



Australian Government

Australian Institute of Criminology

Trends & issues in crime and criminal justice

No. 677

Abstract | The COVID-19 pandemic required corrections agencies to rapidly adapt their service delivery models to minimise person-to-person contact. Digital service delivery played a key role in the process. This shift to remote service delivery highlighted the opportunities and benefits offered by digital service delivery technologies, as well as their risks and drawbacks.

This paper draws on the results of a scoping review of digital developments in corrections. It examines the impact of the shift to digital platforms on the way that activities and services were delivered and on the way that these digital solutions were shaped by a range of technology and resourcing factors. It also explores the impact of the shift to virtual modes of communication and service delivery on service providers and service users.

Corrections agencies' use of digital service delivery applications during COVID-19

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Over the last decade, corrections systems have been developing and adapting a range of digital applications, software and technologies to deliver core activities like order management, compliance monitoring, visitation and communication with family members, legal representation, education and rehabilitation programs, staff training and health and mental health services. The COVID-19 pandemic added dramatic impetus to this shift to digital service delivery. In a matter of weeks in March 2020, prisons and community corrections services suspended many of their standard operating arrangements and implemented new systems that minimised person-to-person contact. Digital service delivery was central to this shift. This article examines the role that digital service delivery technologies played in the response of corrections agencies to the COVID-19 pandemic and the consequences of this shift to remote service delivery for incarcerated people and their families, people under community supervision and corrections staff. We also consider whether this shift to digitally based services has lasting implications for prisons and community corrections.



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COVID-19 and corrective services

The potential for COVID-19 to seriously affect custodial populations (in prisons, police cells and youth detention) was identified in the very early stages of the pandemic. The combination of vulnerable populations with high rates of pre-existing health issues, crowded and poorly ventilated living spaces and frequent movements of people in and out of facilities meant that, from the very earliest stages of the pandemic, corrections agencies were under great pressure to identify and implement strategies to control COVID-19 (Carvalho, Santos & Santos 2020; Novisky, Narvey & Semenza 2020; Payne & Hanley 2020; Pearce et al. 2021; Ricciardelli et al. 2021). With prison populations at higher risk of contracting COVID-19 (Kinner et al. 2020; Payne & Hanley 2020), correctional agencies faced the significant challenge of keeping the virus out of prisons and, when it found its way in, containing its spread. For community corrections agencies, the pandemic posed a range of less acute but equally diverse challenges, arising from the need to provide supervision and support services while minimising the risk of disease transmission to staff and clients (Jackson et al. 2021b). Probation officers who had previously met with their clients in person had to quickly adapt to new modes of supervision to prevent the spread of the virus (Phillips et al. 2021; Vollbach 2020). In addition to these direct consequences of the pandemic, a variety of indirect problems experienced by corrections agencies arose from movement restrictions among the general population (Viglione et al. 2020): restricted access to health, social and rehabilitation support services (Lockwood, Viglione & Peck 2023); hardship arising from increased unemployment and food and housing instability (Stempkowski & Grafl 2021; Viglione et al. 2020); and loss of staffing resources because of illness or competing demands such as home schooling (Phillips et al. 2021; Stempkowski & Grafl 2021).

The World Health Organization issued interim guidance for the prevention and control of COVID-19 in prisons as early as March 2020, focusing on preventing the virus's introduction into prisons, limiting its spread within prisons and reducing transmission from the prison into the outside community (World Health Organization 2020: 2). Initial responses by corrections agencies were sometimes dramatic. Italy banned all personal visits to prisons, leading to protests and riots (Pattavina & Palmieri 2020). Many countries released large numbers of incarcerated people; over one million prisoners were released in the months immediately following the declaration of the pandemic (DLA Piper 2020). Over time, correctional responses became more diverse. A systematic review of recommendations to prevent or control COVID-19 in custodial settings (Pearce et al. 2021) identified 19 response 'domains', which included: creating safer physical environments; changing external access and visitation arrangements; providing case management through contact tracing, use of personal protective equipment and isolation of infectious cases; adapting legal services and processes; and decarceration.

Aims and method

This paper forms part of a wider project to review recent digital developments in corrections. A full account of this project’s scoping review methodology can be found in the full report of its findings (Ross et al. 2023). Whereas previous reviews have focused broadly on policies for preventing COVID-19 in custodial settings (Payne & Hanley 2020; Pearce et al. 2021; Zeveleva & Nazif-Munoz 2022), our focus in this report is to review research examining one specific element in the complex web of responses to COVID-19—the use of digital service delivery technologies to deliver programs and services. For this smaller scoping review, we used the same criteria-driven literature search and review process, with a protocol developed according to the preferred reporting items of the systematic review and meta-analyses statement and checklist (Moher et al. 2009).

The search terms involved two primary constructs: the correctional domain of interest (including custodial and community corrections, as well as post-release) and the digital form of the applications. This strategy yielded the following search string:

(App OR Smartphone OR Digital OR Computer OR mobile OR Web* OR Virtual reality OR Tele* OR video* OR ehealth OR emental health) AND (probation OR parole OR reentry OR Prison OR Custody OR imprison* OR inmate* OR incarcerat* OR jail* OR gaol*)

The primary search and citation tracking, which occurred in November 2021, yielded a total pool of 273 non-duplicate sources (including 25 identified by citation tracking). These were screened using the inclusion and exclusion criteria contained in Table 1.

Table 1: Scoping review inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> The article covered a digital service delivery application or system targeting correctional staff, offenders or prisoners. The function of the digital app or system was treatment, social support, education, reintegration, supervision or order compliance or a combination of functions. The digital component involved standalone or networked tablets or computers or mobile devices. 	<ul style="list-style-type: none"> The function of the digital app or system primarily related to investigative forensics, security, CCTV or biometrics. Articles on remote court appearances were excluded, even if this occurred in a corrections location. Articles concerned with telemedicine were excluded unless they had a clearly correctional focus.

In May 2022, we undertook citation tracking (Greenhalgh & Peacock 2005) and an additional search to identify research published since we began our initial searches. Screening using information in the title and abstract identified 79 sources as irrelevant. A second full-text screening excluded a further 22 sources (including one source that could not be retrieved in full-text form). The remaining 1,273 sources formed the pool for the data extraction stage of the scoping review. We used Covidence (<https://www.covidence.org>) to organise the sources and to carry out the data extraction. Two authors coded each sampled text, and any coding discrepancies were discussed and resolved by consensus using Covidence’s consensus function.

In this paper, we report on the three most well-researched issues that our review identified: the use of videoconferencing for remote supervision, the use of videoconferencing for tele-mental health services within prisons and community corrections agencies, and e-learning within prisons during the pandemic. We do not, therefore, reference all the articles sampled in our review that detailed the use of digital service delivery technologies by corrections and community corrections agencies during the COVID-19 pandemic; for example, we do not detail the growing number of studies examining video visitation within prisons during the COVID-19 pandemic, despite its being an important issue that warrants additional research.

What role did digital service delivery technologies play in corrections agencies' responses to COVID-19?

From the outset of the pandemic, it was evident that corrections agencies would need to rapidly implement changes to their operations to limit the spread of the virus and manage its impacts. Early assessments of prevention and control strategies for prisons tended to focus on health and medical strategies for identification and infection control, with one key strategy being a restriction on movements in and out of prison (Pattavina & Palmieri 2020; Payne & Hanley 2020). It was envisaged that this would involve a temporary suspension or restriction of on-site prison visits (Pearce et al. 2021; World Health Organization 2020), creating a need for videoconferencing, email or improved access to phone calls to ensure ongoing communication with family members and legal representatives. In the first phase of the pandemic, almost all prison systems in Australia (Payne & Hanley 2020) implemented complete bans on social visitation (by families and friends) and greatly restricted or banned visits by legal representatives, other professionals and treatment and rehabilitative program personnel that involved face-to-face delivery. This was also the case in New Zealand (Ombudsman New Zealand 2020), the United States (Marcum 2020; Novisky, Narvey & Semenza 2020), the United Kingdom (Brennan 2020) and Europe (Pattavina & Palmieri 2020; Zeveleva & Nazif-Munoz 2022).

Corrections agencies' responses to the cessation or restriction of external access to prisons varied greatly. The use of videoconferencing was a commonly adopted strategy, typically involving off-the-shelf software like Zoom and Skype, implemented using dedicated kiosks, conferencing facilities or networked tablets. A critical limiting factor for many agencies was the capacity to provide incarcerated people with access to video technology. Responding to the pandemic often required multiple strategies, involving enhanced access to telephone calls and emails and even the provision of free postage stamps (House of Commons Justice Committee 2020; Jackson et al. 2021b). Over time, the pandemic generated further demand for technology-supported service delivery. A greatly increased need for prison medical and psychiatric services, associated with the direct and indirect health and mental health impacts of the pandemic, gave rise to an enhanced role for telemedicine and tele-psychiatry (Crowley et al. 2020; Jackson et al. 2021b; Novisky, Narvey & Semenza 2020). The infection risks associated with face-to-face delivery of prison education and rehabilitation programs also increased pressure to move to digital delivery modes (Payne & Hanley 2020).

In the community corrections sector, the impacts of the pandemic were primarily seen in the restrictions placed on face-to-face contacts between staff and clients for supervision and case management. A survey of US directors of community corrections agencies (Viglione et al. 2020) conducted in the first months of the pandemic found that relatively few agencies had ceased all direct contact with clients. The strategies most often adopted were the use of external locations and restricting the frequency of contact. Around 35 percent of US agencies reported that their use of videoconferencing for mental health and substance use services had increased during the pandemic, and the use of electronic monitoring and GPS had also increased. A subsequent survey, conducted in the second half of 2020, found a rapid increase in the use of videoconferencing by community corrections agencies, such that it was now the second most common mode of communicating with clients after telephone calls (Powell, Hyatt & Link 2022).

The trajectory and impact of the COVID-19 pandemic varied greatly from country to country and even within countries. This overview of the role digital service delivery technologies played in efforts by correctional agencies to safeguard staff and clients while maintaining service delivery is necessarily incomplete. Zeveleva and Nazif-Munoz (2022: 643) note in their review of COVID-19 and European carcerality that it is 'premature to conduct cross-national comparative analyses of the effects of COVID-19' because 'the threat of the pandemic is still present'. Nevertheless, there are several key themes that can be discerned: the impact of the shift to digital platforms on the way that activities and services were delivered; the way that these digital solutions were shaped by a range of technology and resourcing factors; and the impact that the shift to virtual modes of communication and service delivery had on service providers and service users. In the second part of this report, we examine these themes and summarise the recommendations for action that emerge from them.

Remote service delivery via digital platforms

Remote parole, probation and community corrections supervision

Remote supervision refers to the use of information and communication technologies by parole, probation and community corrections officers to supervise clients from a distance, rather than face to face (Dominey et al. 2020). Any assessment of the impact of digital platforms for remote parole, probation and community supervision needs to consider how community corrections practice models were modified in response to the pandemic. Jackson et al. (2021a) and Powell, Hyatt and Link (2022) found that one benefit of remote supervision was increased supervision efficiency, partly a consequence of the reduction in the frequency and length of supervision sessions and associated compliance and monitoring activities like drug testing and community work. Similarly, probation practitioners in the Netherlands reported that greater flexibility and efficiency in remote supervision were primary benefits (Sturm et al. 2021). Notably, when asked to report the most beneficial policy implemented by their agency in response to COVID-19, 47 percent of the directors of US community corrections agencies participating in Viglione et al.'s (2020) study nominated the use of remote supervision and technology to continue supervising individuals. In contrast, UK probation practitioners and managers interviewed by Phillips et al. (2021) were more negative about remote working.

Their informant disliked working from home, reporting that conducting remote supervision while also ‘juggling family commitments’ gave rise to problems with ‘work-life spill-over’ (Phillips et al. 2021: 435–6). Martin and Zettler (2021) surveyed practitioners in Texas, who reported widespread acceptance of the use of remote supervision technology (86% agreed that probation practice would benefit from using videoconferencing) but also expressed a range of concerns relating to access to technology, workloads and risk management.

Views about the efficacy of videoconferencing for clients were also mixed. In Powell, Hyatt and Link’s (2022) survey of US practitioners, 79 percent of respondents indicated that remote engagement was less effective than face-to-face meetings. Despite this, around 60 percent of survey respondents reported that meeting remotely had not changed the relationships between officers and people under supervision. Around half of Martin and Zettler’s informants reported that their clients ‘seemed to feel more relaxed and open during telephone/video “visits”’ (2021: 177). Some of Powell, Hyatt and Link’s (2022: 1233) informants also noted that remote contacts were ‘less disruptive and adversarial than office meetings’. In the Netherlands, Sturm et al. (2021) reported that clients also preferred remote supervision because it reduced travel time and costs and the need to take time off work. In contrast, Phillips et al.’s (2021) UK practitioners reported that it was harder to engage clients, and remote communication impeded their ability to build positive relationships. Marcelin et al.’s (2021) study of Haitian justice-involved young people found that remote service delivery had reinforced avoidant behaviours among clients, enabling them to ignore phone calls or to end sessions abruptly. The difficulty of making an accurate assessment of risk was also identified as a significant drawback to remote supervision.

A key challenge reported in almost all studies was the need to ensure that practitioners and clients had access to, and were able to use, digital service delivery technologies effectively (see Table 2). Jackson et al. (2021a) nominated the ‘digital divide’ as a key hurdle in responding to the pandemic, affecting not only service users but also some practitioners. Barriers for clients included not having suitable phones and/or internet access, difficulty affording phone credit and having to rely on family members for access. Unfamiliarity with mobile phone technology was a significant problem for people re-entering the community after serving a lengthy prison term. Protecting the privacy of clients while in supervision sessions was also identified as an important practice issue, especially for justice-involved young people (Marcelin et al. 2021). Problems accessing digital service delivery technologies were not restricted to service users. Nearly two-thirds of the US corrections agencies surveyed by Cohen and Starr (2021) reported experiencing problems using technology, such as unreliable internet, cybersecurity risks, inadequate staff training and hardware shortages. Probation services in the Netherlands also experienced technical problems, including unstable internet connections; Sturm et al. (2021: 418) reported that ‘both probation officers (42%) and clients (38%) spoke of technical obstacles’.

Digital service delivery technologies were also used to address the greatly restricted availability of community-based treatment and testing services (see Table 2). Cohen and Starr (2021) found that 69 percent of agencies used telehealth substance abuse services ‘a great deal’, 64 percent used tele-mental health services, and 33 percent used tele-criminal behaviour interventions. Some corrections agencies also explored the use of dedicated smartphone apps for supervision or location monitoring (Jackson et al. 2021a).

Table 2: Challenges and recommendations for remote supervision during the COVID-19 pandemic

Challenges	Recommendations
<p>Digital inequalities about lack of access to technology (Blomberg et al. 2021; Cohen & Starr 2021; Galleguillos et al. 2022; Jackson et al. 2021a)</p>	<p>Provide marginalised populations, including women in transition/returning citizens, with access to digital technologies (Blomberg et al. 2021).</p> <p>Probation officers should consider clients' access to technologies in selecting the most appropriate mode of communication to use with clients (Galleguillos et al. 2022).</p> <p>Remote supervision policies should consider the socio-economic conditions, staffing levels and financial resources of specific geographical regions (Galleguillos et al. 2022).</p>
<p>Digital inequalities about lack of digital skills/literacy among clients (Blomberg et al. 2021; Cohen & Starr 2021; Marcelin et al. 2021)</p>	<p>Initial assessment of clients should include consideration of their access to the required technologies and their skills in using them (Marcelin et al. 2021).</p> <p>Refine and expand digital training programs for imprisoned individuals and returned citizens (Blomberg et al. 2021).</p>
<p>Managing remote supervision sessions (Marcelin et al. 2021)</p>	<p>Modify session length to limit/avoid online platform burnout (Marcelin et al. 2021).</p> <p>Schedule sessions to accommodate young clients and family members' schedules (Marcelin et al. 2021).</p> <p>Expectations on staff members about their availability, role and responsibilities in remote supervision sessions should be clearly stated (Marcelin et al. 2021).</p>
<p>Lack of access to rehabilitative interventions (Lockwood, Viglione & Peck 2023)</p>	<p>Increase the use of remote service delivery for mental health, substance use and family counselling treatment, particularly for clients living in hard-to-reach areas with little local service provision (Jackson et al. 2021b; Lockwood, Viglione & Peck 2023).</p>
<p>Maintaining confidentiality of remote supervision sessions (Marcelin et al. 2021)</p>	<p>Clients should use headphones as well as a fan or noise-making machine that may prevent eavesdropping (Marcelin et al. 2021).</p> <p>Determine whether clients have a private space to use for supervision sessions (Marcelin et al. 2021).</p> <p>Establish privacy protocols for remote supervision sessions (Marcelin et al. 2021).</p> <p>Reschedule sessions when a client's privacy might be compromised (Marcelin et al. 2021).</p>
<p>Inadequately trained staff and lack of technology skills among community corrections staff (Marcelin et al. 2021; Martin & Zettler 2021)</p>	<p>Train staff so that they can troubleshoot technical difficulties when they occur in sessions and can ensure the privacy and confidentiality of clients when using teleconferencing (Marcelin et al. 2021).</p>

Correctional tele-mental health services

Forensic mental health services provide assessment, individual and group psychotherapy and behaviour change interventions, psychiatric medication management and case management of people in prison and under community corrections supervision. Bernhard, McDowell and Vincent (2021) found that the use of video-supported mental health (tele-mental health) resources by US forensic psychology practitioners had increased significantly in the wake of the COVID-19 pandemic, with 92 percent of practitioners surveyed after the onset of the pandemic employing tele-psychology, compared with only 55 percent of those surveyed before the pandemic. The activities undertaken via tele-mental health also changed during the pandemic, with larger increases in clinical and forensic assessments. Practitioner surveys show a general acknowledgement that tele-mental health provides increased access to patients or clients in remote areas, enhancing the efficiency and flexibility of service delivery and providing greater safety and security for clients (Bernhard, McDowell & Vincent 2021; Daffern, Shea & Ogloff 2021; Mulay et al. 2021). Most respondents in Bernhard, McDowell and Vincent's (2021) survey said that they would continue to use tele-mental health in the future.

Clients' experiences of tele-mental health are also generally positive about therapeutic services delivered via videoconferencing. Levels of satisfaction and participation are comparable to those of therapy delivered in person (Tadros et al. 2021). In Daffern et al.'s (2022) international survey of 295 forensic psychologists, respondents were generally satisfied with the therapeutic relationships they developed using tele-mental health technologies; equal numbers reported that their clients had expressed concerns about remote treatment as claimed that they preferred it. There were practitioner concerns pre-pandemic about tele-mental health's negative impact on rapport, privacy and psychotic symptoms (Mulay et al. 2021), but Bernhard, McDowell and Vincent (2021) found that these concerns were not generally sustained after informants reported greater experience with the technology.

Forensic mental health practitioners, however, reported a range of challenges and concerns (see Table 3). These included poor sound or video quality, transmission and connectivity issues, inappropriate client settings (especially for prisoner assessments), difficulty managing group-based interactions and clients' lack of access to technology. Key concerns reported by the psychiatrists and psychologists in Daffern et al.'s (2022) survey were that cognition, behaviour and affect could be difficult to assess using videoconferencing technologies and that remote conferencing technologies were unsuitable for individuals experiencing acute psychosis. Like the community corrections practitioners surveyed by Phillips et al. (2021), forensic mental health practitioners experienced difficulties in working from home, including having inadequate contact with colleagues; difficulties in establishing a work-life balance; physical discomfort from spending all day at a desk; unpleasant interactions with clients; and difficulty in managing clients in crisis (Daffern et al. 2022). Several sources suggested that practice standards and guidelines for tele-mental health need to be updated to consider these demands of working in forensic environments (Bernhard, McDowell & Vincent 2021; Daffern et al. 2022).

Table 3: Challenges and recommendations for tele-mental health, tele-psychology and tele-psychiatry programs during the COVID-19 pandemic

Challenges	Recommendations
Client concerns over the efficacy of tele-mental health (Tadros et al. 2021)	<p>Clinicians should acquaint clients with the nature of tele-mental health services and with this mode of therapy at the beginning of shifts, reassuring them of its efficacy (Tadros et al. 2021).</p> <p>Use collaborative healthcare, in which incarcerated individuals engage in treatment team meetings involving multiple healthcare and mental healthcare professionals (Tadros et al. 2021).</p>
Threats to practitioner safety and wellbeing resulting from working from home (Daffern et al. 2022)	<p>Develop effective strategies for separating the personal and professional lives of practitioners (Daffern et al. 2022).</p> <p>Consider potential threats to self-care and ensure that threats to the wellbeing of psychologists and psychiatrists are identified (Daffern et al. 2022).</p>
Lack of clinician training in tele-mental health service provision (Daffern, Shea & Ogloff 2021)	<p>Develop training and education programs to train practitioners in the technical and practical aspects of tele-mental health practice (Daffern, Shea & Ogloff 2021).</p>
Correctional agencies' lack of access to requisite technologies (Mulay et al. 2021), and initial costs associated with purchasing tele-mental health apps and platforms (Tadros et al. 2021)	<p>Lower costs associated with tele-mental health services by using dedicated platforms with free seminars and resources such as Righter Vision, Simple Practice, Doxy.me and TheraNest (Tadros et al. 2021).</p>
Remote conferencing technologies may be unsuitable for work with individuals experiencing acute psychosis (Daffern et al. 2021) or paranoid and delusional beliefs about technology (Mulay et al. 2021)	<p>Where possible, avoid using videoconferencing technologies with individuals experiencing acute psychosis.</p>
A lack of concrete guidelines for undertaking forensic tele-psychology/tele-psychiatry services (Daffern, Shea & Ogloff 2021)	<p>Develop formal, forensic-specific best practice standards and guidelines (Bernhard, McDowell & Vincent 2021; Daffern et al. 2022).</p>
Clients may 'cheat' on forensic mental health assessments undertaken in residential settings (Drogin 2020)	<p>Address 'cheating', feigning and malingering in evaluations by using structured interview techniques such as the Miller Forensic Assessment of Symptoms Test (Mulay et al. 2021).</p>
Courts may find evaluations carried out through tele-psychology not to be credible (Batastini et al. 2020; Bernhard, McDowell & Vincent 2021; Drogin 2020)	<p>Research to determine the ways in which tele-psychology affects the validity of evaluations, methods and forensic assessment instruments to minimise any negative impact.</p>

Higher education in prisons

The many prisons housing education materials and technologies within dedicated education facilities had their higher education programs effectively suspended when these prisons went into lockdown or imposed restricted COVID-19 routines (Bradley & Davies 2021; Montenegro 2021). Face-to-face education in UK public sector prisons, for example, was suspended completely for 16 weeks during the pandemic; no classroom-based education occurred in these prisons between April and July 2020. Prison education programs such as Learning Together 'ground to a halt' in 2020, with many incarcerated learners unable to access the digital education technologies housed in their prisons' education wings during the lockdown (Bradley & Davies 2021: 181). Coupled with the pausing of access to gyms and other programs, this suspension of education programs during lockdowns increased the 'pains of imprisonment' (Sykes 1958) experienced by people incarcerated during the pandemic, compounding their feelings of isolation and frustration. Maycock's (2022: 228) letters from individuals incarcerated at a Scottish prison estate, for example, highlight how the pausing of education services, gyms and other programs during the pandemic severely disrupted the rhythms of pre-lockdown prison life, creating 'a Kafkaesque feeling of disaffection as a consequence of the lockdown'. Similarly, several of the incarcerated co-authors of O'Brien et al.'s (2022: 696) study reported that suspending education programs had left them feeling 'unchallenged' and 'dead inside'; they were 'back to just being a number'.

During the pandemic, many higher education learners within prisons were unable to access digital resources in prison education, such as Open University's Virtual Campus, because these offerings were housed in dedicated education facilities (O'Brien et al. 2022). Using Chromebooks and similar cell-based technologies would have enabled incarcerated learners to continue their education throughout the pandemic. Bradley and Davies (2021) and O'Brien et al. (2022) recommend that prisons invest in non-networked tablets and/or other secure portable study devices to improve the accessibility of education for incarcerated learners. Montenegro's (2021) call for the revitalisation of paper-based correspondence education, however, highlights the fact that distance learning need not be facilitated through digital service delivery technologies and e-learning alone. Yet, as Bradley and Davies (2021) also note, e-learning within prisons has the additional benefit of helping individuals to develop digital skills. Such skills are a key competency for addressing digital inequalities, which are not merely about individuals' differential access to technologies but also about the unequal distribution of skills among demographic groups and inequalities in different groups' access to social support in using digital technologies (Hargittai & Hsieh 2013). Numerous studies have emphasised that formerly incarcerated citizens are disproportionately affected by these digital inequalities (Jewkes & Reisdorf 2016; Kerr & Willis 2018; Reisdorf & Rikard 2018).

Implications and future directions

The COVID-19 pandemic was a catalyst for correctional agencies to implement new technologically facilitated practices and, in doing so, to consider how correctional services might be delivered in a post-pandemic world (Miller & Blumstein 2020). However, it is important that we avoid conflating technological ‘innovation’ with progress. Although digital service delivery may represent a viable alternative to in-person services in certain contexts, this does not immediately mean that they represent a desirable alternative. Here, it is important to emphasise that digital service delivery applications raise a variety of ethical considerations about data monitoring, privacy and access to technology. When they are introduced without properly considering these issues, digital service delivery technologies can exacerbate, rather than alleviate, digital inequalities (Galleguillos et al. 2022; Hopkins & Farley 2014). They can also elicit unanticipated consequences, such as confidentiality breaches and isolation arising from reduced contact between inmates and staff (McKay 2022).

The reviewed research demonstrates that practitioners have proposed and implemented a variety of strategies to address these ethical and operational considerations (see Tables 2 and 3). To maintain clients’ confidentiality in remote supervision or therapeutic sessions, practitioners should, for example, determine whether clients have a private space to use for supervision sessions; establish privacy protocols for remote supervision sessions (Marcelin et al. 2021); and reschedule sessions when a client’s privacy might be compromised (Marcelin et al. 2021). To address the critical issue of digital inequalities among justice-involved service users in the community, practitioners’ initial client assessments should consider clients’ access to required service delivery technologies and their skills in using them (Marcelin et al. 2021). To properly address these digital inequalities, however, there is a critical need for initiatives increasing justice-involved people’s access to digital technologies and the skills required to use them effectively—a recommendation made by several of the reviewed studies (Blomberg et al. 2021; Galleguillos et al. 2022; Jackson et al. 2021a; Marcelin et al. 2021).

In addition to supporting the development of such initiatives and best practice guidelines, there is a need for future research examining the landscape and implications of digital service delivery in ‘post-COVID’ correctional agencies. To that end, future research might investigate the extent to which corrections agencies have continued to use videoconferencing technologies in the wake of COVID-19 vaccines. Further, where corrections agencies have continued to use digital modes of service delivery first adopted during the pandemic, research should examine how clients and incarcerated individuals now experience these shifts and whether clients continue to engage with these digital adjuncts and modes of service delivery (Kip, Oberschmidt & Bierbooms 2020).

Acknowledgements

The research reported here was conducted under a grant from the Criminology Research Advisory Council, with additional funding from the Corrective Services Administrators’ Council. We greatly appreciate the support for this project provided by these two councils and, in particular, by the then Commissioner of New South Wales Corrective Services, Mr Peter Severin. In preparing the Criminology Research Grant application, we drew on the advice and experience of Mr Jason Morris of HM Prison & Probation Service and Dr Hannah Graham of the University of Stirling.

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General editor, *Trends & issues in crime and criminal justice* series: Dr Rick Brown, Deputy Director, Australian Institute of Criminology. Note: *Trends & issues in crime and criminal justice* papers are peer reviewed. For a complete list and the full text of the papers in the *Trends & issues in crime and criminal justice* series, visit the AIC website: www.aic.gov.au

ISSN 1836-2206 (Online) ISBN 978 1 922877 09 3 (Online)

<https://doi.org/10.52922/ti77093>

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