent.

The consequences of these healthcare failures are stark. Feelings of hopelessness and depression are common among residents, many of whom turn to illicit or prescription drugs or self-harm, attempts at suicide, while others exhibit anger, frustration or violent behaviour.

As they do not cause immediate problems, medication and depression are tolerated by prison staff. Overt coping mechanisms such as violence and self-harm are punished, perpetuating the cycle. Shortage of staff and a lack of training and support has led to a breakdown in relations, with residents routinely treated with contempt, rather than compassion. Staff have little time or desire to address complex causes of behaviour, opting for short-sighted, short-term solutions such as further incarceration, simply kicking the can down the road. There is evidence that COVID restrictions are now being exploited in situations they were neither designed for nor capable of addressing.

### MENTAL HEALTH

Residents have made clear the damage lockdown has done to their mental health.

*"I feel so lonely and isolated most of the time."*

*"Being locked in the cell for such a long time is making my depression worse and I suffer from PTSD."*

*"It seems that staff and management are only interested in congratulating and rewarding themselves on a job they perceive as well done. They are showing a complete disregard or even awareness of the impact this has on our mental health."*

*"There has been no mental health support during this period of time. I'm all for everyone staying safe and well but the damage COVID has had on the ladies, it's just too hard having no one to speak to."*

In comparison to life before the lockdown, isolation, frustration and anxiety were far more widespread. Of the prisoners who called User Voice's 0800 helpline, 1 in 4 had attempted but failed to access mental health support during lockdown.

*"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."*

*"I've asked for mental health via an app over the last 3 months but i've not heard anything but I need the help."*

Residents who had received mental health support in the community discovered it had been discontinued on arrival in prison.

*"I have been waiting to see them since I arrived here. I have a mental health worker outside and do need to see someone."*

*"Not being able to see my therapist due to them being an outside organisation and not being able to be seen by the mental team in the prison."*

There was a perception among residents, that support was only provided to individuals who were self-harming or suicidal as they were regarded as the priority.

*"I have asked multiple times to be seen and nobody has come. I've been told that unless I'm suicidal I'm not a priority."*

*"They need to see more people and if one doesn't cut up or take tablets or make a lot of noise, they should be taken a lot more serious."*

*"Not getting the response and haven't been seen priority is only people who are visibly self-harming."*

Residents preparing for release, felt there had been an absence of Through-the-Gate support provided.

*"I have requested proper mental health care and a handover to my community team to make sure I have support when I leave, they refused to do it when I'm suffering nobody cares or helps only those who scream and shout get attention."*

*"Mental health is supposed to give an assessment before leaving."*

At one site, we were invited to conduct a mini consultation to establish why self-harm rates had increased dramatically within the estate. The five reasons cited by residents as the cause of the increase in rates of self-harm were staff/resident relationships, isolation, lack of activities/boredom, lack of mental health support and visiting restrictions.

## LACK OF ACCESS TO MEDICATION

NICE guidelines state that prisons must ensure that after coming into prison the person should be able to keep taking their medicines, that they must be given critical medicines in a timely manner and that when discharged or transferred from prison, they should have a minimum of 7 days of prescribed medicines.

The continuity of medication was raised frequently by residents. Repeat prescriptions were often not completed in time, which left residents without medication for a significant period.

*"My uncle had his cancer medication refused, after 18 months he hung himself"*

*"I keep having to wait a long time for repeat meds. I've sometimes waited 10 days after meds run out causing symptoms from not taking it for so long."*

*"Done in-possession meds but then they state you have to do your own repeat which takes time and then you are not given meds until they arrive weeks later."*

Residents also explained that there was a lack of communication from healthcare staff when medication was halted. Often there was no prior warning, and residents were not prepared for the sudden withdrawal of medication.

*"My medication has just been stopped without notice being given prior."*

*"I was given my in-possession antipsychotic meds twice in one month and then they got stopped which caused me to self-harm. The nurse was not interested, and neither was the officer."*

Residents also said they did not have access to medication, which they were receiving in the community.

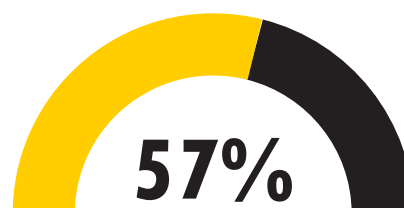
*"Before I got recalled I got a mental health report and told I had adhd. I came to the prison and wasn't given medication for it and then was given the wrong dosage of another medication."*

*"I have been prescribed pregabalin in the community by my gp. It is the only medication in a long line of meds that helps. I have had multiple bereavements in the last 4 years so I am suffering immensely and now they have reduced my meds and I'm becoming more and more anxious and depressed and having more panic attacks. This is especially bad with being locked in all the time."*

## SUBSTANCE MISUSE

Lockdown has been a missed opportunity to support those who have experienced a period of enforced abstinence.

The withdrawal of support outlined by residents meant that "enforced abstinence" alone was not a solid foundation for sustained recovery. Despite being clean, without support there is a significant risk that people will return to drug taking as soon as it is available.



**of residents stated they had received no substance misuse support during lockdown.**

*"I use spice, when I'm pissed off or angry and I don't want to get nicked for kicking off or hitting a screw."*

*"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."*

*"Lockdown I haven't been getting any support, everything stopped. I spoke to a support worker once on the phone to say that I was on a list for support when lockdown stops."*

Mental health issues have been exacerbated by the lockdown and services have not met the demand. Substance misuse and mental health are two sides of the same coin and one cannot be solved without the other.

If left unsupported, once people return to drug taking, we will also see the return of debt and associated violence which has blighted the prison estate for years. The direct links between drugs, violence and self-harm are well documented. The disturbingly high levels across the estate in recent years has made prisons volatile environments unsuited to the task of providing rehabilitative support to those in its care.



# **SOLUTIONS: PEERS, PARTNERSHIP & PRIORITISATION**

The following solutions were put forward by service users and discussed by the National Service User Council and the heads of prison, probation and prison health services, who made a number of commitments as a result.

## PEERS

Peer support is “offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations”.

Research indicates that peer support offers a range of benefits to those receiving support and to the peer-support workers themselves and can help in reducing reoffending. For peer-support to succeed, peer workers must be well trained and supported, and employed in a recovery focused service where peer to peer supervision is available.

## PROBATION

Those on probation told us that a nationwide peer support network would have more time to support service users and therefore help to offset the large caseloads that probation officers experience. Peers understand what service users are going through and believed that peer support should be available locally face-to-face, over the phone and online.

The Probation Service and peer support network would be supported by a nationwide online (and mobile app) service directory – designed by service users, for service users. This would allow service users to access the information they need, when they need it and give them the independence to begin to help themselves rebuild their lives. The directory would be service user designed so that all aspects meet the needs of those that will utilise it.

### NATIONAL ONLINE SERVICE DIRECTORY

The services are there but not  
many know about them

Designed by service users, for  
service users

Access information when  
needed

Gives service users  
independence

### NATIONWIDE PEER SUPPORT NETWORK

Available locally,  
over the phone and online

Understand what service  
users are going through

Have more time to  
support service users

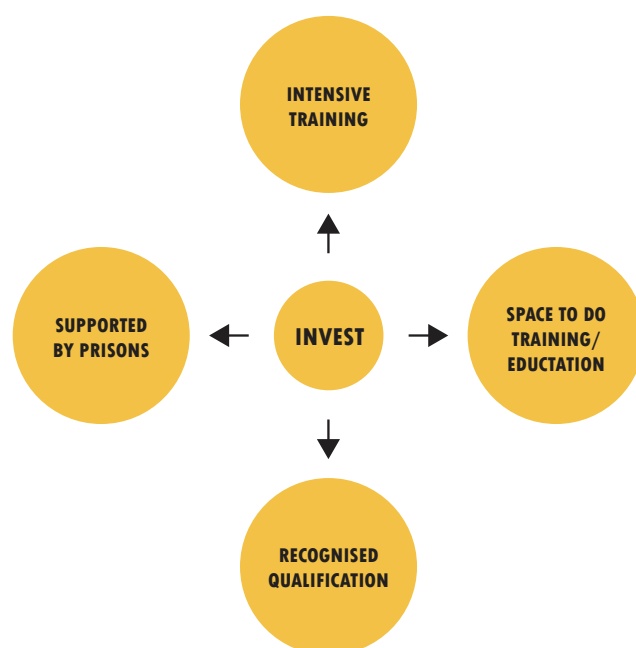
***“she can understand  
because she has been  
through the system”***

## PRISON

Similarly, for prison and healthcare in prison, an investment in peer support and training would have reduced the impact of lockdown and increased service users' ability to support themselves and each other.

Peer support, training and education requires investment, support and recognised qualifications. As Stephen O'Connell stated;

*"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."*



Peers should play a very significant role in helping the prison system recover from the mental health fallout of the lockdown regime. However, it requires a National Framework whereby each prison is given the guidance, best practice and support they need to ensure that the peer support, training and education network within their prisons is truly beneficial to all.

At our virtual events, the issue of new prison officers with limited training was raised. Senior leaders in the Criminal Justice System acknowledged that the backlog in training poses a significant issue for the prison system as we move into recovery. They agreed that peers should play a role in the training of these new officers as the national operational training is restarted. Stephen O'Connell stated, "I learnt as much from prisoners as anyone who trained me in a classroom".

## INVESTMENT

Peer support is not a free option. It requires investment and oversight. Director Capital Health and Justice Kate Davies stated that as part of the Liaise and Diversion Programme in the NHS long-term plan, £3.5 Million must be spent on peer support.

We welcome this decision but believe an overarching framework for peer-support implementation must be in place to avoid the piecemeal and inconsistent peer-support standards that are currently widespread across the prison and probation system.

## SERVICE USER PARTICIPATION

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 properly partners with them will ensure policies and services are fit for purpose and have the intended consequences.

Genuine partnership with service users, not just tokenistic consultation, is required at policy, procurement, service design and service evaluation levels.

User Voice has developed a procurement model where prisoners and service users sit on the procurement panel, holding a 10% scoring. The service users and prisoners are given accredited training and support to sit on these panels, which transforms service user voice from ‘nice to know’ into something tangible with real merit.

Director of probation Amy Rees discussed how the Probation Service will never return to pre-COVID operations but instead will move to a ‘blended model’ whereby some interactions are face-to-face and some are through telephone/video. Amy also noted that staff, like in many other sectors, will not return to the office full-time.

In light of the lack of evidence around the differences in outcomes between face-to-face and telephone/online, it’s vital that service users are properly partnered with before any policies and changes are made. A 2019 report from the HM Inspectorate of Probation on the effectiveness of remote supervision found the evidence on its effectiveness lacking, with the chief inspector of probation Dame Glenys Stacey stating:

*“We have long expressed concerns about telephone-only contact. This research shows there is a lack of high-quality evidence to prove remote supervision helps to rehabilitate individuals or improve public protection.”*

The report concluded that in order to support people to change their lives you need to see them, as building the trusting relationships required for rehabilitation is difficult to achieve over the phone.

As Kate Davies acknowledged, partnership needs to be built into the commissioning of policy decisions by including service users in the National Partnership Agreement for Prison Healthcare. This means giving service users a seat at the table along with the MOJ, prison service, NHS, Department of Health and Public Health England.

## PRIORITISATION

Prisoner health, wellbeing and rehabilitation must be prioritised by the prison service. Prisoners believe that investing in in-cell technology would be one of the key components to achieving these aims, along with investment in peers. In-cell technology would allow service users to stay connected with family and friends and get the vital support that they need as well as offering access to educational and rehabilitative courses.

At our virtual event, Deputy Director Prisons Stephen O'Connell stated that there are new contracts for video visits but it was unclear the extent of the offering at this stage.

As Lord Farmer's research has shown that family contact can reduce reoffending by as much as 39% lower and that it is linked with successful resettlement/family re-integration and better outcomes for children, we believe the costs are economically beneficial.

The provision of laptops for prisoners has already been successfully trialled at a number of prisons, including HMP Berwyn which found that there were many benefits to education and development with few instances of damage to or bartering of the devices.

The MOJ estimates that the cost of installing the hardware necessary to support broadband throughout the prison estate would be in the region of £100 million<sup>4</sup>. However, in light of the fact that £4 billion is being spent over the next 4 years to progress delivery of an additional 18,000 prison places<sup>5</sup>, perhaps investing in rehabilitation, prisoner wellbeing and addressing tech illiteracy in prisoners would go some way to reducing the need for more prisons.

It is also vital to prioritise the reinstatement of basic human rights in prisons, ensuring that residents can emerge from lockdown with the rest of the country. Although several pilot schemes are exploring this, this should be rolled out across the entire prison estate.

Allowing visits to take place outside, and systematic testing for COVID can both play a role in allowing prisoners to have physical contact with visitors without increasing the risk of transmission.

The Probation Service requires a different set of priorities driven by a person-centred approach. Sufficient time is a critical factor in effective reduction of reoffending. A reduction in caseloads for probation staff can give staff and service users the time they need to fully address needs.

Lived experience should be at the centre of the Probation Service. By employing people with lived experience of the Criminal Justice System, Probation Services can increase trust and engage more productively.

Finally, through training for staff, Probation Services should increase their awareness and understanding of the diverse cultures, ethnicities & religions of their service users, as well as the different neurodivergent conditions and literacy needs.







# 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 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 and 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.

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**This was successfully done in merseyside CRC whereby text messages were designed by service users so that they were clear and understandable.**

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- 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.

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**This has been successfully implemented in northumberland and made a huge difference to service users and probation officer relationships.**

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## 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** is 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.

## ENDNOTES

- 1 <https://www.uservoice.org/what-we-do/consultations/>
- 2 Jill Viglione, Danielle S. Rudes & Faye S. Taxman (2017) Probation officer use of client-centered communication strategies in adult probation settings, Journal of Offender Rehabilitation, 56:1, 38-60, DOI: 10.1080/10509674.2016.1257534
- 3 <https://www.nao.org.uk/wp-content/uploads/2017/06/Mental-health-in-prisons.pdf>
- 4 The Centre for Social Justice (2021) DIGITAL TECHNOLOGY IN PRISONS Unlocking relationships, learning and skills in UK prisons <https://www.centreforsocialjustice.org.uk/wp-content/uploads/2021/01/CSJJ8671-Digital-In-Prisons-INTS-210114-WEB.pdf>
- 5 Gov.ie (2020) Prisons, courts and victim services will benefit from spending review funding, <https://www.gov.uk/Government/news/prisons-courts-and-victim-services-will-benefit-from-spending-review-funding>



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