



Offender Health Report

Experiences of offenders using health services in Derbyshire



Date: 9 December 2019
Author: Hannah Morton
Job Title: Insight and Intelligence Manager

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1. Thank you

Healthwatch Derbyshire would like to thank all participants who gave their time to talk to us about their experiences of using the health services whilst being involved within the Youth Offending Service in Derby/Derbyshire and/or following release from prison. We also extend our thanks to the National Probation Service, Community Rehabilitation Company, Derby City Youth Offending Service and Derbyshire County Youth Offending Service, who supported and cooperated with this engagement activity.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all youth offenders and adult ex-offenders who have experience of health services in Derbyshire, but nevertheless offer a useful insight. It is important to note that the engagement was carried out within a specific time frame and therefore this only provides a snapshot of patient experience collected at that point in time. The report outlines the genuine thoughts, feelings and issues that youth offenders and adult ex-offenders have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to complement, other sources of data that are available.

3. Background

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England.

The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

4. Rationale for the report

To ensure a diverse range of individuals are able to share their views on local health and social care services, Healthwatch Derbyshire undertake targeted pieces of work, paying specific attention to those who may otherwise struggle to be heard. We were asked by the Derbyshire Criminal Justice Board to undertake engagement with ex-offenders and within the youth offending service to understand more about the health services that people have used.

4.1 Definitions

According to Rethink Mental Illness (2017):

- “The National Probation Service (NPS) is a statutory criminal justice service. They supervise high risk offenders who have been released into the community

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- Community Rehabilitation Companies (CRCs) are private sector companies. They supervise medium and low risk offenders who have been released into the community and are also responsible for providing resettlement services in prison and the community
- Probation officers supervise offenders when they are released into the community, they can work for either the NPS or CRC.”

Furthermore, Derbyshire County Council (DCC) explain that, “The Derbyshire Youth Offending Service (YOS) works with young people and their communities to tackle youth crime. It supervises and helps young people aged 10 to 17 who have committed offences and works with them to help prevent further offending”.

For more information please visits:

- <https://www.rethink.org/advice-and-information/rights-restrictions/police-courts-and-prison/prisons-planning-for-release/>
- <https://www.derbyshire.gov.uk/social-health/children-and-families/youth-offending-service/youth-offending-service.aspx>

5. What we did in brief

To collect consistent information, a series of questions (prompt sheets) were developed to provide a framework for discussions. The prompt was based around the themes shared with us by the Derbyshire Criminal Justice Board, which were:

- Navigating services
- Experience of using primary care
- Health literacy.

Prior to the engagement, the prompt was shared with the Derbyshire Criminal Justice Board to ask for comments to ensure that the feedback received from participants would be valuable and be used to influence future service delivery.

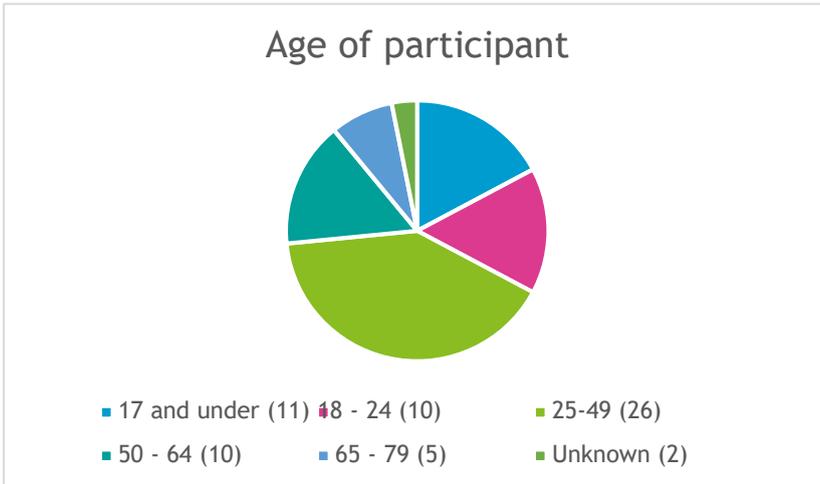
5.1. Methods of engagement

The engagement was carried out by Healthwatch engagement officers (EOs) between May and August 2019.

EOs spoke to 64 ex-offenders and youth offenders in total about their experiences of health services in Derbyshire. Our EOs visited NPS, CRC and YOS offices to be able to talk with people before and after their appointments.

The chart below shows the age of the participants:

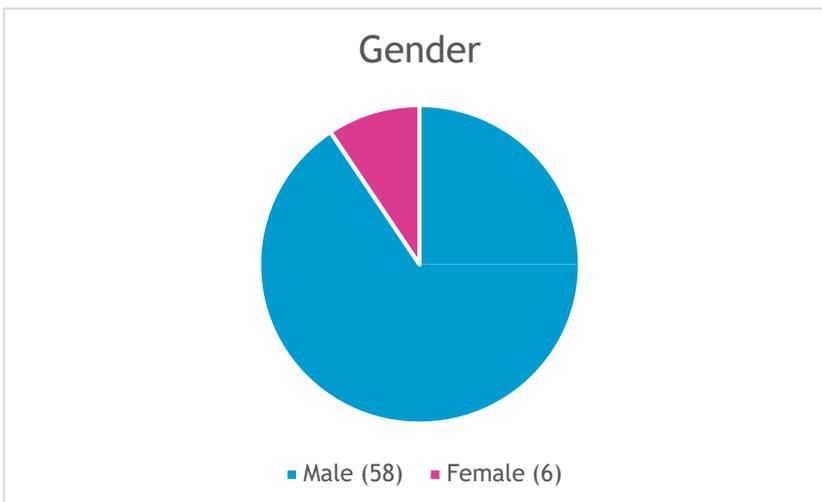
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The table below shows what service the participant was using:

Name of service	Number of participants
Youth Offending Service - Derby City	4
Youth Offending Service - Derbyshire County	9
Community Rehabilitation Company	11
National Probation Service	40
Total	64

Gender of participants:



6. Key findings

- Most YO's had registered with a GP and dental surgery and, although a large proportion of adult ex-offenders had registered with a GP, only half had registered with a dental surgery as this was not viewed as a 'priority'
- Many adult ex-offenders felt there was limited support for people with mental health issues, and felt there should be more emphasis on preventing mental ill health and ensuring people are signposted to appropriate support
- Some adults ex-offenders felt when they asked for help with their mental health they were often provided with medication, rather than offered support to help deal with any underlying issues
- YO's appeared to have no difficulties with finding and understanding health related information and support, whereas adult ex-offenders often relied on their probation officer or GP
- Adult ex-offenders felt there should be more information provided to offenders on release from prison, as many felt unprepared as they were unsure what to do, or where to go with regards to healthcare services
- Majority of the YO's were happy with the health of their lifestyle, however many adult ex-offenders explained they felt unhappy with their lifestyle due to poor diets and mental health.

7. What people told us

7.1 Primary care

➤ Primary care registration

Majority of the youth offenders (YO's) we spoke to had registered with a GP (11), whilst two YO's were waiting for support from their probation worker or parent to enable them to register. In terms of dental registration, all (13) but one YO had registered with a dental surgery.

Similarly, for the adult ex-offenders 47 had registered with a GP whilst four had not, or were unsure if they were still registered with the same GP prior to their imprisonment. One adult shared a concern for ex-offenders who are released to unapproved accommodation as help would not be automatically received and it was felt that this is a big issue.

Furthermore, for dental health there appeared to be a fairly equal split of adults who had registered with a dental surgery (21) and those who had not (29) and one participant was unsure. Many participants who had not yet registered explained it is not at the top of their priority list and/or they have had no issues with their dental health yet.

One adult ex-offender explained, "They ensured I registered with a GP but no one ever mentioned a dentist or how to get your eyes tested. They do ask if you have drug and alcohol problems but not about any other sort of health problems".

➤ Primary care experience

In terms of GP and dental experiences within the last six months, the majority of the YO's and adult ex-offenders we spoke to described their experience as positive.

Many adults appeared to be happy with the quality and continuity of care received by GPs but highlighted issues around long waiting times for appointments, not always feeling listened to and some comments suggest signposting to mental health support could be improved.

Sample of comments:

- “They are very good and book my appointments for me as I go and see them every month. I always see a female GP and I am always able to see the same one to talk over my mental health”
- “I regularly see one particular GP at the surgery and they are helpful to me, however there is not enough help for my mental health to make sure I get well”
- “I have been to the doctor and they have given me anxiety medication ... but they did not tell me anything about mental health support”
- “I like to see [named professional] but there is often a four week wait, he listens a lot more to me than other doctors”
- “... I have noticed a big difference as now GPs do not really listen, I feel like a number and not a person, you are now only about to talk about one issue per appointment yet I have many conditions and I find it upsetting as they are often interconnected ... ”
- “Only the last GP really listened to me, the others were just telling me I had constipation”.

➤ **Other healthcare experiences**

A large proportion of adult ex-offenders used a pharmacy for prescriptions, with most experiencing a positive service.

In terms of other health services used by participants, there did not appear to be any themes amongst the feedback received.

Sample of comments:

- “I was admitted to Chesterfield Royal Hospital (CRH) four days after release from prison, I was released from prison with nowhere to go and was sleeping rough, I couldn’t walk and was admitted to CRH via ambulance and was in hospital for four weeks, the care was fantastic, they did not want to release me to no fixed abode but they needed the bed and were unable to find any support for me”
- “I go to the Royal Derby Hospital (RDH) to see people about my liver as I have problems with it as it is damaged. There are long waits to see the consultant and this worries me as I never know how long I will have to wait, the communication is poor around this and could be improved”
- “I have been waiting to see a psychiatrist since Christmas. My GP has tried their best to tell them it is urgent and I was told last week I am now at the top of the list. I was sent to IAPT services but they told me when I was too ill and they could not help me and it was an incorrect referral made by the GP”
- “I have tried to access mental health support since leaving prison but this has not been successful as full records have not been received from the prison healthcare service at HMP Whatton. My mental health is deteriorating ... and I feel I have been 'pushed from pillar to post' without getting anywhere”.

➤ **Mental health services**

A number of adult ex-offenders felt there was limited support for people with mental health, with many explaining there needs to be more emphasis on prevention and putting support in place for people at an early stage, so symptoms do not progress and they do not end up in a crisis or self-medicating with smoking, drugs or alcohol.

Some adult ex-offenders also explained that when they have reached out for help for their mental health they have just been provided with medication and have not been offered support to deal with any underlying issues.

Sample of comments:

- “The mental health crisis team is not very good, they give out inconsistent messages. Different staff say different things and it is not all written down so they do not stick to the plan ... They never follow through with things nor contact you when they say they will contact you. Some just want to give you sedatives to get you to shut up. This does not work I need help not to be put to sleep”
- “More investment in mental health ... waiting for mental health support but there is a lack of a Community Psychiatric Nurses (CPN) and I have no personal support, I just have medication for it”
- “GPs do not care I have mental health issues and get low due to many physical health problems. I find it hard to talk to GPs about it ... National Probation Service (NPS) staff do not all refer to services as their focus is to prevent reoffending. They do not realise that a lack of healthy lifestyle and lack of support will impact on this target”
- “I saw many people in prison who were delusional and tried to kill themselves ... trying to access mental health services in the community is virtually impossible as I have had many symptoms and different diagnoses over the years ... for some services I am not serious enough and for others I am too difficult to treat and manage. All I ever wanted was one-to-one support to sort out Post Traumatic Stress Disorder (PTSD) resulting from childhood abuse, as this was not treated when I was aged 10 so it led to a serious mental illness (SMI) and offending. There is a massive gap in services to treat people with PTSD”
- “There is still a long way to go to reduce the stigma of people needing help for mental health, especially men. My life went out of control when a relationship broke up and lost my job, house everything. I appreciate all the support I have got from probation and have linked to drug and alcohol support. There should be more money put into prevention and awareness raising of the impact of drug taking. Most of my old friends who worked used cocaine every weekend but they did not see themselves as drug addicts. It is a macho thing and that you have spare money to throw around and a lot of my friends do it because they are trying to make them feel better about themselves and their lives as there is something missing”
- “Since I have been involved with the criminal justice system it has been very shocking to see how many people have mental health problems. This should have been sorted out when they were children as there are so many people who are not well and so if they got the help they needed they would not have been involved in crime. There should be more emphasis and support from workers to improve your whole life e.g. smoking, drinking, drugs, exercise, diet etc rather than just focus on the crime as these are often a factor why people do things as there are gaps in their lives”.

7.2 Health information

➤ Findings and understanding health related help and support

Majority of the YOs we spoke to explained they had no difficulties finding out where to go for health related help and support and felt they understood the information they received. One YO explained they relied on their mother for help and support and another explained they would just go to the Emergency Department.

There were mixed responses from adult ex-offenders with regards to knowing where to go for health related help and support. A huge proportion relied on their probation officer for the information, whilst others explained they would go to a GP.

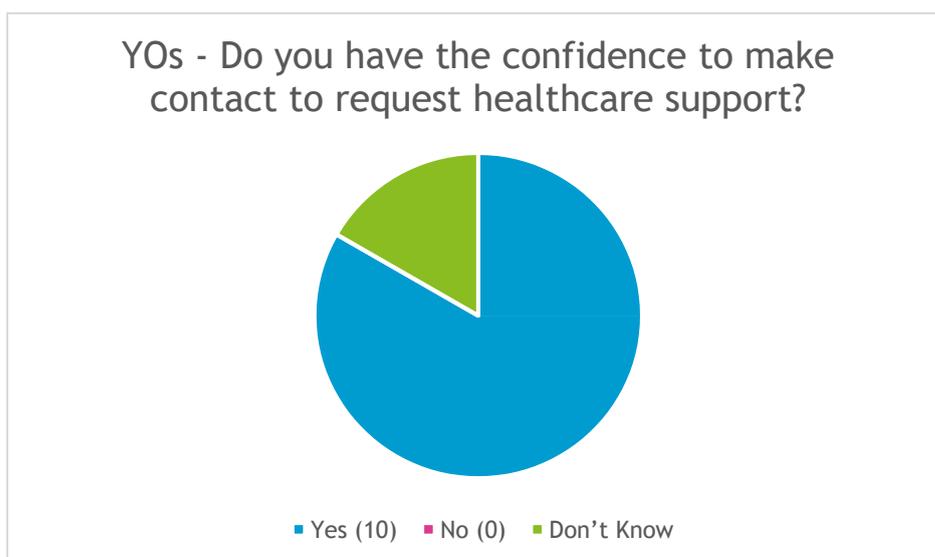
A number of adult ex-offenders felt there should be more information provided to offenders on release from prison, as people can be in prison for many years and the healthcare system can change rapidly, which results in ex-offenders not knowing where to go.

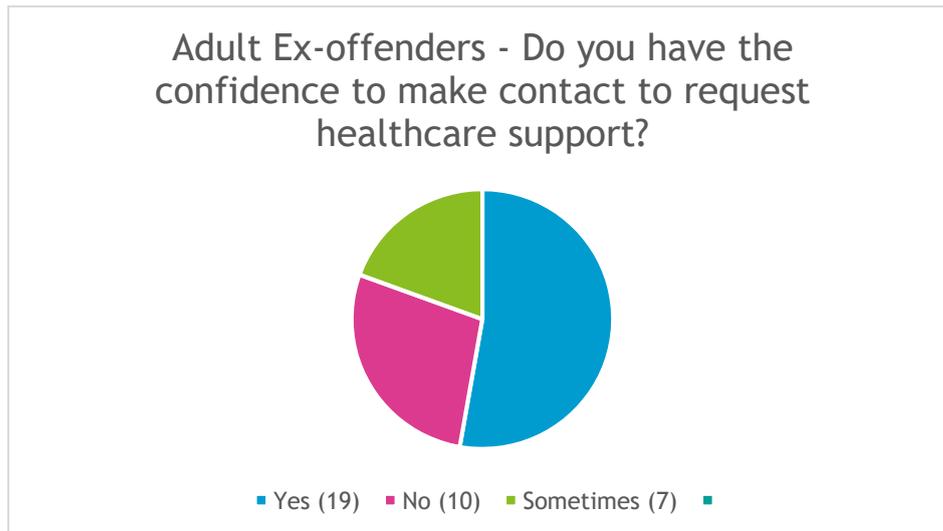
Furthermore, in terms of understanding the information received around healthcare the majority of the adults raised no issues, although a few comments were made around the complicated patient information leaflets within medication boxes.

Sample of comments:

- “I discussed with my probation officer who is supporting me to access healthcare and get the right paperwork to register”
- “I ring the probation officer for information, I go to them for most things”
- “I go to the GP to find things out”
- “I go to the GP to find things out as I like talking to people face to face. If people give me leaflets with numbers to ring I would not do it”
- “When in prison especially for many years, the professionals do not make it clear how much things have changed back in the community”
- “It took a while to get things sorted as when you are released after ten years a lot of things have changed”
- “It is hard to know where to find the right information and help for wellbeing and mental health as I know I need help to get me out and improve how I feel”
- “There are some issues when there is complex language on the tablets and leaflets but I do not mind asking if I do not understand”
- “You are given lots of leaflets with information on but really you need help to make the calls and make the initial visit to places. You need people to talk things through rather than giving you stuff to read on your own”
- “It was okay but a lot of the registration forms and health forms are very complicated and they do not need to be like this. Many people ‘kick-off’ when given things, it may just be because they do not understand it but time is not given to people to explain things. Illiteracy is a huge issue that I saw in prison especially the young people I saw inside”.

➤ **Confidence to make contact to request healthcare support**





Sample of comments:

- “I am confident to go to appointments but not sure how to make them” (YO)
- “I had been inside for ten years and so it was hard. The help from the hostel staff was invaluable” (adult ex-offender)
- “It is hard to motivate yourself when you feel depressed. Also I do not like having to telephone people as I find this induces anxiety. I prefer to contact people by email or on line” (adult ex-offender)
- “Sort of. After ten years you are used to being told what to do exactly and when to do it. It was confusing even for me” (adult ex-offender)
- “I am not always confident to ask. It depends on the person and how I feel about them”
- “Sometimes it depends on how I am feeling” (adult ex-offender).

➤ **Suggestions to improve health information for ex-offenders**

1. To be made aware of out-of-hours support
2. To better prepare offenders prior to release from prison
3. To provide information on all aspect of health i.e. GP, dentists, opticians and pharmacists
4. To provide online communication (or via email) for ex-offenders to be able to arrange appointments
5. To use less complicated language in information leaflets
6. For professionals to take the time to make sure people have understood what has been said.

7.3 Information, help and support whilst in prison

➤ **Were you told about how to use health services when released?**

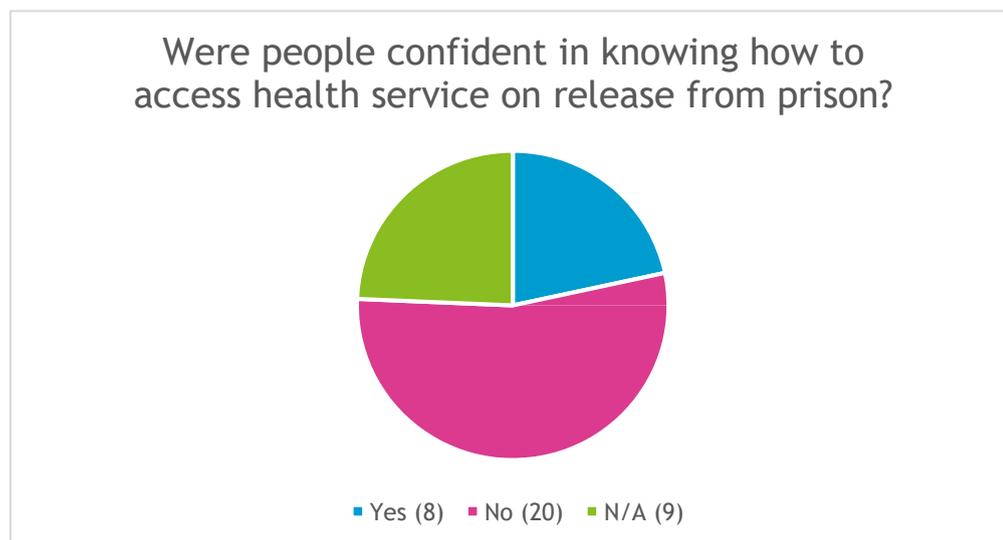
A large proportion of adult ex-offenders explained they did not receive a sufficient amount of information around how to use health services once released from prison.

Sample of comments:

- “No on how to access healthcare i.e. a GP or dentist. I did meet with a mental health worker prior to release who provided information and a number to call for support and advice and arranged my first prescription”

- “No ... I received no information on how to access healthcare or where to go for support”
- “I was told very little before being released ...”
- “I was told nothing about how to use health services when released, they just read through the license conditions”
- “I was not told anything about what to do about dental problems ... or help for mental health, or even a GP. I was just told to get my things and then I was out after signing a piece of paper that I didn’t really understand”
- “Staff need to remember that it is such a big thing being released especially after ten years, so you cannot take it all in and then remember it all”
- “I was given quite a lot of information, I was lucky as I was sent to an approved hostel which meant they made sure I had registered with a GP and got all my medication sorted. It would have been very hard to do this for myself after so many years inside as it was so confusing ...”
- “This does not happen at all in my experience, maybe in smaller prisons but in a big prison there are too many prisoners for workers to spend time with and do what they should ...”.

➤ **Confidence in knowing how to access health services on release from prison**



Sample of comments:

- “No ... but fortunately was released into approved accommodation so I got help from the workers there”
- “I did not know what to do on release and did not really have the confidence as it was all a bit too much to take in when you have just been released”
- “Not everything, someone needs to check things through with you and maybe have a list to work through. You are just thinking about what will happen when you get out not about all the other stuff and the practicalities. The pressure and stress really increases when you are about to be released when you have been in for so many years”
- “I went into prison as a child and came out as an adult, I was never given any help, support or advice by staff to let me know how much things had changed and how I needed to look after myself and how to register with a doctor etc ...”.

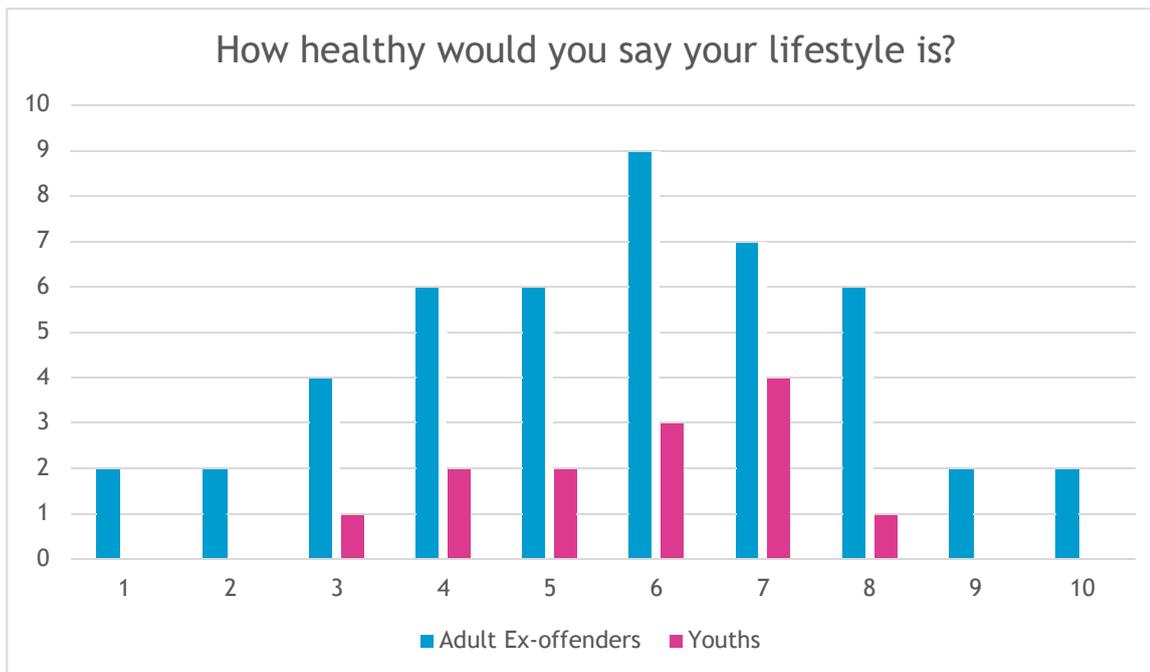
➤ **Suggestions to improve health information on release from prison**

1. More support around mental health

2. To receive sufficient information on release from prison in an accessible format
3. To be prepared and know what to do on release from prison
4. Less paperwork on release from prison so people have the time to read through the information they are given and digest it
5. Clear information around healthcare and better communication on release from prison.

7.4 Health and well-being

- **Rate how healthy your lifestyle is on a scale 1 - 10 (1 being really unhealthy and 10 being very healthy)**



Majority of the YO's were happy with how healthy their lifestyle was. However, many adult ex-offenders explained how unhappy they were due to poor diets and mental health.

Sample of comments:

- “I eat too much of the wrong foods and I drink too much carbonated drinks. It’s not easy where I live, I am in a hotel room and have no cooking facilities”
- “I am not happy, my mental health prevents me from being at a place where I can make the changes that are probably needed as I know I should not drink or smoke and I should eat good things”
- “I am not happy with my mental health and feeling anxious”
- “I am okay but would like to get fitter and exercise more but it is expensive when you have little money”
- “Not happy, I would like to be more healthy but I don’t not know what to do”
- “I was fit when I left jail and I have since put on weight, in jail I had a purpose but outside I have nothing”.

- **Suggestions to improve health and wellbeing of ex-offenders**

1. To have support to get back to ‘normality’, for example suitable housing and work
2. Better access to dental services
3. Help to stop smoking and/or more publicity on who to contact
4. Affordable activities for people to participate in and keep fit
5. Quicker access to mental health support and more information on how to access support

6. Information and support on healthy food options and how to prepare/cook healthy, low cost meals.

8 What should happen now?

1. **To ensure that all offenders are provided with clear information and support on all relevant healthcare services prior, and on release from prison:**
 - Details of how to register and access a GP, dentist, opticians and pharmacist
 - What support is available out of hours (NHS111)?
2. **Improve mental health support:**
 - To improve signposting to mental health support in primary care
 - Quicker access to mental health support
 - More emphasis on preventing mental ill health and supporting people to deal with any underlying issues.
3. **Ensure that the information provided to offenders on release from prison is in an accessible format:**
 - Ensure people are able to digest and understand the information provided
 - For professionals to take the time to make sure people have understood what has been said
 - Ensure language used in paperwork/leaflets is understandable to all.
4. **Work to improve the health and well-being of ex-offenders:**
 - To support people to access work and suitable housing
 - Signpost people to affordable keep fit activities
 - Provide people with information and support on healthy food options and how to prepare/cook healthy, low cost meals.

9 Response from service providers and commissioners

The Reducing Reoffending, Offending and Offender Health Group commissioned a Health Needs Assessment to better inform decision-making relating to the health and care provided to offenders residing in Derby City and Derbyshire. A sub-group has been established, chaired by the Assistant Director of Public Health from Derbyshire County Council, and with a membership that includes representatives from commissioners and providers across both criminal justice and health ad care. The remit of the group is to implement actions identified within the HNA recommendations.

The group welcomes this report that provides additional insight on how organisations can better meet the health needs of offenders in the community. Additional information relating to the specific recommendations are included in the table below.

What should happen now?	Service provider/commissioner response:
<p>1. To ensure that all offenders are provided with clear information and support on all relevant healthcare services prior, and on release from prison:</p> <ul style="list-style-type: none"> • Details of how to register and access a GP, dentist, opticians and pharmacist • What support is available out of hours (NHS111)? 	<p>The group agrees that ensuring that offenders released from prison have been provided with information, in an appropriate format, is important to allow them to access healthcare services in the community.</p> <p>The group has considered the information that is provided to all offenders in the community, including those released from prisons, and will continue to work across organisations to further develop information and materials provided to offenders. The group will also consider whether more can be done to ensure probation staff have the relevant skills to support offenders with health needs, for example being able to offer the right support from a place of knowledge and confidence, and to inform healthcare staff of the health needs of offenders in the community.</p>
<p>2. Improve mental health support:</p> <ul style="list-style-type: none"> • To improve signposting to mental health support in primary care • Quicker access to mental health support • More emphasis on preventing mental ill health and supporting people to deal with any underlying issues. 	<p>There are a number of services that are provided to all Derbyshire residents who need mental health support, to complement healthcare services and to help with promoting healthier lifestyles, accessing community groups, accessing education, volunteering and work opportunities, overcoming barriers in day to day life</p> <p>These include:</p> <ul style="list-style-type: none"> • Adult Social Care Enablement service • The Recovery and Peer Support Service • The Independent Living Service (support to maintain tenancy). <p>These services can be accessed by referral from professionals or by self-referral. To enable those leaving prison to access these services in a timely way, we need to ensure that Through the Gate workers make appropriate referrals to these services, prior to release, including sharing risk assessments where required. Partnership working/discussion could improve referral arrangements.</p> <p>The NHS Long-term plan includes a new community mental health framework that will improve support for living independently, healthy lifestyles, trauma based interventions</p>

	<p>and addressing co-existing substance misuse issues.</p> <p>Development work is in progress to redesign access to community mental health support for those that fall between primary and secondary care and to develop closer working between primary care services and community-based provision (including peer support and self-help approaches). In Tameside and Glossop this is being taken forward by the Living Life Well approach and there are plans to implement a similar approach across Derbyshire.</p> <p>In addition, Adult Social Care is currently developing a working age accommodation strategy which will encompass housing needs for vulnerable people or those with care/support needs.</p>
<p>3. Ensure that the information provided to offenders on release from prison is in an accessible format:</p> <ul style="list-style-type: none"> • Ensure people are able to digest and understand the information provided • For professionals to take the time to make sure people have understood what has been said • Ensure language used in paperwork/leaflets is understandable to all. 	<p>Please see response to recommendation 1.</p>
<p>4. Work to improve the health and well-being of ex-offenders:</p> <ul style="list-style-type: none"> • To support people to access work and suitable housing • Signpost people to affordable keep fit activities <p>Provide people with information and support on healthy food options and how to prepare/cook healthy, low cost meals.</p>	<p>The group will continue to work to improve the pathways of care for offenders in the community. Three priority areas that have been identified already are ensuring access into substance misuse, mental health and learning disability and autism services. The group will finalise development and monitor implementation of these pathways.</p> <p>Co-location of lifestyle services within probation offices is currently being piloted in Derbyshire, thus providing easier access to specialist advice and support on adopting a healthier lifestyle.</p> <p>There are good links in place between probation colleagues and housing and education and employment providers, both of which can be key determinants of an individual's health.</p>

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	<p>The group will continue to explore options for improving the health and wellbeing of offenders in the community, and are considering models of care that are commissioned specifically for this purpose in other areas.</p>
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